

**REPORT
ON THE
COST REPORT REVIEW**

**SAINT AGNES MEDICAL CENTER
FRESNO, CALIFORNIA
NPI NUMBER: 1205845567**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

**Audits Section—Fresno
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Michael Harrold
Audit Supervisor: Kathy Atkins
Auditor: Jose Juarez**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

November 26, 2013

Phillip J. Robinson, CFO
Saint Agnes Medical Center
1303 East Herndon Avenue
Fresno, CA 93720

SAINT AGNES MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1205845567
FISCAL PERIOD ENDED JUNE 30, 2010

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$77,959, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

Phillip J. Robinson, CFO
Page 2

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Fresno at (559) 446-2458.

Original Signed by

Michael A. Harrold, Chief
Audits Section—Fresno
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1205845567		
Reported	\$ 0	
Net Change	\$ (77,959)	
Audited Amount Due Provider (State)	\$ (77,959)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1205845567		
Reported		\$ 25,837,965
Net Change		\$ 1,115,679
Audited Cost		\$ 26,953,644
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (77,959)	
9. Total Medi-Cal Cost		\$ 26,953,644

SUMMARY OF FINDINGS

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (77,959)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1205845567

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 112,740
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)		\$ 0	\$ 112,740
6. Interim Payments (Adj 6)		\$ 0	\$ (179,894)
7. Balance Due Provider (State)		\$ 0	\$ (67,154)
8. Overpayments (Adj 11)		\$ 0	\$ (10,805)
9.	\$	\$ 0	0
10.	\$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (77,959)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SAINT AGNES MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1205845567

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>0</u>	\$ <u>116,647</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 5)	\$ <u>0</u>	\$ <u>350,557</u>
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3. Inpatient Ancillary Service Charges (Adj 5)	\$ <u>0</u>	\$ <u>188,035</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>538,592</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>421,945</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT AGNES MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1205845567

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	94,837	94,837
2. Inpatient Days (include private, exclude swing-bed)	94,837	94,837
3. Private Room Days (exclude swing-bed private room) (Adj)	79	79
4. Semi-Private Room Days (exclude swing-bed) (Adj)	94,758	94,758
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 88,289,036	\$ 88,279,554
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)	\$ 88,289,036	\$ 88,279,554

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 173,972,988	\$ 173,972,988
29. Private Room Charges (excluding swing-bed charges)	\$ 170,994	\$ 170,994
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 173,801,994	\$ 173,801,994
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.507487	\$ 0.507433
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 2,164.48	\$ 2,164.48
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 1,834.17	\$ 1,834.17
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 330.31	\$ 330.31
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 167.63	\$ 167.61
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 13,243	\$ 13,241
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 88,275,793	\$ 88,266,313

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 930.82	\$ 930.72
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 81,339
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 81,339

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT AGNES MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1205845567

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,387,516	\$ 2,387,267
2. Total Inpatient Days (Adj)	7,430	7,430
3. Average Per Diem Cost	\$ 321.33	\$ 321.30
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 14,129,472	\$ 14,127,987
7. Total Inpatient Days (Adj)	4,325	4,325
8. Average Per Diem Cost	\$ 3,266.93	\$ 3,266.59
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 5,091,088	\$ 5,090,555
12. Total Inpatient Days (Adj)	2,368	2,368
13. Average Per Diem Cost	\$ 2,149.95	\$ 2,149.73
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 (Adj)	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)	\$ 4,850,990	\$ 4,850,481
22. Total Inpatient Days (Adj)	1,976	1,976
23. Average Per Diem Cost	\$ 2,454.95	\$ 2,454.70
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 3)	\$ 0.00	\$ 363.12
27. Medi-Cal Inpatient Days (Adj 3)	0	224
28. Cost Applicable to Medi-Cal	\$ 0	\$ 81,339
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)	\$ 0	\$ 81,339

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1205845567

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 13,149,429	\$ 142,731,189	0.092127	\$ 0	\$ 0
38.00	Recovery Room	4,986,453	13,274,793	0.375633	0	0
39.00	Delivery Room and Labor Room	8,864,299	19,476,612	0.455125	0	0
40.00	Anesthesiology	2,353,883	24,215,211	0.097207	0	0
41.00	Radiology - Diagnostic	34,776,362	196,940,578	0.176583	2,789	492
41.01	C.T. Scan	6,895,752	69,121,894	0.099762	0	0
41.02	Magnetic Resonance Imaging (MRI)	2,542,240	24,575,416	0.103446	0	0
41.03	Ultrasound	2,479,914	19,322,453	0.128344	0	0
43.00	Radioisotope	4,551,022	17,840,969	0.255088	0	0
44.00	Laboratory	20,685,812	134,104,620	0.154251	45,049	6,949
44.01	Pathological Lab	2,052,024	6,560,905	0.312765	0	0
46.00	Whole Blood & Packed Red Blood Cells	5,356,908	9,673,758	0.553757	0	0
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	8,012,860	41,135,007	0.194794	0	0
50.00	Physical Therapy	3,374,545	10,718,770	0.314826	24,351	7,666
51.00	Occupational Therapy	360,466	882,699	0.408368	4,616	1,885
52.00	Speech Pathology	358,147	1,875,232	0.190988	0	0
53.00	Electrocardiology	2,660,386	22,474,855	0.118372	0	0
53.01	Cardiac Rehabilitation	822,877	986,439	0.834189	0	0
54.00	Electroencephalography	214,890	888,729	0.241794	0	0
55.00	Medical Supplies Charged to Patients	9,276,068	73,778,558	0.125729	0	0
55.30	Impl. Dev. Charged to Patient	40,340,713	112,422,834	0.358830	0	0
56.00	Drugs Charged to Patients	32,662,424	198,351,031	0.164670	111,230	18,316
57.00	Renal Dialysis	1,977,346	1,882,517	1.050373	0	0
58.00	ASC (Non-Distinct Part)	9,694,806	54,523,230	0.177811	0	0
58.01	Ophthalmology	7,697,119	29,282,265	0.262859	0	0
59.00		0	0	0.000000	0	0
60.00	Clinic	2,747,730	9,533,756	0.288211	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	21,720,429	168,677,652	0.128769	0	0
62.00	Observation Beds	0	0	0.000000	0	0
71.00						
82.00						
83.00						
84.00						
85.00						
86.00						
TOTAL		\$ 250,614,904	\$ 1,405,251,972		\$ 188,035	\$ 35,308

