APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

MARIAN MEDICAL CENTER
SANTA MARIA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1760510937

FISCAL PERIOD ENDED
JUNE 30, 2010

Audits Section – Gardena
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Maria Delgado
Audit Supervisor: Deborah Lee
Auditor: Min (Cherrie) Cheung

State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

March 6, 2013

Chuck Cova, Administrator
Marian Medical Center
1400 East Church Street
Santa Maria, CA 93454-5906

In the Matter of:

MARIAN MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI): 1760510937
FISCAL PERIOD ENDED: JUNE 30, 2010
CASE NUMBER: HA12-0610-1054K-AH

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated JANUARY 10, 2013, the following revisions are made to the Medi-Cal audit report dated April 30, 2012.

SUMMARY OF REVISIONS

MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)		
Audited Amount Due Provider (State)	$	(41,214)
Revision		260,178
Revised Amount Due Provider (State)	$	218,964
DISTINCT PART NURSING FACILITY (DPNF SCH. 1)		
Audited Cost	$	357.11
Revision		9.35
Revised Cost	$	366.46

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account

Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

cc: Eddie Arvayo, Reimbursement Manager
Catholic Healthcare West
251 South Lake Avenue, 8th floor
Pasadena, CA 91101

SUMMARY OF FINDINGS

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	Provider NPI: 1760510937		
	Audited	$ (41,214)	
	Net Change	$ 260,178	
	Revised Amount Due Provider (State)	$ 218,964	
2.	**Subprovider I (SCHEDULE 1-1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
3.	**Subprovider II (SCHEDULE 1-2)**		
	Provider NPI:		
		$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
4.	**Medi-Cal Contract Cost (CONTRACT SCH 1)**		
	Provider NPI:		
	Audited		$ 0
	Net Change		$ 0
	Revised Cost		$ 0
	Revised Amount Due Provider (State)	$ 0	
5.	**Distinct Part Nursing Facility (DPNF SCH 1)**		
	Provider NPI: 1760510937		
	Audited		$ 357.11
	Net Change		$ 9.35
	Revised Cost Per Day		$ 366.46
	Revised Amount Due Provider (State)	$ 0	
6.	**Distinct Part Nursing Facility (DPNF SCH 1-1)**		
	Provider NPI:		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	
7.	**Adult Subacute (ADULT SUBACUTE SCH 1)**		
	Provider NPI:		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	

8.	**Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)**	$ 218,964	
9.	**Total Medi-Cal Cost**		$ 0

SUMMARY OF FINDINGS

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		SETTLEMENT	COST
10.	**Subacute (SUBACUTE SCH 1-1)**		
	Provider NPI:		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	
11.	**Rural Health Clinic (RHC SCH 1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
12.	**Rural Health Clinic (RHC 95-210 SCH 1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
13.	**Rural Health Clinic (RHC 95-210 SCH 1-1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
14.	**County Medical Services Program (CMSP SCH 1)**		
	Provider NPI:		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
15.	**Transitional Care (TC SCH 1)**		
	Provider NPI:		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	

16.	**Total Other Settlement Due Provider - (Lines 10 through 15)**	$ 0
17.	**Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)**	$ 218,964

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

				AUDITED		REVISED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		$	9,772,761	$	10,032,939
2.	Excess Reasonable Cost Over Charges (Schedule 2)		$	0	$	0
3.	Medi-Cal Inpatient Hospital Based Physician Services		$	0	$	N/A
4.		$	$	0		0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		$	9,772,761	$	10,032,939
6.	Interim Payments (Rev)		$	(8,834,762)	$	(8,834,762)
7.	Balance Due Provider (State)		$	937,999	$	1,198,177
8.	Duplicate Payments (Rev)		$	0	$	0
9.	AB 5 (Rev)		$	(979,213)	$	(979,213)
10.	$	$		0		0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		$	(41,214)	$	218,964

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: NONCONTRACT

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

	AUDITED	REVISED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 9,792,126	$ 10,052,304
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Rev)	$ 13,732,869	$ 13,732,869
3. Inpatient Ancillary Service Charges (Rev)	$ 27,508,839	$ 27,508,839
4. Total Charges - Medi-Cal Inpatient Services	$ 41,241,708	$ 41,241,708
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 31,449,582	$ 31,189,404
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
		(To Schedule 1)

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

STATE OF CALIFORNIA

SCHEDULE 3
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

				AUDITED	REVISED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)			$ 4,307,240	$ 4,435,114
2.	Medi-Cal Inpatient Routine Services (Schedule 4)			$ 5,484,886	$ 5,617,190
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)			$ 0	$ 0
4.		$	$	0	0
5.		$	$	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)			$ 9,792,126	$ 10,052,304
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)			$ (See Schedule 1)	$ 0
8.	SUBTOTAL			$ 9,792,126	$ 10,052,304
				(To Schedule 2)	
9.	Coinsurance (Rev)			$ (7,269)	$ (7,269)
10.	Patient and Third Party Liability (Rev)			$ (12,096)	$ (12,096)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients			$ 9,772,761	$ 10,032,939
				(To Schedule 1)	

STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	AUDITED	REVISED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Rev)	33,254	33,254
2. Inpatient Days (include private, exclude swing-bed)	33,254	33,254
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	33,254	33,254
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev 11)	4,011	4,011
SWING-BED REVISION		
17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	$ 0.00	$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Rev)	$ 0.00	$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Rev)	$ 0.00	$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Rev)	$ 0.00	$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	$ 25,986,500	$ 26,627,764
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	$ 0	$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	$ 0	$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	$ 0	$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	$ 0	$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	$ 0	$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	$ 25,986,500	$ 26,627,764
PRIVATE ROOM DIFFERENTIAL REVISION		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	$ 137,445,427	$ 137,445,427
29. Private Room Charges (excluding swing-bed charges)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	$ 137,445,427	$ 137,445,427
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	$ 0.189068	$ 0.193733
32. Average Private Room Per Diem Charge (L 29 / L 3)	$ 0.00	$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	$ 4,133.20	$ 4,133.20
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	$ 0.00	$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	$ 0.00	$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	$ 0	$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	$ 25,986,500	$ 26,627,764
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	$ 781.45	$ 800.74
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 3,134,396	$ 3,211,768
40. Cost Applicable to Medi-Cal (Sch 4A)	$ 2,350,490	$ 2,405,422
41. Cost Applicable to Medi-Cal (Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	$ 5,484,886	$ 5,617,190

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

SPECIAL CARE AND/OR NURSERY UNITS	AUDITED	REVISED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	$ 4,422,546	$ 4,525,918
2. Total Inpatient Days (Rev)	6,075	6,075
3. Average Per Diem Cost	$ 727.99	$ 745.01
4. Medi-Cal Inpatient Days (Rev)	3,044	3,044
5. Cost Applicable to Medi-Cal	$ 2,216,002	$ 2,267,810
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	$ 6,757,001	$ 6,913,956
7. Total Inpatient Days (Rev)	3,316	3,316
8. Average Per Diem Cost	$ 2,037.70	$ 2,085.03
9. Medi-Cal Inpatient Days (Rev)	66	66
10. Cost Applicable to Medi-Cal	$ 134,488	$ 137,612
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	$ 0	$ 0
12. Total Inpatient Days (Rev)	0	0
13. Average Per Diem Cost	$ 0.00	$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	$ 0	$ 0
17. Total Inpatient Days (Rev)	0	0
18. Average Per Diem Cost	$ 0.00	$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	$ 0	$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	$ 0	$ 0
22. Total Inpatient Days (Rev)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	$ 0.00	$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	$ 0.00	$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	$ 0	$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	$ 2,350,490	$ 2,405,422
	(To Schedule 4)	

