

**REPORT
ON THE
COST REPORT REVIEW**

**SADDLEBACK MEMORIAL MEDICAL CENTER
LAGUNA HILLS, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1275576381**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Felipe Avila
Auditor: Huyen Stefan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: November 19, 2013

Richard MacIntosh
Executive Director, Reimbursement
Memorial Health Services
17360 Brookhurst Street
Fountain Valley, CA 92708

SADDLEBACK MEMORIAL MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1275576381
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 settlement for the fiscal period due the State in the amount of \$160,130 presented in the Summary of Findings represents 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 Reimbursement Settlement Noncontract Hospital (Summary of Reductions, AB5)
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.

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.

Richard MacIntosh
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If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1275576381	Reported	\$ 28,741	
	Net Change	\$ (188,871)	
	Audited Amount Due Provider (State)	\$ (160,130)	
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:	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	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)		\$ (160,130)	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
SADDLEBACK MEMORIAL 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)	\$ (160,130)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1275576381

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 2,406,789	\$ 2,574,514
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)	\$ 2,406,789	\$ 2,574,514
6. Interim Payments (Adj 5)	\$ (2,378,048)	\$ (2,613,099)
7. Balance Due Provider (State)	\$ 28,741	\$ (38,585)
8. \$	\$ 0	0
9. Total Noncontract AB 5 Reductions (Adj 1)	\$	\$ (121,545)
10. \$	\$	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 28,741	\$ (160,130)
	(To Summary of Findings)	
Protested Amounts (Nonallowable and excluded from above calculation Adj 6)	\$ 4,000	\$ 0

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONSProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
June 30, 2010Provider No.
1275576381

1. 10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3. 10% Reduction to Noncontract Services for 04/06/09 Through 11/18/09 (SCHEDULE A-3)	<u>121,545</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	<u>0</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>0</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>121,545</u></u> (To Schedule 1, Line 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5 - 10% REDUCTION TO SERVICES FROM APRIL 6, 2009 THROUGH NOVEMBER 18, 2009 - NONCONTRACT HOSPITALS

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
June 30, 2010

Provider No.
1275576381

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>2,628,325</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u>0</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u><u>2,628,325</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>1,784</u></u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,473.28</u></u>

AB 5 - 10 % Cost Reduction For Services From 04/06/09 Through 11/18/09

7. Audited Medi-Cal Days of Service from 04/06/09 Through 11/18/09(excludes Administrative Days)	<u>825</u>
8. Audited Medi-Cal Cost Per Day For 04/06/09 Through 11/18/09(Line 6 * Line 7)	\$ <u>1,215,453</u>
9. AB 5 - 10% Cost Reduction for 04/06/09 Through 11/18/09 (Line 8 * 10%)	\$ <u><u>121,545</u></u> (To Schedule A, Line 3)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1275576381

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>2,443,555</u>	\$ <u>2,628,325</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 4)	\$ <u>4,627,840</u>	\$ <u>5,059,675</u>
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3. Inpatient Ancillary Service Charges (Adj 4)	\$ <u>5,239,654</u>	\$ <u>5,734,055</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>9,867,494</u>	\$ <u>10,793,730</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>7,423,939</u>	\$ <u>8,165,405</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 NET COSTS OF COVERED SERVICES

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1275576381

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 977,424	\$ 1,059,772
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 1,466,131	\$ 1,568,553
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)	\$ 2,443,555	\$ 2,628,325
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 2,443,555	\$ 2,628,325 (To Schedule 2)
9. Coinsurance (Adj 5)	\$ (35,862)	\$ (52,907)
10. Patient and Third Party Liability (Adj)	\$ (904)	\$ (904)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 2,406,789	\$ 2,574,514 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1275576381

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	60,351	60,351
2. Inpatient Days (include private, exclude swing-bed)	60,351	60,351
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	60,351	60,351
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 2)	885	1,013

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)	\$ 59,042,841	\$ 58,810,524
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)	\$ 59,042,841	\$ 58,810,524

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 159,351,316	\$ 159,351,316
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 159,351,316	\$ 159,351,316
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.370520	\$ 0.369062
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)	\$ 2,640.41	\$ 2,640.41
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)	\$ 59,042,841	\$ 58,810,524

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 978.32	\$ 974.47
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 865,813	\$ 987,138
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 600,318	\$ 581,415
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,466,131	\$ 1,568,553