(To Schedule 3)

* From Schedule 8, Column 27

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

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1205845567

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>26,992,569</u>	\$ <u>28,375,767</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9)	\$ <u>172,973,721</u>	\$ <u>28,463,487</u>
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3. Inpatient Ancillary Service Charges (Adj 9)	\$ <u>74,783,425</u>	\$ <u>78,325,512</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>247,757,146</u>	\$ <u>106,788,999</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>220,764,577</u>	\$ <u>78,413,232</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1205845567

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	94,837	94,837
2. Inpatient Days (include private, exclude swing-bed)	94,837	94,837
3. Private Room Days (exclude swing-bed private room) (Adj)	79	79
4. Semi-Private Room Days (exclude swing-bed) (Adj)	94,758	94,758
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 7)	10,283	11,140

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 88,289,036	\$ 88,279,554
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)	\$ 88,289,036	\$ 88,279,554

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 173,972,988	\$ 173,972,988
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 170,994	\$ 170,994
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 173,801,994	\$ 173,801,994
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.507487	\$ 0.507433
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 2,164.48	\$ 2,164.48
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 1,834.17	\$ 1,834.17
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 330.31	\$ 330.31
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 167.63	\$ 167.61
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 13,243	\$ 13,241
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 88,275,793	\$ 88,266,313

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 930.82	\$ 930.72
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 9,571,622	\$ 10,368,221
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 3,977,960	\$ 4,165,347
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 13,549,582	\$ 14,533,568

(To Contract Sch 3)

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1205845567

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,387,516	\$ 2,387,267
2. Total Inpatient Days (Adj)	7,430	7,430
3. Average Per Diem Cost	\$ 321.33	\$ 321.30
4. Medi-Cal Inpatient Days (Adj 7)	1,891	1,897
5. Cost Applicable to Medi-Cal	\$ 607,635	\$ 609,506
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 14,129,472	\$ 14,127,987
7. Total Inpatient Days (Adj)	4,325	4,325
8. Average Per Diem Cost	\$ 3,266.93	\$ 3,266.59
9. Medi-Cal Inpatient Days (Adj 7)	752	798
10. Cost Applicable to Medi-Cal	\$ 2,456,731	\$ 2,606,739
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 5,091,088	\$ 5,090,555
12. Total Inpatient Days (Adj)	2,368	2,368
13. Average Per Diem Cost	\$ 2,149.95	\$ 2,149.73
14. Medi-Cal Inpatient Days (Adj 7)	353	357
15. Cost Applicable to Medi-Cal	\$ 758,932	\$ 767,454
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	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)	\$ 4,850,990	\$ 4,850,481
22. Total Inpatient Days (Adj)	1,976	1,976
23. Average Per Diem Cost	\$ 2,454.95	\$ 2,454.70
24. Medi-Cal Inpatient Days (Adj 7)	63	74
25. Cost Applicable to Medi-Cal	\$ 154,662	\$ 181,648
0		
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 3,977,960	\$ 4,165,347

(To Contract Sch 4)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1205845567

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
37.00	Operating Room	\$ 8,721,195	\$ 540,046	\$ 9,261,241
38.00	Recovery Room	528,494	45,446	573,940
39.00	Delivery Room and Labor Room	3,836,746	3,772	3,840,518
40.00	Anesthesiology	861,042	9,873	870,915
41.00	Radiology - Diagnostic	3,432,161	173,191	3,605,352
41.01	C.T. Scan	2,987,003	163,980	3,150,983
41.02	Magnetic Resonance Imaging (MRI)	897,327	33,630	930,957
41.03	Ultrasound	1,225,945	21,217	1,247,162
43.00	Radioisotope	829,049	46,059	875,108
44.00	Laboratory	8,126,533	301,352	8,427,885
44.01	Pathological Lab	178,356	10,838	189,194
46.00	Whole Blood & Packed Red Blood Cells	924,417	32,134	956,551
47.00	Blood Storing and Processing			0
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	4,701,238	224,609	4,925,847
50.00	Physical Therapy	306,669	11,854	318,523
51.00	Occupational Therapy	74,627	7,162	81,789
52.00	Speech Pathology	185,137	16,136	201,273
53.00	Electrocardiology	1,866,444	153,620	2,020,064
53.01	Cardiac Rehabilitation	4,440	(1,986)	2,454
54.00	Electroencephalography	253,781	7,813	261,594
55.00	Medical Supplies Charged to Patients	3,705,164	1,141,078	4,846,242
55.30	Impl. Dev. Charged to Patient	2,741,378	(580,035)	2,161,343
56.00	Drugs Charged to Patients	20,640,026	916,209	21,556,235
57.00	Renal Dialysis	198,231	5,431	203,662
58.00	ASC (Non-Distinct Part)	586,853	30,794	617,647
58.01	Ophthalmology			0
59.00				0
60.00	Clinic			0
60.01	Other Clinic Services			0
61.00	Emergency	6,971,169	227,864	7,199,033
62.00	Observation Beds			0
71.00				
82.00				
83.00				
84.00				
85.00				
86.00				
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 74,783,425	\$ 3,542,087	\$ 78,325,512

(To Contract Sch 5)