STATE OF CALIFORNIA

SCHEDULE 4B
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

	SPECIAL CARE UNITS	AUDITED	REVISED
1.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
2.	Total Inpatient Days (Rev)	0	0
3.	Average Per Diem Cost	$ 0.00	$ 0.00
4.	Medi-Cal Inpatient Days (Rev)	0	0
5.	Cost Applicable to Medi-Cal	$ 0	$ 0
6.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
7.	Total Inpatient Days (Rev)	0	0
8.	Average Per Diem Cost	$ 0.00	$ 0.00
9.	Medi-Cal Inpatient Days (Rev)	0	0
10.	Cost Applicable to Medi-Cal	$ 0	$ 0
11.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
12.	Total Inpatient Days (Rev)	0	0
13.	Average Per Diem Cost	$ 0.00	$ 0.00
14.	Medi-Cal Inpatient Days (Rev)	0	0
15.	Cost Applicable to Medi-Cal	$ 0	$ 0
16.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
17.	Total Inpatient Days (Rev)	0	0
18.	Average Per Diem Cost	$ 0.00	$ 0.00
19.	Medi-Cal Inpatient Days (Rev)	0	0
20.	Cost Applicable to Medi-Cal	$ 0	$ 0
21.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
22.	Total Inpatient Days (Rev)	0	0
23.	Average Per Diem Cost	$ 0.00	$ 0.00
24.	Medi-Cal Inpatient Days (Rev)	0	0
25.	Cost Applicable to Medi-Cal	$ 0	$ 0
0			
26.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
27.	Total Inpatient Days (Rev)	0	0
28.	Average Per Diem Cost	$ 0.00	$ 0.00
29.	Medi-Cal Inpatient Days (Rev)	0	0
30.	Cost Applicable to Medi-Cal	$ 0	$ 0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 0	$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	$ 12,089,442	$ 110,155,075	0.109749	$ 6,476,997	$ 710,846
37.01	Gastro Intestinal Service	442,696	798,572	0.554359	16,293	9,032
37.02	Cardiac Cath Lab	2,657,932	27,180,093	0.097790	160,362	15,682
39.00	Delivery Room and Labor Room	7,225,656	24,803,963	0.291311	6,702,727	1,952,575
40.00	Anesthesiology	287,646	38,015,515	0.007567	2,386,059	18,054
41.00	Radiology - Diagnostic	8,117,024	53,633,980	0.151341	162,497	24,592
41.01	CT SCAN and MRI	1,764,839	37,865,994	0.046607	476,278	22,198
		0	0	0.000000	0	0
43.00	Radioisotope	1,660,969	15,021,346	0.110574	65,476	7,240
44.00	Laboratory	8,548,778	79,075,170	0.108110	3,411,742	368,842
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood & Packed Red Blood	1,828,637	4,257,886	0.429471	204,353	87,764
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	90,426	320,905	0.281786	0	0
49.00	Respiratory Therapy	3,980,742	7,848,154	0.507220	176,026	89,284
50.00	Physical Therapy	3,240,453	11,671,426	0.277640	222,516	61,779
51.00	Occupational Therapy	1,387,796	4,199,988	0.330428	1,570	519
52.00	Speech Pathology	0	0	0.000000	0	0
53.00	Electrocardiology	2,827,405	11,471,102	0.246481	21,698	5,348
54.00	Electroencephalography	122,240	261,166	0.468054	4,697	2,198
55.00	Medical Supplies Charged to Patients	9,072,331	30,652,919	0.295970	1,011,732	299,442
55.01	Medical Supplies Charged to Patients-IMP	9,856,858	33,464,923	0.294543	95,361	28,088
		0	0	0.000000	0	0
56.00	Drugs Charged to Patients	9,240,217	78,279,464	0.118041	5,476,165	646,414
57.00	Renal Dialysis	470,686	779,477	0.603849	30,465	18,396
59.00	Ultrasound	799,503	8,909,232	0.089739	221,783	19,903
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	752,475	3,421,693	0.219913	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	11,642,091	45,667,832	0.254930	184,042	46,918
62.00	Observation Beds	0	2,026,967	0.000000	0	0
71.00	Home Health Agency	17,086,190	0	0.000000	0	0
93.00	Hospice	4,249,625	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
		0	0	0.000000	0	0
	TOTAL	$ 119,442,659	$ 629,782,842		$ 27,508,839	$ 4,435,114

(To Schedule 3)

* From Schedule 8, Column 27

STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: NONCONTRACT

REVISIONS TO MEDI-CAL CHARGES

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

	ANCILLARY CHARGES	AUDITED	REVISIONS (Rev)	REVISED
37.00	Operating Room	$ 6,476,997	$	$ 6,476,997
37.01	Gastro Intestinal Service	16,293		16,293
37.02	Cardiac Cath Lab	160,362		160,362
39.00	Delivery Room and Labor Room	6,702,727		6,702,727
40.00	Anesthesiology	2,386,059		2,386,059
41.00	Radiology - Diagnostic	162,497		162,497
41.01	CT SCAN and MRI	476,278		476,278
43.00	Radioisotope	65,476		65,476
44.00	Laboratory	3,411,742		3,411,742
44.01	Pathological Lab			
46.00	Whole Blood & Packed Red Blood	204,353		204,353
47.00	Blood Storing and Processing			
48.00	Intravenous Therapy			
49.00	Respiratory Therapy	176,026		176,026
50.00	Physical Therapy	222,516		222,516
51.00	Occupational Therapy	1,570		1,570
52.00	Speech Pathology			
53.00	Electrocardiology	21,698		21,698
54.00	Electroencephalography	4,697		4,697
55.00	Medical Supplies Charged to Patients	1,011,732		1,011,732
55.01	Medical Supplies Charged to Patients-IMP	95,361		95,361
56.00	Drugs Charged to Patients	5,476,165		5,476,165
57.00	Renal Dialysis	30,465		30,465
59.00	Ultrasound	221,783		221,783
59.02				
59.03				
60.00	Clinic			
60.01	Other Clinic Services			
61.00	Emergency	184,042		184,042
62.00	Observation Beds			
71.00	Home Health Agency			
93.00	Hospice			
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 27,508,839	$ 0	$ 27,508,839

(To Schedule 5)

STATE OF CALIFORNIA

SCHEDULE 7
PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Rev)	TOTAL CHARGES TO ALL PATIENTS (Rev)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Rev)	MEDI-CAL COST
40.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	0	0	0.000000		0
53.00	Electrocardiology	0	0	0.000000		0
54.00	Electroencephalography	0	0	0.000000		0
61.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3)

COMPUTATION OF DISTINCT PART NURSING FACILITY PER DIEM

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

	AUDITED	REVISED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	$ 50	$ 51	$ 1
2. Distinct Part Routine Cost (DPNF Sch 2)	$ 11,001,482	$ 11,289,464	$ 287,982
3. Total Distinct Part Facility Cost (Lines 1 & 2)	$ 11,001,532	$ 11,289,515	$ 287,983
4. Total Distinct Part Patient Days (Rev)	30,807	30,807	
5. Average DP Per Diem Cost (Line 3 / Line 4)	$ 357.11	$ 366.46	$ 9.35
DPNF OVERPAYMENT AND OVERBILLINGS			
6. Medi-Cal Overpayments (Rev)	$ 0	$ 0	$ 0
7. Medi-Cal Credit Balances (Rev)	$ 0	$ 0	$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	$ 0	$ 0	$ 0
	(To Summary of Findings)		
GENERAL INFORMATION			
9. Total Available Distinct Part Beds (C/R, W/S S-3)	95	95	0
10. Total Licensed Capacity (All levels) (Rev)	262	262	0
11. Total Medi-Cal DP Patient Days (Rev)	0	0	
CAPITAL RELATED COST			
12. Direct Capital Related Cost	N/A	$ 0	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	$ 699,658	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	$ 699,658	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	$ 4,451,664	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	$ 3,797,625	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	$ 8,249,289	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	AUDITED	REVISED*	DIFFERENCE
0.00	Distinct Part	$ 4,688,556	$ 4,688,556	$ 0
1.00	Old Cap Rel Costs-Bldg & Fixtures		0	0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	270,253	319,550	49,297
4.00	New Cap Rel Costs-Movable Equipment	30,078	30,078	0
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	1,612,780	1,613,470	690
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	1,257,930	1,417,672	159,742
7.00	Maintenance and Repairs	557,397	575,816	18,419
8.00	Operation of Plant	294,669	300,794	6,125
9.00	Laundry and Linen Service	202,479	206,323	3,844
10.00	Housekeeping	287,555	293,612	6,057
11.00	Dietary	545,190	558,907	13,717
12.00	Cafeteria	538,451	553,213	14,762
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	684,898	699,270	14,372
15.00	Central Services & Supply	5,685	5,890	205
16.00	Pharmacy		0	0
17.00	Medical Records and Library	25,561	26,313	752
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	$ 11,001,482	$ 11,289,464	$ 287,982

(To DPNF Sch 1)

* From Schedule 8, Part I, line 34 plus line 35

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
ANCILLARY COST CENTERS					**(From DPNF Sch 4)**	
41.00	Radiology - Diagnostic	$ 8,117,024	$ 53,633,980	0.151341	$ 0	$ 0
44.00	Laboratory	8,548,778	79,075,170	0.108110	0	0
49.00	Respiratory Therapy	3,980,742	7,848,154	0.507220	0	0
55.00	Medical Supplies Charged to Patients	9,072,331	30,652,919	0.295970	7	2
56.00	Drugs Charged to Patients	9,240,217	78,279,464	0.118041	412	49
			..	0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
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				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	$ 38,959,092	$ 249,489,687		$ 419	$ 51

(To DPNF Sch 1)

* From Schedule 8, Column 27.
** Total Distinct Part Ancillary Charges included in the rate.
*** Total Distinct Part Ancillary Costs included in the rate.