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1275576381

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,799,350	\$ 2,799,349
2. Total Inpatient Days (Adj)	6,266	6,266
3. Average Per Diem Cost	\$ 446.75	\$ 446.75
4. Medi-Cal Inpatient Days (Adj 2)	521	554
5. Cost Applicable to Medi-Cal	\$ 232,757	\$ 247,500
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 16,077,855	\$ 16,077,853
7. Total Inpatient Days (Adj)	8,010	8,010
8. Average Per Diem Cost	\$ 2,007.22	\$ 2,007.22
9. Medi-Cal Inpatient Days (Adj 2)	75	52
10. Cost Applicable to Medi-Cal	\$ 150,542	\$ 104,375
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	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)	\$ 5,112,469	\$ 5,112,467
17. Total Inpatient Days (Adj)	3,675	3,675
18. Average Per Diem Cost	\$ 1,391.15	\$ 1,391.15
19. Medi-Cal Inpatient Days (Adj 2)	156	165
20. Cost Applicable to Medi-Cal	\$ 217,019	\$ 229,540
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	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)	\$ 600,318	\$ 581,415

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1275576381

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	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 (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	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 (Adj)	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
16. Total Inpatient Routine Cost (Sch 8, Line ____, 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
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	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
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)	\$ 0	\$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1275576381

		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	\$ 15,651,227	\$ 125,785,800	0.124428	\$ 512,596	\$ 63,781
38.00	Recovery Room	3,728,589	18,166,882	0.205241	54,055	11,094
39.00	Delivery Room and Labor Room	4,805,328	16,887,889	0.284543	1,316,822	374,692
41.00	Radiology - Diagnostic	7,235,372	33,393,568	0.216670	67,125	14,544
41.01	Ultrasound	1,481,347	19,234,457	0.077015	83,146	6,404
41.02	Magnetic Resonance Imaging	1,391,749	10,378,293	0.134102	33,762	4,528
41.03	CAT Scan	3,421,798	103,781,015	0.032971	317,905	10,482
42.00	Radiology - Therapeutic	2,633,793	18,555,200	0.141944	0	0
43.00	Radioisotope	1,795,597	17,197,933	0.104408	19,778	2,065
44.00	Laboratory	18,966,884	118,558,169	0.159980	763,157	122,090
44.01	Pathological Lab	1,090,873	3,950,465	0.276138	16,826	4,646
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing and Processing	4,616,912	7,851,459	0.588032	59,850	35,194
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	8,083,076	82,253,179	0.098271	568,155	55,833
50.00	Physical Therapy	4,609,229	18,242,172	0.252669	30,667	7,749
51.00	Occupational Therapy	488,134	2,298,798	0.212343	9,421	2,000
52.00	Speech Pathology	508,119	2,833,917	0.179299	615	110
53.00	Electrocardiology	2,758,171	31,629,082	0.087204	25,914	2,260
54.00	Electroencephalography	141,663	1,059,775	0.133673	3,576	478
55.00	Medical Supplies Charged to Patients	15,853,365	94,380,292	0.167973	724,488	121,695
55.30	Impl. Dev. Charged to Patient	22,476,528	46,172,083	0.486799	22,292	10,852
56.00	Drugs Charged to Patients	16,181,450	78,657,951	0.205719	725,375	149,224
57.00	Renal Dialysis	995,255	3,510,398	0.283516	0	0
59.00	Gastro Intestinal Services	1,557,210	5,389,394	0.288940	31,400	9,073
59.01	Invasive Cardiology	5,705,252	43,594,052	0.130872	185,073	24,221
59.03	Breast Cancer	4,165,270	23,872,650	0.174479	595	104
59.97	Cardiac Rehabilitation	1,515,804	3,728,586	0.406536	0	0
60.00	Clinic	3,081,163	6,845,983	0.450069	0	0
60.02	Corporate Wellness	1,006,156	1,452,306	0.692799	0	0
61.00	Emergency	12,744,848	77,208,078	0.165071	161,462	26,653
62.01	Observation Beds (Distinct Part)	3,432,066	4,112,126	0.834621	0	0
71.00	Home Health Agency	13,945,388	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
92.00	Ambulatory Surgical Center	4,708,351	0	0.000000	0	0
93.00	Hospice	6,127,978	0	0.000000	0	0
0.00		0	0	0.000000	0	0
TOTAL		\$ 196,903,947	\$ 1,020,981,952		\$ 5,734,055	\$ 1,059,772