Provider Name:
SAINT AGNES 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 0.00	ALLOC COST 0.00	ALLOC COST 0.00	ACCUMULATE COST	ADMIN- TRATIVE & GENERAL 6.06
ANCILLARY COST CENTERS													
37.00	Operating Room	0	111,313	61,988	316,896	1,024,127	779,977	339,148	0	0	0	5,860,548	527,901
38.00	Recovery Room	0	46,417	17,400	113,776	9,374	58,458	31,543	0	0	0	3,630,086	326,987
39.00	Delivery Room and Labor Room	0	79,758	25,013	166,747	41,218	135,427	46,279	0	0	0	6,655,986	599,551
40.00	Anesthesiology	0	3,362	1,631	371,913	22,530	120,584	50,410	0	0	0	1,539,762	138,697
41.00	Radiology - Diagnostic	0	207,029	163,127	3,653,907	618,662	592,679	467,957	0	0	0	25,596,090	2,305,619
41.01	C.T. Scan	0	29,470	5,981	2,427,426	16,818	199,004	164,243	0	0	0	5,717,460	515,012
41.02	Magnetic Resonance Imaging (MRI)	0	13,762	5,981	78,501	5,303	70,157	58,394	0	0	0	1,873,041	168,718
41.03	Ultrasound	0	24,003	5,981	55,518	7,472	45,708	45,913	0	0	0	1,950,998	175,740
43.00	Radioisotope	0	19,115	22,838	75,080	53,689	46,875	42,393	0	0	0	3,577,056	322,210
44.00	Laboratory	0	120,999	46,763	3,437,820	117,878	517,147	318,651	0	0	0	17,201,856	1,549,491
44.01	Pathological Lab	0	11,348	10,331	150,798	16,953	14,299	15,590	0	0	0	1,487,515	133,991
46.00	Whole Blood & Packed Red Blood Cells	0	5,697	5,438	60,634	193,353	28,728	22,986	0	0	0	4,772,704	429,911
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	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	78,586	17,944	309,191	28,900	275,198	97,742	0	0	0	6,682,759	601,963
50.00	Physical Therapy	0	32,851	19,575	180,939	1,184	43,460	25,469	0	0	0	2,483,612	223,716
51.00	Occupational Therapy	0	2,632	2,719	12,730	477	5,888	2,097	0	0	0	217,681	19,608
52.00	Speech Pathology	0	4,451	0	13,331	43	11,877	4,456	0	0	0	314,527	28,332
53.00	Electrocardiology	0	22,293	27,188	222,212	1,214	81,776	39,942	0	0	0	2,016,121	181,606
53.01	Cardiac Rehabilitation	0	5,809	5,981	27,593	513	7	2,335	0	0	0	458,780	41,325
54.00	Electroencephalography	0	1,965	1,088	3,764	106	1,782	998	0	0	0	170,926	15,396
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	364,325	51,215	0	0	0	8,205,270	739,106
55.30	Impl. Dev. Charged to Patient	0	0	0	0	0	636,478	267,132	0	0	0	36,513,666	3,289,041
56.00	Drugs Charged to Patients	0	0	0	10,439	0	1,270,003	471,447	0	0	0	13,829,549	1,245,724
57.00	Renal Dialysis	0	0	0	0	1,152	12,727	4,335	0	0	0	1,730,724	155,898
58.00	ASC (Non-Distinct Part)	0	65,274	42,957	321,820	135,247	137,002	129,555	0	0	0	6,480,239	583,720
58.01	Ophthalmology	0	38,430	3,806	102,192	112,280	323	69,469	0	0	0	5,448,915	490,822
59.00		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	12,548	27,188	195,782	50,112	4,757	22,653	0	0	0	1,930,842	173,924
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	0	65,251	449,382	47,385	465,213	400,801	0	0	0	16,306,485	1,468,839
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		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	3,176	4,350	0	97	0	0	0	0	0	283,362	25,524
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
98.01	Foundation	0	6,415	8,156	0	1,108	0	0	0	0	0	783,336	70,561
98.02	TLC	0	8,366	19,575	0	15,217	0	0	0	0	0	711,495	64,089
98.03	Corp. & Comm Services	0	24,186	37,519	0	4,842	0	0	0	0	0	3,384,581	304,873
98.04	Community Relations	0	9,756	10,875	0	893	0	0	0	0	0	1,775,509	159,932
98.05	NICU - Valley Childrens Hosp. NTERS	0	0	0	0	0	0	0	0	0	0	15,101	1,360
98.07	Trinity Home Health	0	81	38,607	0	16	0	0	0	0	0	62,570	5,636
98.08	Adult Day Health Care	0	11,393	8,156	0	803	0	0	0	0	0	1,060,732	95,548
98.09	Trinity Hospice	0	139	19,575	0	1,993	0	0	0	0	0	94,244	8,489
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	3,104,083	1,679,120	20,219,958	3,456,362	7,581,963	3,759,360	0	0	0	377,735,838	31,213,672