REVISIONS TO TOTAL
DISTINCT PART ANCILLARY CHARGES

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

	ANCILLARY CHARGES	AUDITED	REVISIONS (Rev)	REVISED
41.00	Radiology - Diagnostic	$ 0	$	$ 0
44.00	Laboratory	0		0
49.00	Respiratory Therapy	0		0
55.00	Med Supply Charged to Patients	7		7
56.00	Drugs Charged to Patients	412		412
				0
				0
				0

ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1760510937

COL.	COST CENTER	REVISED CAP RELATED * (COL 1)	REVISED SAL EMP BENEFITS * (COL 2)
1.00	Old Cap Rel Costs-Bldg & Fixtures	$ 0	$ N/A
2.00	Old Cap Rel Costs-Movable Equipment	0	N/A
3.00	New Cap Rel Costs-Bldg & Fixtures	319,550	N/A
4.00	New Cap Rel Costs-Movable Equipment	30,078	N/A
4.01		0	N/A
4.02		0	N/A
4.03		0	N/A
4.04		0	N/A
4.05		0	N/A
4.06		0	N/A
4.07		0	N/A
4.08		0	N/A
5.00	Employee Benefits	5,037	1,608,432
6.01	Non-Patient Telephones	0	0
6.02	Data Processing	0	0
6.03	Purchasing/Receiving	0	0
6.04	Patient Admitting	0	0
6.05	Patient Business Office	0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	160,327	710,500
7.00	Maintenance and Repairs	63,775	175,314
8.00	Operation of Plant	11,112	118,767
9.00	Laundry and Linen Service	4,120	43,072
10.00	Housekeeping	9,214	168,045
11.00	Dietary	33,561	174,341
12.00	Cafeteria	37,558	187,477
13.00	Maintenance of Personnel	0	0
14.00	Nursing Administration	21,722	591,985
15.00	Central Services & Supply	904	2,817
16.00	Pharmacy	0	0
17.00	Medical Records and Library	2,698	16,874
18.00	Social Service	0	0
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00	Nursing School	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0
23.00	Intern & Res Other Program	0	0
24.00	Paramedical Ed Program	0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	$ 699,658	$ 3,797,625

* These amounts include both Skilled Nursing Facility expenses line 34 and Nursing Facility expenses, line 35

(To DPNF SCH 1)

Provider Name: MARIAN MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2010

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
	GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures	0											
2.00	Old Cap Rel Costs-Movable Equipment	0	0										
3.00	New Cap Rel Costs-Bldg & Fixtures	7,121,073	0	0									
4.00	New Cap Rel Costs-Movable Equipment	5,389,518	0	0	0								
4.01		0	0	0	0	0							
4.02		0	0	0	0	0	0						
4.03		0	0	0	0	0	0	0					
4.04		0	0	0	0	0	0	0	0				
4.05		0	0	0	0	0	0	0	0	0			
4.06		0	0	0	0	0	0	0	0	0	0		
4.07		0	0	0	0	0	0	0	0	0	0	0	
4.08		0	0	0	0	0	0	0	0	0	0	0	0
5.00	Employee Benefits	27,469,098	0	0	76,333	9,697	0	0	0	0	0	0	0
6.01	Non-Patient Telephones	0	0	0	0	0	0	0	0	0	0	0	0
6.02	Data Processing	0	0	0	0	0	0	0	0	0	0	0	0
6.03	Purchasing/Receiving	0	0	0	0	0	0	0	0	0	0	0	0
6.04	Patient Admitting	0	0	0	0	0	0	0	0	0	0	0	0
6.05	Patient Business Office	0	0	0	0	0	0	0	0	0	0	0	0
6.06		0	0	0	0	0	0	0	0	0	0	0	0
6.07		0	0	0	0	0	0	0	0	0	0	0	0
6.08		0	0	0	0	0	0	0	0	0	0	0	0
6.00	Administrative and General	22,848,698	0	0	2,594,288	820,651	0	0	0	0	0	0	0
7.00	Maintenance and Repairs	4,793,579	0	0	515,156	128,073	0	0	0	0	0	0	0
8.00	Operation of Plant	2,631,241	0	0	30,184	26,707	0	0	0	0	0	0	0
9.00	Laundry and Linen Service	898,131	0	0	0	0	0	0	0	0	0	0	0
10.00	Housekeeping	2,162,873	0	0	30,210	430	0	0	0	0	0	0	0
11.00	Dietary	1,694,170	0	0	72,354	17,527	0	0	0	0	0	0	0
12.00	Cafeteria	1,571,658	0	0	117,810	0	0	0	0	0	0	0	0
13.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
14.00	Nursing Administration	1,859,953	0	0	23,998	457	0	0	0	0	0	0	0
15.00	Central Services & Supply	488,884	0	0	115,757	64,478	0	0	0	0	0	0	0
16.00	Pharmacy	2,988,326	0	0	48,382	107,646	0	0	0	0	0	0	0
17.00	Medical Records and Library	555,224	0	0	56,313	33,085	0	0	0	0	0	0	0
18.00	Social Service	0	0	0	0	0	0	0	0	0	0	0	0
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.02		0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Intern & Res Other Program	0	0	0	0	0	0	0	0	0	0	0	0
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	12,350,230	0	0	613,024	421,518	0	0	0	0	0	0	0
26.00	Intensive Care Unit	3,505,031	0	0	119,068	126,650	0	0	0	0	0	0	0
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
31.00	Subprovider II	0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	2,422,042	0	0	82,005	29,498	0	0	0	0	0	0	0
34.00	Skilled Nursing Facility	4,688,556	0	0	319,550	30,078	0	0	0	0	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
	ANCILLARY COST CENTERS												
37.00	Operating Room	5,108,365	0	0	542,440	440,909	0	0	0	0	0	0	0
37.01	Gastro Intestinal Service	183,698	0	0	22,484	10,440	0	0	0	0	0	0	0
37.02	Cardiac Cath Lab	1,273,102	0	0	17,351	242,227	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	3,654,954	0	0	145,376	114,617	0	0	0	0	0	0	0
40.00	Anesthesiology	116,641	0	0	1,566	58,985	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	3,156,297	0	0	188,650	1,414,971	0	0	0	0	0	0	0
41.01	CT SCAN and MRI	589,603	0	0	9,522	553,094	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	1,187,726	0	0	10,267	5,018	0	0	0	0	0	0	0
44.00	Laboratory	5,226,507	0	0	105,593	81,150	0	0	0	0	0	0	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood & Packed Red Blood	1,410,672	0	0	5,364	3,991	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	48,636	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	2,079,631	0	0	144,350	41,107	0	0	0	0	0	0	0
50.00	Physical Therapy	1,802,356	0	0	90,116	5,330	0	0	0	0	0	0	0
51.00	Occupational Therapy	678,995	0	0	39,219	1,362	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	1,129,487	0	0	159,313	51,235	0	0	0	0	0	0	0
54.00	Electroencephalography	68,304	0	0	0	6,788	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	6,830,550	0	0	0	185,073	0	0	0	0	0	0	0
55.01	Medical Supplies Charged to Patients-	7,675,387	0	0	0	0	0	0	0	0	0	0	0
			0	0	0	0	0	0	0	0	0	0	0
56.00	Drugs Charged to Patients	3,657,499	0	0	0	5,182	0	0	0	0	0	0	0
57.00	Renal Dialysis	358,452	0	0	7,084	0	0	0	0	0	0	0	0
59.00	Ultrasound	386,220	0	0	5,159	80,297	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	413,609	0	0	0	3,513	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	5,563,495	0	0	327,456	59,660	0	0	0	0	0	0	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	10,122,972	0	0	216,627	60,727	0	0	0	0	0	0	0
93.00	Hospice	2,176,015	0	0	126,794	142,391	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01			0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
0 99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01	Foundation	1,485	0	0	28,233	0	0	0	0	0	0	0	0
100.02	MOB	560	0	0	0	0	0	0	0	0	0	0	0
100.03	Community Relations	2,170,868	0	0	113,678	4,955	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	172,510,371	0	0	7,121,073	5,389,518	0	0	0	0	0	0	0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.1

Provider Name: MARIAN MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
	GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits	0											
6.01	Non-Patient Telephones	0	0										
6.02	Data Processing	0	0	0									
6.03	Purchasing/Receiving	0	0	0	0								
6.04	Patient Admitting	0	0	0	0	0							
6.05	Patient Business Office	0	0	0	0	0	0						
6.06		0	0	0	0	0	0	0					
6.07		0	0	0	0	0	0	0	0				
6.08		0	0	0	0	0	0	0	0	0			
6.00	Administrative and General	0	4,044,113	0	0	0	0	0	0	0	0	30,307,750	
7.00	Maintenance and Repairs	0	408,588	0	0	0	0	0	0	0	0	5,845,396	1,245,834
8.00	Operation of Plant	0	297,124	0	0	0	0	0	0	0	0	2,985,256	636,250
9.00	Laundry and Linen Service	0	36,437	0	0	0	0	0	0	0	0	934,568	199,185
10.00	Housekeeping	0	412,926	0	0	0	0	0	0	0	0	2,606,439	555,512
11.00	Dietary	0	132,753	0	0	0	0	0	0	0	0	1,916,804	408,530
12.00	Cafeteria	0	154,476	0	0	0	0	0	0	0	0	1,843,945	393,001
13.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
14.00	Nursing Administration	0	646,457	0	0	0	0	0	0	0	0	2,530,865	539,405
15.00	Central Services & Supply	0	118,042	0	0	0	0	0	0	0	0	787,161	167,768
16.00	Pharmacy	0	1,055,407	0	0	0	0	0	0	0	0	4,199,761	895,098
17.00	Medical Records and Library	0	163,824	0	0	0	0	0	0	0	0	808,446	172,305
18.00	Social Service	0	0	0	0	0	0	0	0	0	0	0	0
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.02		0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Intern & Res Other Program	0	0	0	0	0	0	0	0	0	0	0	0
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	0	4,298,614	0	0	0	0	0	0	0	0	17,683,386	3,768,873
26.00	Intensive Care Unit	0	1,145,230	0	0	0	0	0	0	0	0	4,895,980	1,043,484
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
31.00	Subprovider II	0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	0	688,197	0	0	0	0	0	0	0	0	3,221,743	686,652
34.00	Skilled Nursing Facility	0	1,613,470	0	0	0	0	0	0	0	0	6,651,654	1,417,672
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.1