(To Schedule 3)

* From Schedule 8, Column 27

Provider Name:
SADDLEBACK MEMORIAL 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	ADMINISTRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	642,624	0	0	0	0	0	0	0	0	10,645,340	2,135,704
38.00 Recovery Room	0	285,533	0	0	0	0	0	0	0	0	2,750,324	551,779
39.00 Delivery Room and Labor Room	0	280,870	0	0	0	0	0	0	0	0	3,205,500	643,098
41.00 Radiology - Diagnostic	0	417,558	0	0	0	0	0	0	0	0	5,235,162	1,050,296
41.01 Ultrasound	0	103,957	0	0	0	0	0	0	0	0	1,137,437	228,196
41.02 Magnetic Resonance Imaging	0	12,682	0	0	0	0	0	0	0	0	1,080,084	216,690
41.03 CAT Scan	0	116,367	0	0	0	0	0	0	0	0	2,305,428	462,523
42.00 Radiology - Therapeutic	0	105,606	0	0	0	0	0	0	0	0	2,099,995	421,308
43.00 Radioisotope	0	60,558	0	0	0	0	0	0	0	0	1,363,839	273,618
44.00 Laboratory	0	955,542	0	0	0	0	0	0	0	0	14,516,102	2,912,269
44.01 Pathological Lab	0	45,878	0	0	0	0	0	0	0	0	801,077	160,715
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	132,958	0	0	0	0	0	0	0	0	3,783,971	759,153
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	595,250	0	0	0	0	0	0	0	0	6,193,191	1,242,499
50.00 Physical Therapy	0	366,969	0	0	0	0	0	0	0	0	3,664,219	735,128
51.00 Occupational Therapy	0	42,238	0	0	0	0	0	0	0	0	391,025	78,449
52.00 Speech Pathology	0	44,571	0	0	0	0	0	0	0	0	405,064	81,265
53.00 Electrocardiology	0	155,110	0	0	0	0	0	0	0	0	1,888,022	378,781
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	113,454	22,762
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	9,738,451	1,953,761
55.30 Impl. Dev. Charged to Patient	0	0	0	0	0	0	0	0	0	0	18,523,047	3,716,156
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	8,111,254	1,627,307
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	813,920	163,291
59.00 Gastro Intestinal Services	0	33,911	0	0	0	0	0	0	0	0	1,178,505	236,436
59.01 Invasive Cardiology	0	320,192	0	0	0	0	0	0	0	0	4,217,007	846,030
59.03 Breast Cancer	0	228,118	0	0	0	0	0	0	0	0	3,314,908	665,048
59.97 Cardiac Rehabilitation	0	106,892	0	0	0	0	0	0	0	0	1,188,546	238,450
60.00 Clinic	0	179,372	0	0	0	0	0	0	0	0	2,452,166	491,962
60.02 Corporate Wellness	0	51,310	0	0	0	0	0	0	0	0	795,662	159,628
61.00 Emergency	0	842,323	0	0	0	0	0	0	0	0	8,811,624	1,767,818
62.01 Observation Beds (Distinct Part)	0	213,093	0	0	0	0	0	0	0	0	2,096,941	420,695
71.00 Home Health Agency	0	1,022,337	0	0	0	0	0	0	0	0	11,011,588	2,209,182
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
92.00 Ambulatory Surgical Center	0	0	0	0	0	0	0	0	0	0	3,921,589	786,762
93.00 Hospice	0	391,587	0	0	0	0	0	0	0	0	4,895,433	982,138
0.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
100.00 MOB	0	6,816	0	0	0	0	0	0	0	0	2,463,777	494,291
100.01 Physician's Exchange	0	70,433	0	0	0	0	0	0	0	0	628,738	126,140
100.02 Children's Health Center	0	5,843	0	0	0	0	0	0	0	0	57,487	11,533
100.03 Marketing	0	77,649	0	0	0	0	0	0	0	0	1,818,442	364,822
100.04 Physicians Groups	0	761,686	0	0	0	0	0	0	0	0	8,520,147	1,709,341
100.05 Transitions	0	70,993	0	0	0	0	0	0	0	0	895,324	179,623
100.06 Senior Care	0	22,417	0	0	0	0	0	0	0	0	227,515	45,645
100.07 Outside Health Services	0	18,903	0	0	0	0	0	0	0	0	187,090	37,535
100.08 OP Pharmacy	0	42,311	0	0	0	0	0	0	0	0	1,501,018	301,139
0.00	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	<u>19,013,902</u>	0	0	0	0	0	0	0	0	<u>300,317,314</u>	<u>50,182,822</u>