Provider Name:
SAINT AGNES 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	301,432	1,376,278	89,599	503,491	0	195,412	0	522,725	3,198,554	166	573,324	0
38.00 Recovery Room	85,710	391,334	42,063	143,164	8,098	75,250	0	201,292	29,107	40	53,322	0
39.00 Delivery Room and Labor Room	76,327	348,496	210,384	127,492	172,466	126,450	0	338,252	128,782	1,878	78,234	0
40.00 Anesthesiology	8,362	38,181	0	13,968	0	11,909	0	31,856	9,226	464,653	97,268	0
41.00 Radiology - Diagnostic	434,890	1,985,621	188,438	646,133	18,322	366,224	0	536,056	1,906,714	1,182	791,073	0
41.01 C.T. Scan	20,015	91,383	0	33,431	0	56,503	0	151,144	32,835	322	277,649	0
41.02 Magnetic Resonance Imaging (MRI)	39,413	179,954	14,683	65,834	0	23,007	0	73,789	4,916	170	98,715	0
41.03 Ultrasound	13,867	63,313	0	23,162	0	44,623	0	107,196	23,329	72	77,615	0
43.00 Radioisotope	50,183	229,128	12,270	83,823	2,881	32,453	0	0	167,837	1,516	71,664	0
44.00 Laboratory	100,836	460,395	0	168,429	0	297,436	0	0	367,537	1,160	538,673	0
44.01 Pathological Lab	43,742	199,716	280	73,063	0	34,365	0	0	52,998	0	26,354	0
46.00 Whole Blood & Packed Red Blood Cells	10,752	49,090	0	17,959	0	10,142	0	27,128	330	36	38,858	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	0	0	0	0	0	0	0
49.00 Respiratory Therapy	40,718	185,912	0	68,013	0	136,389	0	0	45,535	86,340	165,231	0
50.00 Physical Therapy	73,084	333,685	13,161	122,074	0	78,205	0	0	3,688	264	43,055	0
51.00 Occupational Therapy	15,539	70,949	0	25,956	0	5,563	0	0	1,486	137	3,546	0
52.00 Speech Pathology	0	0	0	0	0	7,621	0	0	135	0	7,532	0
53.00 Electrocardiology	49,228	224,764	12,903	82,227	0	6,027	0	16,122	3,796	72	67,521	0
53.01 Cardiac Rehabilitation	42,198	192,667	1,758	70,484	0	10,113	0	0	1,605	0	3,947	0
54.00 Electroencephalography	2,968	13,552	0	4,958	0	5,071	0	0	331	0	1,688	0
55.00 Medical Supplies Charged to Patients	0	0	14,706	0	0	0	0	0	18,843	1,789	296,354	0
55.30 Impl. Dev. Charged to Patient	0	0	0	0	0	0	0	0	86,426	0	451,581	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	16,790,179	796,972	0
57.00 Renal Dialysis	11,009	50,265	0	18,389	0	0	0	0	3,600	133	7,328	0
58.00 ASC (Non-Distinct Part)	197,628	902,330	72,052	330,104	6,570	124,596	0	333,291	420,287	24,981	219,009	0
58.01 Opthamology	145,763	665,524	28,598	243,472	0	69,687	0	0	266,654	220,063	117,621	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	54,604	249,309	10,933	91,206	0	11,619	0	0	151,970	14,541	38,295	20,487
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	153,096	699,006	270,320	255,721	48,491	334,032	0	893,531	147,526	46	677,546	465,790
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	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	302	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
98.01 Foundation	40,259	183,814	0	67,246	0	16,110	0	0	2,309	0	0	0
98.02 TLC	82,245	375,516	0	137,377	0	41,609	0	0	2,392	0	0	0
98.03 Corp. & Comm Services	91,453	417,557	8,455	152,757	0	30,569	0	8,139	10,071	34,133	0	0
98.04 Community Relations	24,811	113,284	0	41,443	0	21,442	0	57,357	2,791	0	0	0
98.05 NICU - Valley Childrens Hosp. NTERS	8,289	37,845	0	13,845	0	0	0	0	0	0	0	0
98.07 Trinity Home Health	0	0	0	0	0	0	0	543	51	0	0	0
98.08 Adult Day Health Care	48,226	220,191	1,142	80,554	986,844	31,091	0	83,168	1,255	722	0	0
98.09 Trinity Hospice	0	0	0	0	0	0	0	620	319	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	8,799,526	18,873,153	2,168,788	6,738,833	6,001,708	5,033,488	0	8,943,754	7,673,761	17,644,906	6,596,655	2,342,506

Provider Name:
SAINT AGNES 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	13,149,429		13,149,429
38.00 Recovery Room	0	0	0	0	0	0	0	0	4,986,453		4,986,453
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	8,864,299		8,864,299
40.00 Anesthesiology	0	0	0	0	0	0	0	0	2,353,883		2,353,883
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	34,776,362		34,776,362
41.01 C.T. Scan	0	0	0	0	0	0	0	0	6,895,752		6,895,752
41.02 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	2,542,240		2,542,240
41.03 Ultrasound	0	0	0	0	0	0	0	0	2,479,914		2,479,914
43.00 Radioisotope	0	0	0	0	0	0	0	0	4,551,022		4,551,022
44.00 Laboratory	0	0	0	0	0	0	0	0	20,685,812		20,685,812
44.01 Pathological Lab	0	0	0	0	0	0	0	0	2,052,024		2,052,024
46.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	5,356,908		5,356,908
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	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	8,012,860		8,012,860
50.00 Physical Therapy	0	0	0	0	0	0	0	0	3,374,545		3,374,545
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	360,466		360,466
52.00 Speech Pathology	0	0	0	0	0	0	0	0	358,147		358,147
53.00 Electrocardiology	0	0	0	0	0	0	0	0	2,660,386		2,660,386
53.01 Cardiac Rehabilitation	0	0	0	0	0	0	0	0	822,877		822,877
54.00 Electroencephalography	0	0	0	0	0	0	0	0	214,890		214,890
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	9,276,068		9,276,068
55.30 Impl. Dev. Charged to Patient	0	0	0	0	0	0	0	0	40,340,713		40,340,713
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	32,662,424		32,662,424
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	1,977,346		1,977,346
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	9,694,806		9,694,806
58.01 Opthamology	0	0	0	0	0	0	0	0	7,697,119		7,697,119
59.00	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	2,747,730		2,747,730
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	21,720,429		21,720,429
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	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	309,188		309,188
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
98.01 Foundation	0	0	0	0	0	0	0	0	1,163,635		1,163,635
98.02 TLC	0	0	0	0	0	0	0	0	1,414,724		1,414,724
98.03 Corp. & Comm Services	0	0	0	0	0	0	0	0	4,442,589		4,442,589
98.04 Community Relations	0	0	0	0	0	0	0	0	2,196,571		2,196,571
98.05 NICU - Valley Childrens Hosp. NTERS	0	0	0	0	0	0	0	0	76,441		76,441
98.07 Trinity Home Health	0	0	0	0	0	0	0	0	68,799		68,799
98.08 Adult Day Health Care	0	0	0	0	0	0	0	0	2,609,472		2,609,472
98.09 Trinity Hospice	0	0	0	0	0	0	0	0	103,672		103,672
100.02	0	0	0	0	0	0	0	0	0		0
100.03	0	0	0	0	0	0	0	0	0		0
100.04	0	0	0	0	0	0	0	0	0		0
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>377,735,838</u>	<u>0</u>	<u>377,735,838</u>

Provider Name:

Fiscal Period Ended:

SAINT AGNES MEDICAL CENTER

JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00 (Adj)	TELECOMM (# OF PHONES) 6.01 (Adj)	DATA PROCE (MACHINE TIME) 6.02 (Adj)	PURCH, REC (PURCHASING RECEIVING) 6.03 (Adj)	ADMITTING (INPATIENT REVENUE) 6.04 (Adj)	BUS OFFICE (TOTAL REVENUE) 6.05 (Adj)	STAT 0.00 (Adj)	STAT 0.00	STAT 0.00	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj)
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	Telecommunications	732,116									
6.02	Data Processing	467,219	232								
6.03	Purchasing, Receiving and Stores	679,546	28								
6.04	Admitting	4,436,989	149	143,955							
6.05	Business Office	1,768,650	95	47,975							
0.00											
0.00											
0.00											
6.06	Administrative and General	10,728,862	282	839,672							
7.00	Maintenance and Repairs	1,238,555	75	164,839					8,072,389		
8.00	Operation of Plant	2,703,007	78	50,121					13,033,224	507,750	
9.00	Laundry and Linen Service	122,063	2	345,503					1,936,601	1,129	
10.00	Housekeeping	2,925,333	22	432,133					5,968,485	4,432	
11.00	Dietary	2,081,840	42	52,330		32,738			4,750,083	12,388	
12.00	Cafeteria	644,917	17						1,426,714	6,435	
13.00	Maintenance of Personnel								0		
14.00	Nursing Administration	5,669,611	40	39,115					7,585,057	6,732	
15.00	Central Services & Supply	2,375,877	30	33	541,594				5,838,251	13,326	
16.00	Pharmacy	6,269,150	49	3,162,175	12,971,518				15,701,222	4,980	
17.00	Medical Records and Library	3,373,978	99	50,030					5,333,599	8,423	
18.00	Social Service	1,428,265	26	21,494					1,984,953	1,881	
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)	44,475,620	373	129,967	2,231,238	172,973,721	172,973,721		63,587,525	118,454	
26.00	Intensive Care Unit	7,255,457	46	28,561	857,984	34,501,928	34,501,928		10,952,632	12,550	
27.00	Coronary Care Unit	2,793,841	12	10,717	240,755	12,970,244	12,970,244		3,950,445	4,980	
28.00	Neonatal Intensive Care Unit								0		
29.00	Surgical Intensive Care	2,459,076	29	5,962	165,145	10,277,635	10,277,635		3,648,599	6,727	
30.00	Subprovider I								0		
31.00	Subprovider II								0		
32.00									0		
33.00	Nursery	1,272,390	14	24,019	186,808	7,533,370	7,533,370		1,928,260	725	
34.00	Medicare Certified 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		

Provider Name:

Fiscal Period Ended:

SAINT AGNES MEDICAL CENTER

JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00 (Adj)	TELECOMM (# OF PHONES) 6.01 (Adj)	DATA PROCE (MACHINE TIME) 6.02 (Adj)	PURCH, REC (PURCHASING RECEIVING) 6.03 (Adj)	ADMITTING (INPATIENT REVENUE) 6.04 (Adj)	BUS OFFICE (TOTAL REVENUE) 6.05 (Adj)	STAT 0.00 (Adj)	STAT 0.00	STAT 0.00	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj)	
ANCILLARY COST CENTERS												
37.00	Operating Room	5,604,224	114	144,984	21,392,019	111,807,149	142,731,190			5,860,548	32,802	
38.00	Recovery Room	2,336,966	32	52,054	195,809	8,379,783	13,274,793			3,630,086	9,327	
39.00	Delivery Room and Labor Room	4,015,574	46	76,289	860,959	19,412,951	19,476,612			6,655,986	8,306	
40.00	Anesthesiology	169,264	3	170,155	470,610	17,285,280	21,215,211			1,539,762	910	
41.00	Radiology - Diagnostic	10,423,249	300	1,671,710	12,922,638	84,958,602	196,940,578			25,596,090	47,325	
41.01	C.T. Scan	1,483,710	11	1,110,579	351,286	28,526,510	69,121,894			5,717,460	2,178	
41.02	Magnetic Resonance Imaging (MRI)	692,865	11	35,915	110,767	10,056,791	24,575,415			1,873,041	4,289	
41.03	Ultrasound	1,208,484	11	25,400	156,075	6,552,058	19,322,453			1,950,998	1,509	
43.00	Radioisotope	962,373	42	34,350	1,121,457	6,719,409	17,840,969			3,577,056	5,461	
44.00	Laboratory	6,091,916	86	1,572,847	2,462,247	74,131,354	134,104,620			17,201,856	10,973	
44.01	Pathological Lab	571,313	19	68,992	354,120	2,049,781	6,560,906			1,487,515	4,760	
46.00	Whole Blood & Packed Red Blood Cells	286,846	10	27,741	4,038,775	4,118,094	9,673,758			4,772,704	1,170	
47.00	Blood Storing and Processing									0		
48.00	Intravenous Therapy									0		
49.00	Respiratory Therapy	3,956,524	33	141,459	603,667	39,448,710	41,135,007			6,682,759	4,431	
50.00	Physical Therapy	1,653,917	36	82,782	24,727	6,229,856	10,718,770			2,483,612	7,953	
51.00	Occupational Therapy	132,489	5	5,824	9,973	844,091	882,699			217,681	1,691	
52.00	Speech Pathology	224,081		6,099	903	1,702,484	1,875,232			314,527		
53.00	Electrocardiology	1,122,382	50	101,665	25,364	11,722,258	16,809,598			2,016,121	5,357	
53.01	Cardiac Rehabilitation	292,448	11	12,624	10,722	1,014	982,667			458,780	4,592	
54.00	Electroencephalography	98,936	2	1,722	2,210	255,439	420,184			170,926	323	
55.00	Medical Supplies Charged to Patients					52,224,817	21,553,741			8,205,270		
55.30	Impl. Dev. Charged to Patient					91,237,015	112,422,834			36,513,666		
56.00	Drugs Charged to Patients			4,776		182,050,708	198,409,179			13,829,549		
57.00	Renal Dialysis				24,060	1,824,369	1,824,369			1,730,724	1,198	
58.00	ASC (Non-Distinct Part)	3,286,316	79	147,237	2,825,042	19,638,756	54,523,230			6,480,239	21,506	
58.01	Ophthalmology	1,934,799	7	46,754	2,345,320	46,319	29,235,946			5,448,915	15,862	
59.00										0		
60.00	Clinic	631,737	50	89,573	1,046,746	681,842	9,533,756			1,930,842	5,942	
60.01	Other Clinic Services									0		
61.00	Emergency		120	205,598	989,771	66,686,758	168,677,653			16,306,485	16,660	
62.00	Observation Beds									0		
71.00										0		
82.00										0		
83.00										0		
84.00										0		
85.00										0		
86.00										0		
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen									0		
97.00	Research	159,885	8		2,017					283,362		
98.00	Physicians' Private Office									0		
98.01	Foundation	322,992	15		23,140					783,336	4,381	
98.02	TLC	421,180	36		317,845					711,495	8,950	
98.03	Corp. & Comm Services	1,217,707	69		101,139					3,384,581	9,952	
98.04	Community Relations	491,170	20		18,650					1,775,509	2,700	
98.05	NICU - Valley Childrens Hosp. NTERS									15,101	902	
98.07	Trinity Home Health	4,056	71		342					62,570		
98.08	Adult Day Health Care	573,625	15		16,765					1,060,732	5,248	
98.09	Trinity Hospice	6,974	36		41,627					94,244		
100.02										0		
100.03										0		
100.04										0		
	TOTAL	156,280,364	3,088	9,250,893	72,196,671	1,086,849,096	1,582,132,900	0	0	0	346,522,166	957,570
	COST TO BE ALLOCATED	3,104,083	1,679,120	20,219,958	3,456,362	7,581,962	3,759,360	0	0	0	31,213,672	8,799,526
	UNIT COST MULTIPLIER - SCH 8	0.019862	543.756400	2.185730	0.047874	0.006976	0.002376	0.000000	0.000000	0.000000	0.090077	9.189434