Provider Name: MARIAN MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
	ANCILLARY COST CENTERS												
37.00	Operating Room	0	1,301,640	0	0	0	0	0	0	0	0	7,393,354	1,575,751
37.01	Gastro Intestinal Service	0	65,393	0	0	0	0	0	0	0	0	282,015	60,106
37.02	Cardiac Cath Lab	0	431,519	0	0	0	0	0	0	0	0	1,964,198	418,631
39.00	Delivery Room and Labor Room	0	1,131,203	0	0	0	0	0	0	0	0	5,046,150	1,075,490
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	177,192	37,765
41.00	Radiology - Diagnostic	0	1,012,509	0	0	0	0	0	0	0	0	5,772,428	1,230,282
41.01	CT SCAN and MRI	0	183,948	0	0	0	0	0	0	0	0	1,336,167	284,778
		0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	82,893	0	0	0	0	0	0	0	0	1,285,904	274,066
44.00	Laboratory	0	962,007	0	0	0	0	0	0	0	0	6,375,257	1,358,763
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood & Packed Red Blood	0	0	0	0	0	0	0	0	0	0	1,420,027	302,651
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	17,628	0	0	0	0	0	0	0	0	66,264	14,123
49.00	Respiratory Therapy	0	495,715	0	0	0	0	0	0	0	0	2,760,802	588,412
50.00	Physical Therapy	0	398,970	0	0	0	0	0	0	0	0	2,296,772	489,513
51.00	Occupational Therapy	0	228,878	0	0	0	0	0	0	0	0	948,454	202,145
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	0	384,585	0	0	0	0	0	0	0	0	1,724,621	367,570
54.00	Electroencephalography	0	22,888	0	0	0	0	0	0	0	0	97,980	20,883
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	7,015,623	1,495,245
55.01	Medical Supplies Charged to Patients-I	0	0	0	0	0	0	0	0	0	0	7,675,387	1,635,861
		0	0	0	0	0	0	0	0	0	0	0	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	3,662,681	780,630
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	365,536	77,907
59.00	Ultrasound	0	139,126	0	0	0	0	0	0	0	0	610,802	130,181
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	131,731	0	0	0	0	0	0	0	0	548,853	116,977
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	1,796,879	0	0	0	0	0	0	0	0	7,747,490	1,651,228
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	0	2,711,391	0	0	0	0	0	0	0	0	13,111,717	2,794,510
93.00	Hospice	0	596,546	0	0	0	0	0	0	0	0	3,041,745	648,289
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTER												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01	Foundation	0	0	0	0	0	0	0	0	0	0	29,718	6,334
100.02	MOB	0	0	0	0	0	0	0	0	0	0	560	119
100.03	Community Relations	0	244,019	0	0	0	0	0	0	0	0	2,533,520	539,971
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	27,555,128	0	0	0	0	0	0	0	0	172,510,371	30,307,750

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.2

Provider Name: MARIAN MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2010

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
	GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits												
6.01	Non-Patient Telephones												
6.02	Data Processing												
6.03	Purchasing/Receiving												
6.04	Patient Admitting												
6.05	Patient Business Office												
6.06													
6.07													
6.08													
6.00	Administrative and General												
7.00	Maintenance and Repairs												
8.00	Operation of Plant	54,390											
9.00	Laundry and Linen Service	0	0										
10.00	Housekeeping	54,437	28,437	0									
11.00	Dietary	130,380	68,108	0	66,481								
12.00	Cafeteria	212,289	110,895	0	108,247	1,604,669							
13.00	Maintenance of Personnel	0	0	0	0	0	0						
14.00	Nursing Administration	43,244	22,590	0	22,050	0	117,152	0					
15.00	Central Services & Supply	208,589	108,962	106,640	106,361	0	48,819	0	160				
16.00	Pharmacy	87,182	45,542	0	44,454	0	187,457	0	1,376	2,636			
17.00	Medical Records and Library	101,473	53,007	0	51,742	0	72,559	0	0	0	0		
18.00	Social Service	0	0	0	0	0	0	0	0	0	0	0	
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.02		0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern & Res Service-Salary & Fringes	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Intern & Res Other Program	0	0	0	0	0	0	0	0	0	0	0	0
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	1,104,641	577,041	294,754	563,263	373,415	951,515	0	1,143,138	14,366	0	153,371	0
26.00	Intensive Care Unit	214,555	112,079	66,203	109,403	28,719	191,613	0	215,883	2,250	0	33,788	0
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
31.00	Subprovider II	0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	147,770	77,192	23,890	75,349	0	119,970	0	156,784	1,075	0	15,494	0
34.00	Skilled Nursing Facility	575,816	300,794	206,323	293,612	558,907	553,213	0	699,270	5,890	0	26,313	0
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
	ANCILLARY COST CENTERS												
37.00	Operating Room	977,453	510,601	131,836	498,409	4,703	270,372	0	239,161	306,964	0	180,838	0
37.01	Gastro Intestinal Service	40,515	21,164	0	20,659	0	8,806	0	6,606	1,514	0	1,311	0
37.02	Cardiac Cath Lab	31,265	16,332	4,689	15,942	0	65,867	0	42,823	53,564	0	44,621	0
39.00	Delivery Room and Labor Room	261,962	136,843	58,446	133,576	13,286	210,704	0	242,426	6,055	0	40,720	0
40.00	Anesthesiology	2,821	1,474	0	1,439	0	0	0	0	4,547	0	62,409	0
41.00	Radiology - Diagnostic	339,939	177,577	56,462	173,337	0	268,118	0	2,062	8,770	0	88,049	0
41.01	CT SCAN and MRI	17,159	8,963	0	8,749	0	43,395	0	334	3,131	0	62,163	0
		0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	18,500	9,664	0	9,433	0	13,948	0	0	24,793	0	24,660	0
44.00	Laboratory	190,274	99,395	0	97,022	0	294,324	0	949	2,981	0	129,815	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood & Packed Red Blood	9,666	5,049	0	4,929	0	0	0	0	79,324	0	6,990	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	0	0	0	0	4,297	0	5,216	0	0	527	0
49.00	Respiratory Therapy	260,112	135,877	0	132,632	0	84,183	0	241	5,599	0	12,884	0
50.00	Physical Therapy	162,385	84,826	0	82,801	0	96,722	0	8,120	154	0	19,161	0
51.00	Occupational Therapy	70,670	36,917	0	36,035	0	63,049	0	23,264	366	0	6,895	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	287,075	149,962	17,130	146,381	0	89,114	0	25,982	738	0	18,832	0
54.00	Electroencephalography	0	0	0	0	0	2,818	0	40	90	0	429	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	511,142	0	50,322	0
55.01	Medical Supplies Charged to Patients-I	0	0	0	0	0	0	0	0	490,672	0	54,938	0
		0	0	0	0	0	0	0	0	0	0	0	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	4,668,398	128,509	0
57.00	Renal Dialysis	12,765	6,668	0	6,509	0	0	0	0	21	0	1,280	0
59.00	Ultrasound	9,296	4,856	0	4,740	0	24,867	0	22	112	0	14,626	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	12,573	0	0	29,658	0	38,605	192	0	5,617	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	590,061	308,235	154,809	300,876	6,603	394,921	0	408,867	4,030	0	74,971	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	390,352	203,912	0	0	0	0	0	0	2,281	583,418	0	0
93.00	Hospice	228,476	119,351	0	0	0	0	0	0	72	211,691	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTEF												
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01	Foundation	50,875	26,576	0	25,942	0	0	0	0	0	0	0	0
100.02	MOB	0	0	0	0	0	0	0	0	0	0	0	0
100.03	Community Relations	204,842	107,005	0	104,450	0	65,585	0	13,977	1,133	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	7,091,230	3,675,897	1,133,753	3,244,824	2,590,303	4,273,046	0	3,275,306	1,534,460	5,463,507	1,259,532	0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.3

Provider Name: MARIAN MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
	GENERAL SERVICE COST CENTER											
1.00	Old Cap Rel Costs-Bldg & Fixtures											
2.00	Old Cap Rel Costs-Movable Equipment											
3.00	New Cap Rel Costs-Bldg & Fixtures											
4.00	New Cap Rel Costs-Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01	Non-Patient Telephones											
6.02	Data Processing											
6.03	Purchasing/Receiving											
6.04	Patient Admitting											
6.05	Patient Business Office											
6.06												
6.07												
6.08												
6.00	Administrative and General											
7.00	Maintenance and Repairs											
8.00	Operation of Plant											
9.00	Laundry and Linen Service											
10.00	Housekeeping											
11.00	Dietary											
12.00	Cafeteria											
13.00	Maintenance of Personnel											
14.00	Nursing Administration											
15.00	Central Services & Supply											
16.00	Pharmacy											
17.00	Medical Records and Library											
18.00	Social Service											
19.00												
19.02		0										
19.03		0	0									
20.00		0	0	0								
21.00	Nursing School	0	0	0	0							
22.00	Intern & Res Service-Salary & Fringes	0	0	0	0	0						
23.00	Intern & Res Other Program	0	0	0	0	0	0					
24.00	Paramedical Ed Program	0	0	0	0	0	0	0				
	INPATIENT ROUTINE COST CENTERS											
25.00	Adults & Pediatrics (Gen Routine)	0	0	0	0	0	0	0	0	26,627,764		26,627,764
26.00	Intensive Care Unit	0	0	0	0	0	0	0	0	6,913,956		6,913,956
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	0		0
28.00	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	0		0
29.00	Surgical Intensive Care	0	0	0	0	0	0	0	0	0		0
30.00	Subprovider I	0	0	0	0	0	0	0	0	0		0
31.00	Subprovider II	0	0	0	0	0	0	0	0	0		0
32.00		0	0	0	0	0	0	0	0	0		0
33.00	Nursery	0	0	0	0	0	0	0	0	4,525,918		4,525,918
34.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	11,289,464		11,289,464
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0		0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0		0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0		0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0		0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.3

Provider Name: MARIAN MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
	ANCILLARY COST CENTERS											
37.00	Operating Room	0	0	0	0	0	0	0	0	12,089,442		12,089,442
37.01	Gastro Intestinal Service	0	0	0	0	0	0	0	0	442,696		442,696
37.02	Cardiac Cath Lab	0	0	0	0	0	0	0	0	2,657,932		2,657,932
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	7,225,656		7,225,656
40.00	Anesthesiology	0	0	0	0	0	0	0	0	287,646		287,646
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	8,117,024		8,117,024
41.01	CT SCAN and MRI	0	0	0	0	0	0	0	0	1,764,839		1,764,839
		0	0	0	0	0	0	0	0	0		0
43.00	Radioisotope	0	0	0	0	0	0	0	0	1,660,969		1,660,969
44.00	Laboratory	0	0	0	0	0	0	0	0	8,548,778		8,548,778
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00	Whole Blood & Packed Red Blood	0	0	0	0	0	0	0	0	1,828,637		1,828,637
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0		0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	90,426		90,426
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	3,980,742		3,980,742
50.00	Physical Therapy	0	0	0	0	0	0	0	0	3,240,453		3,240,453
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	1,387,796		1,387,796
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0		0
53.00	Electrocardiology	0	0	0	0	0	0	0	0	2,827,405		2,827,405
54.00	Electroencephalography	0	0	0	0	0	0	0	0	122,240		122,240
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	9,072,331		9,072,331
55.01	Medical Supplies Charged to Patients-I	0	0	0	0	0	0	0	0	9,856,858		9,856,858
		0	0	0	0	0	0	0	0	0		0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	9,240,217		9,240,217
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	470,686		470,686
59.00	Ultrasound	0	0	0	0	0	0	0	0	799,503		799,503
59.02		0	0	0	0	0	0	0	0	0		0
59.03		0	0	0	0	0	0	0	0	0		0
60.00	Clinic	0	0	0	0	0	0	0	0	752,475		752,475
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00	Emergency	0	0	0	0	0	0	0	0	11,642,091		11,642,091
62.00	Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00	Home Health Agency	0	0	0	0	0	0	0	0	17,086,190		17,086,190
93.00	Hospice	0	0	0	0	0	0	0	0	4,249,625		4,249,625
		0	0	0	0	0	0	0	0	0		0
		0	0	0	0	0	0	0	0	0		0
		0	0	0	0	0	0	0	0	0		0
		0	0	0	0	0	0	0	0	0		0
	NONREIMBURSABLE COST CENTER											
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0		0
97.00	Research	0	0	0	0	0	0	0	0	0		0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01		0	0	0	0	0	0	0	0	0		0
99.02		0	0	0	0	0	0	0	0	0		0
99.03		0	0	0	0	0	0	0	0	0		0
99.04		0	0	0	0	0	0	0	0	0		0
99.05		0	0	0	0	0	0	0	0	0		0
100.00		0	0	0	0	0	0	0	0	0		0
100.01	Foundation	0	0	0	0	0	0	0	0	139,445		139,445
100.02	MOB	0	0	0	0	0	0	0	0	679		679
100.03	Community Relations	0	0	0	0	0	0	0	0	3,570,484		3,570,484
100.04		0	0	0	0	0	0	0	0	0		0
	TOTAL	0	0	0	0	0	0	0	0	172,510,371	0	172,510,371

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (DOLLAR VALUE)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQUIP (DOLLAR VALUE)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
		1.00	2.00	3.00	4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	GENERAL SERVICE COST CENTERS												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits	2,974	9,851	2,974	9,851								
6.01	Non-Patient Telephones												
6.02	Data Processing												
6.03	Purchasing/Receiving												
6.04	Patient Admitting												
6.05	Patient Business Office												
6.06													
6.07													
6.08													
6.00	Administrative and General	101,076	833,685	101,076	833,685								
7.00	Maintenance and Repairs	20,071	130,107	20,071	130,107								
8.00	Operation of Plant	1,176	27,131	1,176	27,131								
9.00	Laundry and Linen Service												
10.00	Housekeeping	1,177	437	1,177	437								
11.00	Dietary	2,819	17,805	2,819	17,805								
12.00	Cafeteria	4,590		4,590									
13.00	Maintenance of Personnel												
14.00	Nursing Administration	935	464	935	464								
15.00	Central Services & Supply	4,510	65,502	4,510	65,502								
16.00	Pharmacy	1,885	109,356	1,885	109,356								
17.00	Medical Records and Library	2,194	33,610	2,194	33,610								
18.00	Social Service												
19.00													
19.02													
19.03													
20.00													
21.00	Nursing School												
22.00	Intern & Res Service-Salary & Fringes												
23.00	Intern & Res Other Program												
24.00	Paramedical Ed Program												
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	23,884	428,213	23,884	428,213								
26.00	Intensive Care Unit	4,639	128,662	4,639	128,662								
27.00	Coronary Care Unit												
28.00	Neonatal Intensive Care Unit												
29.00	Surgical Intensive Care												
30.00	Subprovider I												
31.00	Subprovider II												
32.00													
33.00	Nursery	3,195	29,967	3,195	29,967								
34.00	Skilled Nursing Facility	12,450	30,556	12,450	30,556								
35.00	Distinct Part Nursing Facility												
36.00	Adult Subacute Care Unit												
36.01	Subacute Care Unit II												
36.02	Transitional Care Unit												

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (DOLLAR VALUE)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQUIP (DOLLAR VALUE)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
		1.00	2.00	3.00	4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	ANCILLARY COST CENTERS												
37.00	Operating Room	21,134	447,912	21,134	447,912								
37.01	Gastro Intestinal Service	876	10,606	876	10,606								
37.02	Cardiac Cath Lab	676	246,074	676	246,074								
39.00	Delivery Room and Labor Room	5,664	116,437	5,664	116,437								
40.00	Anesthesiology	61	59,922	61	59,922								
41.00	Radiology - Diagnostic	7,350	1,437,444	7,350	1,437,444								
41.01	CT SCAN and MRI	371	561,878	371	561,878								
43.00	Radioisotope	400	5,098	400	5,098								
44.00	Laboratory	4,114	82,439	4,114	82,439								
44.01	Pathological Lab												
46.00	Whole Blood & Packed Red Blood	209	4,054	209	4,054								
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	5,624	41,760	5,624	41,760								
50.00	Physical Therapy	3,511	5,415	3,511	5,415								
51.00	Occupational Therapy	1,528	1,384	1,528	1,384								
52.00	Speech Pathology												
53.00	Electrocardiology	6,207	52,049	6,207	52,049								
54.00	Electroencephalography		6,896		6,896								
55.00	Medical Supplies Charged to Patients		188,012		188,012								
55.01	Medical Supplies Charged to Patients-IMP												
56.00	Drugs Charged to Patients		5,264		5,264								
57.00	Renal Dialysis	276		276									
59.00	Ultrasound	201	81,572	201	81,572								
59.02													
59.03													
60.00	Clinic		3,569		3,569								
60.01	Other Clinic Services												
61.00	Emergency	12,758	60,608	12,758	60,608								
62.00	Observation Beds												
71.00	Home Health Agency	8,440	61,691	8,440	61,691								
93.00	Hospice	4,940	144,652	4,940	144,652								
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen												
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00													
100.01	Foundation	1,100		1,100									
100.02	MOB												
100.03	Community Relations	4,429	5,034	4,429	5,034								
100.04													
	TOTAL	277,444	5,475,116	277,444	5,475,116	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	0	0	7,121,073	5,389,518	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	25.666704	0.984366	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		EMP BENE (GROSS SALARIES) 5.00 (Rev) (Rev)	STAT 6.01 (Rev) (Rev)	STAT 6.02 (Rev) (Rev)	STAT 6.03 (Rev) (Rev)	STAT 6.04 (Rev) (Rev)	STAT 6.05 (Rev) (Rev)	STAT 6.06 (Rev) (Rev)	STAT 6.07 (Rev) (Rev)	STAT 6.08 (Rev) (Rev)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Rev) (Rev)
	GENERAL SERVICE COST CENTERS											
1.00	Old Cap Rel Costs-Bldg & Fixtures											
2.00	Old Cap Rel Costs-Movable Equipment											
3.00	New Cap Rel Costs-Bldg & Fixtures											
4.00	New Cap Rel Costs-Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01	Non-Patient Telephones											
6.02	Data Processing											
6.03	Purchasing/Receiving											
6.04	Patient Admitting											
6.05	Patient Business Office											
6.06												
6.07												
6.08												
6.00	Administrative and General	11,157,962										
7.00	Maintenance and Repairs	1,127,320									5,845,396	
8.00	Operation of Plant	819,785									2,985,256	1,176
9.00	Laundry and Linen Service	100,532									934,568	
10.00	Housekeeping	1,139,289									2,606,439	1,177
11.00	Dietary	366,275									1,916,804	2,819
12.00	Cafeteria	426,210									1,843,945	4,590
13.00	Maintenance of Personnel										0	
14.00	Nursing Administration	1,783,616									2,530,865	935
15.00	Central Services & Supply	325,686									787,161	4,510
16.00	Pharmacy	2,911,934									4,199,761	1,885
17.00	Medical Records and Library	452,002									808,446	2,194
18.00	Social Service										0	
19.00											0	
19.02											0	
19.03											0	
20.00											0	
21.00	Nursing School										0	
22.00	Intern & Res Service-Salary & Fringes										0	
23.00	Intern & Res Other Program										0	
24.00	Paramedical Ed Program										0	
	INPATIENT ROUTINE COST CENTERS											
25.00	Adults & Pediatrics (Gen Routine)	11,860,145									17,683,386	23,884
26.00	Intensive Care Unit	3,159,762									4,895,980	4,639
27.00	Coronary Care Unit										0	
28.00	Neonatal Intensive Care Unit										0	
29.00	Surgical Intensive Care										0	
30.00	Subprovider I										0	
31.00	Subprovider II										0	
32.00											0	
33.00	Nursery	1,898,780									3,221,743	3,195
34.00	Skilled Nursing Facility	4,451,664									6,651,654	12,450
35.00	Distinct Part Nursing Facility										0	
36.00	Adult Subacute Care Unit										0	
36.01	Subacute Care Unit II										0	
36.02	Transitional Care Unit										0	