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (FTE'S)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (TOTAL REVENUE)	SOC SERV (TIME SPENT)	STAT	
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	
ANCILLARY COST CENTERS													
37.00	Operating Room	32,802	112,845	32,802		6,744	6,744	21,372,115	125	142,731,190			
38.00	Recovery Room	9,327	52,976	9,327	1,203	2,597	2,597	194,484	30	13,274,793			
39.00	Delivery Room and Labor Room	8,306	264,967	8,306	25,622	4,364	4,364	860,498	1,417	19,476,612			
40.00	Anesthesiology	910		910		411	411	61,649	350,579	24,215,211			
41.00	Radiology - Diagnostic	47,325	237,327	42,095	2,722	12,639	6,916	12,740,294	892	196,940,578			
41.01	C.T. Scan	2,178		2,178		1,950	1,950	219,394	243	69,121,894			
41.02	Magnetic Resonance Imaging (MRI)	4,289	18,493	4,289		794	952	32,847	128	24,575,415			
41.03	Ultrasound	1,509		1,509		1,540	1,383	155,880	54	19,322,453			
43.00	Radioisotope	5,461	15,453	5,461	428	1,120		1,121,457	1,144	17,840,969			
44.00	Laboratory	10,973		10,973		10,265		2,455,812	875	134,104,620			
44.01	Pathological Lab	4,760	353	4,760		1,186		354,120		6,560,906			
46.00	Whole Blood & Packed Red Blood Cells	1,170		1,170		350	350	2,204	27	9,673,758			
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	4,431		4,431		4,707		304,255	65,143	41,135,007			
50.00	Physical Therapy	7,953	16,576	7,953		2,699		24,645	199	10,718,770			
51.00	Occupational Therapy	1,691		1,691		192		9,930	103	882,699			
52.00	Speech Pathology					263		903		1,875,232			
53.00	Electrocardiology	5,357	16,250	5,357		208	208	25,364	54	16,809,598			
53.01	Cardiac Rehabilitation	4,592	2,214	4,592		349		10,722		982,667			
54.00	Electroencephalography	323		323		175		2,210		420,184			
55.00	Medical Supplies Charged to Patients		18,521					125,906	1,350	73,778,558			
55.30	Impl. Dev. Charged to Patient							577,479		112,422,834			
56.00	Drugs Charged to Patients								12,668,141	198,409,179			
57.00	Renal Dialysis	1,198		1,198				24,056	100	1,824,369			
58.00	ASC (Non-Distinct Part)	21,506	90,745	21,506	976	4,300	4,300	2,808,276	18,848	54,523,230			
58.01	Ophthalmology	15,862	36,017	15,862		2,405		1,781,729	166,037	29,282,265			
59.00													
60.00	Clinic	5,942	13,769	5,942		401		1,015,433	10,971	9,533,756	405		
60.01	Other Clinic Services												
61.00	Emergency	16,660	340,453	16,660	7,204	11,528	11,528	985,738	35	168,677,653	9,208		
62.00	Observation Beds												
71.00													
82.00													
83.00													
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop & Canteen												
97.00	Research							2,017					
98.00	Physicians' Private Office												
98.01	Foundation	4,381		4,381		556		15,431					
98.02	TLC	8,950		8,950		1,436		15,984					
98.03	Corp. & Comm Services	9,952	10,649	9,952		1,055	105	67,293	25,753				
98.04	Community Relations	2,700		2,700		740	740	18,650					
98.05	NICU - Valley Childrens Hosp. NTERS	902		902									
98.07	Trinity Home Health						7	342					
98.08	Adult Day Health Care	5,248	1,438	5,248	146,608	1,073	1,073	8,386	545				
98.09	Trinity Hospice						8	2,131					
100.02													
100.03													
100.04													
	TOTAL	449,820	2,731,464	439,029	891,629	173,714	0	115,389	51,274,579	13,313,030	1,642,262,512	46,308	0
	COST TO BE ALLOCATED	18,873,153	2,168,788	6,738,833	6,001,708	5,033,488	0	8,943,754	7,673,761	17,644,906	6,596,654	2,342,506	0
	UNIT COST MULTIPLIER - SCH 8	41.957122	0.794002	15.349403	6.731172	28.975718	0.000000	77.509586	0.149660	1.325386	0.004017	50.585344	0.000000