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		EMP BENE (GROSS SALARIES) 5.00 (Rev) (Rev)	STAT 6.01 (Rev) (Rev)	STAT 6.02 (Rev) (Rev)	STAT 6.03 (Rev) (Rev)	STAT 6.04 (Rev) (Rev)	STAT 6.05 (Rev) (Rev)	STAT 6.06 (Rev) (Rev)	STAT 6.07 (Rev) (Rev)	STAT 6.08 (Rev) (Rev)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Rev) (Rev)
	ANCILLARY COST CENTERS											
37.00	Operating Room	3,591,305									7,393,354	21,134
37.01	Gastro Intestinal Service	180,423									282,015	876
37.02	Cardiac Cath Lab	1,190,587									1,964,198	676
39.00	Delivery Room and Labor Room	3,121,060									5,046,150	5,664
40.00	Anesthesiology										177,192	61
41.00	Radiology - Diagnostic	2,793,577									5,772,428	7,350
41.01	CT SCAN and MRI	507,523									1,336,167	371
											0	
43.00	Radioisotope	228,708									1,285,904	400
44.00	Laboratory	2,654,237									6,375,257	4,114
44.01	Pathological Lab										0	
46.00	Whole Blood & Packed Red Blood										1,420,027	209
47.00	Blood Storing and Processing										0	
48.00	Intravenous Therapy	48,636									66,264	
49.00	Respiratory Therapy	1,367,708									2,760,802	5,624
50.00	Physical Therapy	1,100,782									2,296,772	3,511
51.00	Occupational Therapy	631,489									948,454	1,528
52.00	Speech Pathology										0	
53.00	Electrocardiology	1,061,095									1,724,621	6,207
54.00	Electroencephalography	63,150									97,980	
55.00	Medical Supplies Charged to Patients										7,015,623	
55.01	Medical Supplies Charged to Patients-IMP										7,675,387	
											0	
56.00	Drugs Charged to Patients										3,662,681	
57.00	Renal Dialysis										365,536	276
59.00	Ultrasound	383,857									610,802	201
59.02											0	
59.03											0	
60.00	Clinic	363,454									548,853	
60.01	Other Clinic Services										0	
61.00	Emergency	4,957,701									7,747,490	12,758
62.00	Observation Beds										0	
71.00	Home Health Agency	7,480,899									13,111,717	8,440
93.00	Hospice	1,645,909									3,041,745	4,940
											0	
											0	
											0	
											0	
	NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop & Canteen										0	
97.00	Research										0	
98.00	Physicians' Private Office										0	
99.00	Nonpaid Workers										0	
99.01											0	
99.02											0	
99.03											0	
99.04											0	
99.05											0	
100.00											0	
100.01	Foundation										29,718	1,100
100.02	MOB										560	
100.03	Community Relations	673,263									2,533,520	4,429
100.04											0	
	TOTAL	76,026,325	0	0	0	0	0	0	0	0	142,202,621	153,323
	COST TO BE ALLOCATED	27,555,128	0	0	0	0	0	0	0	0	30,307,750	7,091,230
	UNIT COST MULTIPLIER - SCH 8	0.362442	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.213131	46.250269

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		OPER PLANT (SQ FT) 8.00 (Rev) (Rev)	LAUNDRY & LINEN (LB LNDRY) 9.00 (Rev) (Rev)	HOUSE-KEEPING (HR SERV) 10.00 (Rev) (Rev)	DIETARY (MEALS SERVED) 11.00 (Rev) (Rev)	CAFETERIA 12.00 (Rev) (Rev)	MAINT OF PERSONNEL (# HOUSED) 13.00 (Rev) (Rev)	NURSING ADMIN (NURSE HR) 14.00 (Rev) (Rev)	CENT SERV & SUPPLY (CST REQ) 15.00 (Rev) (Rev)	PHARMACY (COSTS REQUIS) 16.00 (Rev) (Rev)	MED REC (TIME SPENT) 17.00 (Rev) (Rev)	SOC SERV (TIME SPENT) 18.00 (Rev) (Rev)	STAT 19.00 (Rev) (Rev)
	GENERAL SERVICE COST CENTERS												
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipment												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits												
6.01	Non-Patient Telephones												
6.02	Data Processing												
6.03	Purchasing/Receiving												
6.04	Patient Admitting												
6.05	Patient Business Office												
6.06													
6.07													
6.08													
6.00	Administrative and General												
7.00	Maintenance and Repairs												
8.00	Operation of Plant												
9.00	Laundry and Linen Service												
10.00	Housekeeping	1,177											
11.00	Dietary	2,819		2,819									
12.00	Cafeteria	4,590		4,590	362,342								
13.00	Maintenance of Personnel												
14.00	Nursing Administration	935		935		1,663							
15.00	Central Services & Supply	4,510	135,968	4,510		693		36					
16.00	Pharmacy	1,885		1,885		2,661		309	41,235				
17.00	Medical Records and Library	2,194		2,194		1,030							
18.00	Social Service												
19.00													
19.02													
19.03													
20.00													
21.00	Nursing School												
22.00	Intern & Res Service-Salary & Fringes												
23.00	Intern & Res Other Program												
24.00	Paramedical Ed Program												
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	23,884	375,819	23,884	84,319	13,507		256,641	224,727		93,423,785		
26.00	Intensive Care Unit	4,639	84,410	4,639	6,485	2,720		48,467	35,190		20,581,414		
27.00	Coronary Care Unit												
28.00	Neonatal Intensive Care Unit												
29.00	Surgical Intensive Care												
30.00	Subprovider I												
31.00	Subprovider II												
32.00													
33.00	Nursery	3,195	30,460	3,195		1,703		35,199	16,813		9,437,883		
34.00	Skilled Nursing Facility	12,450	263,067	12,450	126,204	7,853		156,990	92,137		16,028,391		
35.00	Distinct Part Nursing Facility												
36.00	Adult Subacute Care Unit												
36.01	Subacute Care Unit II												
36.02	Transitional Care Unit												

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		OPER PLANT (SQ FT) 8.00 (Rev) (Rev)	LAUNDRY & LINEN (LB LNDRY) 9.00 (Rev) (Rev)	HOUSE-KEEPING (HR SERV) 10.00 (Rev) (Rev)	DIETARY (MEALS SERVED) 11.00 (Rev) (Rev)	CAFETERIA 12.00 (Rev) (Rev)	MAINT OF PERSONNEL (# HOUSED) 13.00 (Rev) (Rev)	NURSING ADMIN (NURSE HR) 14.00 (Rev) (Rev)	CENT SERV & SUPPLY (CST REQ) 15.00 (Rev) (Rev)	PHARMACY (COSTS REQUIS) 16.00 (Rev) (Rev)	MED REC (TIME SPENT) 17.00 (Rev) (Rev)	SOC SERV (TIME SPENT) 18.00 (Rev) (Rev)	STAT 19.00 (Rev) (Rev)
	ANCILLARY COST CENTERS												
37.00	Operating Room	21,134	168,094	21,134	1,062	3,838		53,693	4,801,716		110,155,075		
37.01	Gastro Intestinal Service	876		876		125		1,483	23,681		798,572		
37.02	Cardiac Cath Lab	676	5,978	676		935		9,614	837,880		27,180,093		
39.00	Delivery Room and Labor Room	5,664	74,520	5,664	3,000	2,991		54,426	94,714		24,803,963		
40.00	Anesthesiology	61		61					71,126		38,015,515		
41.00	Radiology - Diagnostic	7,350	71,990	7,350		3,806		463	137,188		53,633,980		
41.01	CT SCAN and MRI	371		371		616		75	48,971		37,865,994		
43.00	Radioisotope	400		400		198			387,830		15,021,346		
44.00	Laboratory	4,114		4,114		4,178		213	46,624		79,075,170		
44.01	Pathological Lab												
46.00	Whole Blood & Packed Red Blood	209		209					1,240,840		4,257,886		
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy					61		1,171			320,905		
49.00	Respiratory Therapy	5,624		5,624		1,195		54	87,583		7,848,154		
50.00	Physical Therapy	3,511		3,511		1,373		1,823	2,405		11,671,426		
51.00	Occupational Therapy	1,528		1,528		895		5,223	5,719		4,199,988		
52.00	Speech Pathology												
53.00	Electrocardiology	6,207	21,841	6,207		1,265		5,833	11,540		11,471,102		
54.00	Electroencephalography					40		9	1,411		261,166		
55.00	Medical Supplies Charged to Patients								7,995,596		30,652,919		
55.01	Medical Supplies Charged to Patients-IMP								7,675,387		33,464,923		
56.00	Drugs Charged to Patients									4,545,056	78,279,464		
57.00	Renal Dialysis	276		276					333		779,477		
59.00	Ultrasound	201		201		353		5	1,755		8,909,232		
59.02													
59.03													
60.00	Clinic		16,031			421		8,667	2,997		3,421,693		
60.01	Other Clinic Services												
61.00	Emergency	12,758	197,385	12,758	1,491	5,606		91,793	63,034		45,667,832		
62.00	Observation Beds												
71.00	Home Health Agency	8,440							35,685	568,004			
93.00	Hospice	4,940							1,122	206,098			
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen												
97.00	Research												
98.00	Physicians' Private Office												
99.00	Nonpaid Workers												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00													
100.01	Foundation	1,100		1,100									
100.02	MOB												
100.03	Community Relations	4,429		4,429		931		3,138	17,717				
100.04													
	TOTAL	152,147	1,445,563	137,590	584,903	60,657	0	735,325	24,002,956	5,319,158	767,227,348	0	0
	COST TO BE ALLOCATED	3,675,897	1,133,753	3,244,824	2,590,303	4,273,046	0	3,275,306	1,534,460	5,463,507	1,259,532	0	0
	UNIT COST MULTIPLIER - SCH 8	24.160165	0.784299	23.583286	4.428602	70.446042	0.000000	4.454230	0.063928	1.027138	0.001642	0.000000	0.000000

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
		19.02	19.03	20.00	21.00	22.00	23.00	24.00
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	GENERAL SERVICE COST CENTERS							
1.00	Old Cap Rel Costs-Bldg & Fixtures							
2.00	Old Cap Rel Costs-Movable Equipment							
3.00	New Cap Rel Costs-Bldg & Fixtures							
4.00	New Cap Rel Costs-Movable Equipment							
4.01								
4.02								
4.03								
4.04								
4.05								
4.06								
4.07								
4.08								
5.00	Employee Benefits							
6.01	Non-Patient Telephones							
6.02	Data Processing							
6.03	Purchasing/Receiving							
6.04	Patient Admitting							
6.05	Patient Business Office							
6.06								
6.07								
6.08								
6.00	Administrative and General							
7.00	Maintenance and Repairs							
8.00	Operation of Plant							
9.00	Laundry and Linen Service							
10.00	Housekeeping							
11.00	Dietary							
12.00	Cafeteria							
13.00	Maintenance of Personnel							
14.00	Nursing Administration							
15.00	Central Services & Supply							
16.00	Pharmacy							
17.00	Medical Records and Library							
18.00	Social Service							
19.00								
19.02								
19.03								
20.00								
21.00	Nursing School							
22.00	Intern & Res Service-Salary & Fringes							
23.00	Intern & Res Other Program							
24.00	Paramedical Ed Program							
	INPATIENT ROUTINE COST CENTERS							
25.00	Adults & Pediatrics (Gen Routine)							
26.00	Intensive Care Unit							
27.00	Coronary Care Unit							
28.00	Neonatal Intensive Care Unit							
29.00	Surgical Intensive Care							
30.00	Subprovider I							
31.00	Subprovider II							
32.00								
33.00	Nursery							
34.00	Skilled Nursing Facility							
35.00	Distinct Part Nursing Facility							
36.00	Adult Subacute Care Unit							
36.01	Subacute Care Unit II							
36.02	Transitional Care Unit							

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
		19.02	19.03	20.00	21.00	22.00	23.00	24.00
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
		(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)	(Rev)
	ANCILLARY COST CENTERS							
37.00	Operating Room							
37.01	Gastro Intestinal Service							
37.02	Cardiac Cath Lab							
39.00	Delivery Room and Labor Room							
40.00	Anesthesiology							
41.00	Radiology - Diagnostic							
41.01	CT SCAN and MRI							
43.00	Radioisotope							
44.00	Laboratory							
44.01	Pathological Lab							
46.00	Whole Blood & Packed Red Blood							
47.00	Blood Storing and Processing							
48.00	Intravenous Therapy							
49.00	Respiratory Therapy							
50.00	Physical Therapy							
51.00	Occupational Therapy							
52.00	Speech Pathology							
53.00	Electrocardiology							
54.00	Electroencephalography							
55.00	Medical Supplies Charged to Patients							
55.01	Medical Supplies Charged to Patients-IMP							
56.00	Drugs Charged to Patients							
57.00	Renal Dialysis							
59.00	Ultrasound							
59.02								
59.03								
60.00	Clinic							
60.01	Other Clinic Services							
61.00	Emergency							
62.00	Observation Beds							
71.00	Home Health Agency							
93.00	Hospice							
	NONREIMBURSABLE COST CENTERS							
96.00	Gift, Flower, Coffee Shop & Canteen							
97.00	Research							
98.00	Physicians' Private Office							
99.00	Nonpaid Workers							
99.01								
99.02								
99.03								
99.04								
99.05								
100.00								
100.01	Foundation							
100.02	MOB							
100.03	Community Relations							
100.04								
	TOTAL	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: MARIAN MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2010

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	$	$ 0	$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	6,022,486	1,098,587	7,121,073
4.00	New Cap Rel Costs-Movable Equipment	5,389,518	0	5,389,518
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	27,469,098	0	27,469,098
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	19,815,884	3,032,814	22,848,698
7.00	Maintenance and Repairs	4,793,579	0	4,793,579
8.00	Operation of Plant	2,631,241	0	2,631,241
9.00	Laundry and Linen Service	898,131	0	898,131
10.00	Housekeeping	2,162,873	0	2,162,873
11.00	Dietary	1,694,170	0	1,694,170
12.00	Cafeteria	1,571,658	0	1,571,658
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,859,953	0	1,859,953
15.00	Central Services & Supply	488,884	0	488,884
16.00	Pharmacy	2,988,326	0	2,988,326
17.00	Medical Records and Library	555,224	0	555,224
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	12,350,230	0	12,350,230
26.00	Intensive Care Unit	3,505,031	0	3,505,031
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	2,422,042	0	2,422,042
34.00	Skilled Nursing Facility	4,688,556	0	4,688,556
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: MARIAN MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2010

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
37.00	Operating Room	$ 5,108,365	$ 0	$ 5,108,365
37.01	Gastro Intestinal Service	183,698	0	183,698
37.02	Cardiac Cath Lab	1,273,102	0	1,273,102
39.00	Delivery Room and Labor Room	3,654,954	0	3,654,954
40.00	Anesthesiology	116,641	0	116,641
41.00	Radiology - Diagnostic	3,156,297	0	3,156,297
41.01	CT SCAN and MRI	589,603	0	589,603
			0	0
43.00	Radioisotope	1,187,726	0	1,187,726
44.00	Laboratory	4,750,946	475,561	5,226,507
44.01	Pathological Lab		0	0
46.00	Whole Blood & Packed Red Blood	1,410,672	0	1,410,672
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy	48,636	0	48,636
49.00	Respiratory Therapy	2,079,631	0	2,079,631
50.00	Physical Therapy	1,802,356	0	1,802,356
51.00	Occupational Therapy	678,995	0	678,995
52.00	Speech Pathology		0	0
53.00	Electrocardiology	1,129,487	0	1,129,487
54.00	Electroencephalography	68,304	0	68,304
55.00	Medical Supplies Charged to Patients	6,830,550	0	6,830,550
55.01	Medical Supplies Charged to Patients-IMP	7,675,387	0	7,675,387
			0	0
56.00	Drugs Charged to Patients	3,657,499	0	3,657,499
57.00	Renal Dialysis	358,452	0	358,452
59.00	Ultrasound	386,220	0	386,220
59.02			0	0
59.03			0	0
60.00	Clinic	413,609	0	413,609
60.01	Other Clinic Services		0	0
61.00	Emergency	5,563,495	0	5,563,495
62.00	Observation Beds		0	0
71.00	Home Health Agency	10,122,972	0	10,122,972
93.00	Hospice	2,176,015	0	2,176,015
			0	0
			0	0
			0	0
			0	0
	SUBTOTAL	$ 165,730,496	$ 4,606,962	$ 170,337,458
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00			0	0
100.01	Foundation	1,485	0	1,485
100.02	MOB	560	0	560
100.03	Community Relations	2,170,868	0	2,170,868
100.04			0	0
100.99	SUBTOTAL	$ 2,172,913	$ 0	$ 2,172,913
101	TOTAL	$ 167,903,409	$ 4,606,962	$ 172,510,371