Provider Name:
SAINT AGNES 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 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)

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 Telecommunications
- 6.02 Data Processing
- 6.03 Purchasing, Receiving and Stores
- 6.04 Admitting
- 6.05 Business Office
- 0.00
- 0.00
- 0.00
- 6.06 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 Medicare Certified 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

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	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	7,366,949	0	7,366,949
4.00	New Cap Rel Costs-Movable Equipment	3,668,466	0	3,668,466
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	3,076,604	0	3,076,604
6.01	Telecommunications	1,576,572	0	1,576,572
6.02	Data Processing	19,134,173	0	19,134,173
6.03	Purchasing, Receiving and Stores	3,393,866	0	3,393,866
6.04	Admitting	7,321,794	0	7,321,794
6.05	Business Office	3,613,456	0	3,613,456
			0	0
			0	0
			0	0
6.06	Administrative and General	30,381,668	(40,348)	30,341,320
7.00	Maintenance and Repairs	7,828,189	0	7,828,189
8.00	Operation of Plant	9,391,037	0	9,391,037
9.00	Laundry and Linen Service	1,908,552	0	1,908,552
10.00	Housekeeping	5,837,774	0	5,837,774
11.00	Dietary	4,475,881	0	4,475,881
12.00	Cafeteria	1,353,091	0	1,353,091
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	7,400,950	0	7,400,950
15.00	Central Services & Supply	5,299,097	0	5,299,097
16.00	Pharmacy	7,974,516	0	7,974,516
17.00	Medical Records and Library	5,148,663	0	5,148,663
18.00	Social Service	1,928,472	0	1,928,472
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)	59,582,419	0	59,582,419
26.00	Intensive Care Unit	10,232,109	0	10,232,109
27.00	Coronary Care Unit	3,693,311	0	3,693,311
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care	3,387,859	0	3,387,859
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	1,758,342	0	1,758,342
34.00	Medicare Certified Nursing Facility		0	0
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

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 2,595,144	\$ 0	\$ 2,595,144
38.00	Recovery Room	3,266,580	0	3,266,580
39.00	Delivery Room and Labor Room	6,083,614	0	6,083,614
40.00	Anesthesiology	916,413	0	916,413
41.00	Radiology - Diagnostic	18,842,242	0	18,842,242
41.01	C.T. Scan	2,742,888	0	2,742,888
41.02	Magnetic Resonance Imaging (MRI)	1,496,501	0	1,496,501
41.03	Ultrasound	1,734,921	0	1,734,921
43.00	Radioisotope	3,169,280	0	3,169,280
44.00	Laboratory	12,439,241	0	12,439,241
44.01	Pathological Lab	1,214,282	0	1,214,282
46.00	Whole Blood & Packed Red Blood Cells	4,447,140	0	4,447,140
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	5,821,026	0	5,821,026
50.00	Physical Therapy	2,123,514	0	2,123,514
51.00	Occupational Therapy	178,765	0	178,765
52.00	Speech Pathology	280,370	0	280,370
53.00	Electrocardiology	1,570,268	0	1,570,268
53.01	Cardiac Rehabilitation	383,565	0	383,565
54.00	Electroencephalography	153,700	0	153,700
55.00	Medical Supplies Charged to Patients	7,789,730	0	7,789,730
55.30	Impl. Dev. Charged to Patient	35,610,056	0	35,610,056
56.00	Drugs Charged to Patients	12,077,660	0	12,077,660
57.00	Renal Dialysis	1,704,274	0	1,704,274
58.00	ASC (Non-Distinct Part)	5,451,290	0	5,451,290
58.01	Ophthalmology	4,940,595	0	4,940,595
59.00			0	0
60.00	Clinic	1,586,698	0	1,586,698
60.01	Other Clinic Services		0	0
61.00	Emergency	14,728,714	0	14,728,714
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 370,082,281	\$ (40,348)	\$ 370,041,933
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research	275,499	0	275,499
98.00	Physicians' Private Office		0	0
98.01	Foundation	735,884	0	735,884
98.02	TLC	601,306	0	601,306
98.03	Corp. & Comm Services	3,238,213	0	3,238,213
98.04	Community Relations	1,734,949	0	1,734,949
98.05	NICU - Valley Childrens Hosp. NTERS	8,900	0	8,900
98.07	Trinity Home Health	23,866	0	23,866
98.08	Adult Day Health Care	1,002,751	0	1,002,751
98.09	Trinity Hospice	72,537	0	72,537
100.02			0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 7,693,905	\$ 0	\$ 7,693,905
101	TOTAL	\$ 377,776,186	\$ (40,348)	\$ 377,735,838

(To Schedule 8)

Provider Name:
SAINT AGNES MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 2	AUDIT ADJ										
ANCILLARY COST CENTERS													
37.00 Operating Room	0												
38.00 Recovery Room	0												
39.00 Delivery Room and Labor Room	0												
40.00 Anesthesiology	0												
41.00 Radiology - Diagnostic	0												
41.01 C.T. Scan	0												
41.02 Magnetic Resonance Imaging (MRI)	0												
41.03 Ultrasound	0												
43.00 Radioisotope	0												
44.00 Laboratory	0												
44.01 Pathological Lab	0												
46.00 Whole Blood & Packed Red Blood Cells	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												
53.01 Cardiac Rehabilitation	0												
54.00 Electroencephalography	0												
55.00 Medical Supplies Charged to Patients	0												
55.30 Impl. Dev. Charged to Patient	0												
56.00 Drugs Charged to Patients	0												
57.00 Renal Dialysis	0												
58.00 ASC (Non-Distinct Part)	0												
58.01 Opthamology	0												
59.00	0												
60.00 Clinic	0												
60.01 Other Clinic Services	0												
61.00 Emergency	0												
62.00 Observation Beds	0												
71.00	0												
82.00	0												
83.00	0												
84.00	0												
85.00	0												
86.00	0												
NONREIMBURSABLE COST CENTERS													
96.00 Gift, Flower, Coffee Shop & Canteen	0												
97.00 Research	0												
98.00 Physicians' Private Office	0												
98.01 Foundation	0												
98.02 TLC	0												
98.03 Corp. & Comm Services	0												
98.04 Community Relations	0												
98.05 NICU - Valley Childrens Hosp. NTERS	0												
98.07 Trinity Home Health	0												
98.08 Adult Day Health Care	0												
98.09 Trinity Hospice	0												
100.02	0												
100.03	0												
100.04	0												
101.00 TOTAL	<u>(\$40,348)</u>	<u>(40,348)</u>	<u>0</u>										

(To Sch 10)

Provider Name							Fiscal Period		Provider NPI		Adjustments
SAINT AGNES MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1205845567		11
Report References							Explanation of Audit Adjustments				
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
1	Contract 1	E-3	III	XIX	50.00	1	Other Adjustments To eliminate HBP remuneration reported incorrectly. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$113,402	(\$113,402)	\$0	
2	10A	A			6.06	7	Administrative and General To abate HBP retained compensation against related costs. 42 CFR 413.5 and 413.9 CMS Pub. 15-2, Section 3613	\$30,381,668	(\$40,348)	\$30,341,320	

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAINT AGNES MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1205845567		11
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</u>												
3	4A	Not Reported					Medi-Cal Administrative Days (July 1, 2009 through June 30, 2010)	0	224	224		
	4A	Not Reported					Medi-Cal Administrative Day Rate (July 1, 2009 through June 30, 2010)	\$0	\$363.12	\$363.12		
4	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$0	\$2,789	\$2,789		
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	45,049	45,049		
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	24,351	24,351		
	6	Not Reported					Medi-Cal Ancillary Charges - Occupational Therapy	0	4,616	4,616		
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	111,230	111,230		
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	188,035	188,035		
5	2	Not Reported					Medi-Cal Routine Charges - Total	\$0	\$350,557	\$350,557		
	2	Not Reported					Medi-Cal Ancillary Charges - Total	0	188,035	188,035		
6	3	Not Reported					Medi-Cal Patient and Third Party Liability	\$0	\$825	\$825		
	3	Not Reported					Medi-Cal Coinsurance	0	3,082	3,082		
	1	Not Reported					Medi-Cal Interim Payments	0	179,894	179,894		
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data:</p> <p style="text-align: center;">Service Period: July 1, 2009 through June 30, 2010 Payment Period: July 1, 2009 through July 15, 2012 Report Date: August 7, 2012 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51541, and 51542</p>												

Provider Name							Fiscal Period		Provider NPI		Adjustments
SAINT AGNES MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1205845567		11
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
7	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	10,283	857	11,140	
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	1,891	6	1,897	
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	752	46	798	
	Contract 4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	353	4	357	
	Contract 4A	D-1	II	XIX	46.01	4	Medi-Cal Days - Surgical Intensive Care Unit	63	11	74	
8	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$8,721,195	\$540,046	\$9,261,241	
	Contract 6	D-4		XIX	38.00	2	Medi-Cal Ancillary Charges - Recovery Room	528,494	45,446	573,940	
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	3,836,746	3,772	3,840,518	
	Contract 6	D-4		XIX	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	861,042	9,873	870,915	
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	3,432,161	173,191	3,605,352	
	Contract 6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - CT Scan	2,987,003	163,980	3,150,983	
	Contract 6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	897,327	33,630	930,957	
	Contract 6	D-4		XIX	41.03	2	Medi-Cal Ancillary Charges - Ultrasound	1,225,945	21,217	1,247,162	
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	829,049	46,059	875,108	
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	8,126,533	301,352	8,427,885	
	Contract 6	D-4		XIX	44.01	2	Medi-Cal Ancillary Charges - Pathological Lab	178,356	10,838	189,194	
	Contract 6	D-4		XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood & Packed Red Blood Cells	924,417	32,134	956,551	
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	4,701,238	224,609	4,925,847	
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	306,669	11,854	318,523	
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	74,627	7,162	81,789	
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	185,137	16,136	201,273	
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,866,444	153,620	2,020,064	
	Contract 6	D-4		XIX	53.01	2	Medi-Cal Ancillary Charges - Cardiac Rehabilitation	4,440	(1,986)	2,454	
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	253,781	7,813	261,594	
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	3,705,164	1,141,078	4,846,242	
	Contract 6	D-4		XIX	55.30	2	Medi-Cal Ancillary Charges - Impl. Dev. Charged to Patients	2,741,378	(580,035)	2,161,343	
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	20,640,026	916,209	21,556,235	
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	198,231	5,431	203,662	
	Contract 6	D-4		XIX	58.00	2	Medi-Cal Ancillary Charges - ASC (Non-Distinct Part)	586,853	30,794	617,647	
	Contract 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	6,971,169	227,864	7,199,033	
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	74,783,425	3,542,087	78,325,512	

-Continued on next page-

Provider Name							Fiscal Period		Provider NPI		Adjustments
SAINT AGNES MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1205845567		11
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
-Continued from previous page-											
9	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Charges - Total	\$172,973,721	(\$144,510,234)	\$28,463,487	
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Charges - Total	74,783,425	3,542,087	78,325,512	
10	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Patient and Third Party Liability	\$0	\$84,297	\$84,297	
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	1,268,006	69,820	1,337,826	
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2009 through June 30, 2010 Payment Period: July 1, 2009 through July 15, 2012 Report Date: August 7, 2012 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>											

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAINT AGNES MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1205845567		11
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENT TO OTHER MATTERS												
11	1	N/A	Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1					\$0	\$10,805	\$10,805		