(To Schedule 8)

STATE OF CALIFORNIA

REVISIONS TO REPORTED COSTS

SCHEDULE 10A
Page 1

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		TOTAL ADJ (Page 1 & 2)	AUDIT REV 1	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
	GENERAL SERVICE COST CENTER													
1.00	Old Cap Rel Costs-Bldg & Fixtures	$0												
2.00	Old Cap Rel Costs-Movable Equipment	0												
3.00	New Cap Rel Costs-Bldg & Fixtures	1,098,587	1,098,587											
4.00	New Cap Rel Costs-Movable Equipment	0												
4.01		0												
4.02		0												
4.03		0												
4.04		0												
4.05		0												
4.06		0												
4.07		0												
4.08		0												
5.00	Employee Benefits	0												
6.01	Non-Patient Telephones	0												
6.02	Data Processing	0												
6.03	Purchasing/Receiving	0												
6.04	Patient Admitting	0												
6.05	Patient Business Office	0												
6.06		0												
6.07		0												
6.08		0												
6.00	Administrative and General	3,032,814	3,032,814											
7.00	Maintenance and Repairs	0												
8.00	Operation of Plant	0												
9.00	Laundry and Linen Service	0												
10.00	Housekeeping	0												
11.00	Dietary	0												
12.00	Cafeteria	0												
13.00	Maintenance of Personnel	0												
14.00	Nursing Administration	0												
15.00	Central Services & Supply	0												
16.00	Pharmacy	0												
17.00	Medical Records and Library	0												
18.00	Social Service	0												
19.00		0												
19.02		0												
19.03		0												
20.00		0												
21.00	Nursing School	0												
22.00	Intern & Res Service-Salary & Fringes	0												
23.00	Intern & Res Other Program	0												
24.00	Paramedical Ed Program	0												
	INPATIENT ROUTINE COST CENTERS													
25.00	Adults & Pediatrics (Gen Routine)	0												
26.00	Intensive Care Unit	0												
27.00	Coronary Care Unit	0												
28.00	Neonatal Intensive Care Unit	0												
29.00	Surgical Intensive Care	0												
30.00	Subprovider I	0												
31.00	Subprovider II	0												
32.00		0												
33.00	Nursery	0												
34.00	Skilled Nursing Facility	0												
35.00	Distinct Part Nursing Facility	0												
36.00	Adult Subacute Care Unit	0												
36.01	Subacute Care Unit II	0												
36.02	Transitional Care Unit	0												

STATE OF CALIFORNIA

REVISIONS TO REPORTED COSTS

SCHEDULE 10A
Page 1
Fiscal Period Ended:
JUNE 30, 2010

Provider Name:
MARIAN MEDICAL CENTER

		TOTAL ADJ (Page 1 & 2)	AUDIT REV 1	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
	ANCILLARY COST CENTERS													
37.00	Operating Room	0												
37.01	Gastro Intestinal Service	0												
37.02	Cardiac Cath Lab	0												
39.00	Delivery Room and Labor Room	0												
40.00	Anesthesiology	0												
41.00	Radiology - Diagnostic	0												
41.01	CT SCAN and MRI	0												
		0												
43.00	Radioisotope	0												
44.00	Laboratory	475,561	475,561											
44.01	Pathological Lab	0												
46.00	Whole Blood & Packed Red Blood	0												
47.00	Blood Storing and Processing	0												
48.00	Intravenous Therapy	0												
49.00	Respiratory Therapy	0												
50.00	Physical Therapy	0												
51.00	Occupational Therapy	0												
52.00	Speech Pathology	0												
53.00	Electrocardiology	0												
54.00	Electroencephalography	0												
55.00	Medical Supplies Charged to Patients	0												
55.01	Medical Supplies Charged to Patients-IMP	0												
		0												
56.00	Drugs Charged to Patients	0												
57.00	Renal Dialysis	0												
59.00	Ultrasound	0												
59.02		0												
59.03		0												
60.00	Clinic	0												
60.01	Other Clinic Services	0												
61.00	Emergency	0												
62.00	Observation Beds	0												
71.00	Home Health Agency	0												
93.00	Hospice	0												
		0												
		0												
		0												
		0												
	NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen	0												
97.00	Research	0												
98.00	Physicians' Private Office	0												
99.00	Nonpaid Workers	0												
99.01		0												
99.02		0												
99.03		0												
99.04		0												
99.05		0												
100.00		0												
100.01	Foundation	0												
100.02	MOB	0												
100.03	Community Relations	0												
100.04		0												
101.00	TOTAL	$4,606,962	4,606,962	0	0	0	0	0	0	0	0	0	0	0
		(To Sch 10)												

STATE OF CALIFORNIA

REVISIONS TO REPORTED COSTS

SCHEDULE 10A
Page 2

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
	GENERAL SERVICE COST CENTER													
1.00	Old Cap Rel Costs-Bldg & Fixtures													
2.00	Old Cap Rel Costs-Movable Equipment													
3.00	New Cap Rel Costs-Bldg & Fixtures													
4.00	New Cap Rel Costs-Movable Equipment													
4.01														
4.02														
4.03														
4.04														
4.05														
4.06														
4.07														
4.08														
5.00	Employee Benefits													
6.01	Non-Patient Telephones													
6.02	Data Processing													
6.03	Purchasing/Receiving													
6.04	Patient Admitting													
6.05	Patient Business Office													
6.06														
6.07														
6.08														
6.00	Administrative and General													
7.00	Maintenance and Repairs													
8.00	Operation of Plant													
9.00	Laundry and Linen Service													
10.00	Housekeeping													
11.00	Dietary													
12.00	Cafeteria													
13.00	Maintenance of Personnel													
14.00	Nursing Administration													
15.00	Central Services & Supply													
16.00	Pharmacy													
17.00	Medical Records and Library													
18.00	Social Service													
19.00														
19.02														
19.03														
20.00														
21.00	Nursing School													
22.00	Intern & Res Service-Salary & Fringes													
23.00	Intern & Res Other Program													
24.00	Paramedical Ed Program													
	INPATIENT ROUTINE COST CENTERS													
25.00	Adults & Pediatrics (Gen Routine)													
26.00	Intensive Care Unit													
27.00	Coronary Care Unit													
28.00	Neonatal Intensive Care Unit													
29.00	Surgical Intensive Care													
30.00	Subprovider I													
31.00	Subprovider II													
32.00														
33.00	Nursery													
34.00	Skilled Nursing Facility													
35.00	Distinct Part Nursing Facility													
36.00	Adult Subacute Care Unit													
36.01	Subacute Care Unit II													
36.02	Transitional Care Unit													

Provider Name:
MARIAN MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV	AUDIT REV
	ANCILLARY COST CENTERS													
37.00	Operating Room													
37.01	Gastro Intestinal Service													
37.02	Cardiac Cath Lab													
39.00	Delivery Room and Labor Room													
40.00	Anesthesiology													
41.00	Radiology - Diagnostic													
41.01	CT SCAN and MRI													
43.00	Radioisotope													
44.00	Laboratory													
44.01	Pathological Lab													
46.00	Whole Blood & Packed Red Blood													
47.00	Blood Storing and Processing													
48.00	Intravenous Therapy													
49.00	Respiratory Therapy													
50.00	Physical Therapy													
51.00	Occupational Therapy													
52.00	Speech Pathology													
53.00	Electrocardiology													
54.00	Electroencephalography													
55.00	Medical Supplies Charged to Patients													
55.01	Medical Supplies Charged to Patients-IMP													
56.00	Drugs Charged to Patients													
57.00	Renal Dialysis													
59.00	Ultrasound													
59.02														
59.03														
60.00	Clinic													
60.01	Other Clinic Services													
61.00	Emergency													
62.00	Observation Beds													
71.00	Home Health Agency													
93.00	Hospice													
	NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen													
97.00	Research													
98.00	Physicians' Private Office													
99.00	Nonpaid Workers													
99.01														
99.02														
99.03														
99.04														
99.05														
100.00														
100.01	Foundation													
100.02	MOB													
100.03	Community Relations													
100.04														
101.00	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name	Fiscal Period	Provider NPI	Revisions
MARIAN MEDICAL CENTER	JULY 1, 2009 TROUGH JUNE 30, 2010	1760510937	1

Report References										
		Cost Report								
Rev. No.	Revised Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Revisions	As Audited	Increase (Decrease)	As Revised
							REVISIONS TO AUDITED COSTS			
1	10A	A			3.00	7	New Capital Related Costs-Buildings and Fixtures	$6,022,486	$1,098,587	$7,121,073
	10A	A			6.00	7	Administrative and General	19,815,884	$3,032,814	$22,848,698
	10A	A			44.00	7	Laboratory	4,750,946	475,561	5,226,507
							(Source: Report of Findings dated January 10, 2013, Issue Number 1 & 2)			