Provider Name:
SADDLEBACK MEMORIAL 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	174,048	1,209,256	0	493,468	0	104,147	0	242,722	0	0	646,541	0
38.00 Recovery Room	8,310	57,738	0	23,561	0	46,275	0	197,224	0	0	93,378	0
39.00 Delivery Room and Labor Room	57,372	398,608	0	162,662	0	45,519	0	205,765	0	0	86,804	0
41.00 Radiology - Diagnostic	65,865	457,621	0	186,744	0	67,672	0	369	0	0	171,644	0
41.01 Ultrasound	0	0	0	0	0	16,848	0	0	0	0	98,865	0
41.02 Magnetic Resonance Imaging	3,670	25,499	0	10,406	0	2,055	0	0	0	0	53,345	0
41.03 CAT Scan	8,487	58,967	0	24,063	0	18,859	0	10,035	0	0	533,436	0
42.00 Radiology - Therapeutic	0	0	0	0	0	17,115	0	0	0	0	95,374	0
43.00 Radioisotope	5,558	38,613	0	15,757	0	9,814	0	0	0	0	88,398	0
44.00 Laboratory	71,731	498,374	0	203,374	0	154,860	0	783	0	0	609,391	0
44.01 Pathological Lab	9,398	65,296	0	26,646	0	7,435	0	0	0	0	20,305	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	21,548	0	11,884	0	0	40,357	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	11,862	82,417	0	33,632	0	96,469	0	222	0	0	422,783	0
50.00 Physical Therapy	5,243	36,428	0	14,865	0	59,473	0	109	0	0	93,765	0
51.00 Occupational Therapy	0	0	0	0	0	6,845	0	0	0	0	11,816	0
52.00 Speech Pathology	0	0	0	0	0	7,223	0	0	0	0	14,566	0
53.00 Electrocardiology	26,739	185,780	0	75,812	0	25,138	0	15,324	0	0	162,574	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	5,447	0
55.00 Medical Supplies Charged to Patients	5,407	37,566	0	15,330	0	0	0	0	3,617,734	0	485,116	0
55.30 Impl. Dev. Charged to Patient	0	0	0	0	0	0	0	0	0	0	237,325	0
56.00 Drugs Charged to Patients	2,798	19,443	0	7,934	0	0	0	0	0	6,008,410	404,303	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	18,044	0
59.00 Gastro Intestinal Services	7,864	54,641	0	22,298	0	5,496	0	24,269	0	0	27,702	0
59.01 Invasive Cardiology	23,430	162,785	0	66,429	0	51,892	0	113,604	0	0	224,074	0
59.03 Breast Cancer	0	0	0	0	0	36,970	0	25,638	0	0	122,706	0
59.97 Cardiac Rehabilitation	0	0	0	0	0	17,323	0	52,320	0	0	19,165	0
60.00 Clinic	3,932	27,321	0	11,149	0	29,070	0	30,375	0	0	35,188	0
60.02 Corporate Wellness	0	0	0	0	0	8,316	0	35,085	0	0	7,465	0
61.00 Emergency	101,426	704,690	0	287,567	0	136,511	0	538,362	0	0	396,851	0
62.01 Observation Beds (Distinct Part)	65,334	453,932	0	185,239	0	34,535	0	154,253	0	0	21,136	0
71.00 Home Health Agency	0	0	0	0	0	165,685	0	558,932	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
92.00 Ambulatory Surgical Center	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Hospice	0	0	0	0	0	63,463	0	186,944	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:												
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
100.00 MOB	0	0	0	0	0	1,105	0	0	0	0	0	0
100.01 Physician's Exchange	0	0	0	0	0	11,415	0	0	0	0	0	0
100.02 Children's Health Center	0	0	0	0	0	947	0	0	0	0	0	0
100.03 Marketing	22,945	159,416	0	65,054	0	12,584	0	60	0	0	0	0
100.04 Physicians Groups	34,021	236,369	0	96,456	0	123,443	0	49,927	0	0	0	0
100.05 Transitions	0	0	0	0	0	11,505	0	335	0	0	0	0
100.06 Senior Care	0	0	0	0	0	3,633	0	0	0	0	0	0
100.07 Outside Health Services	0	0	0	0	0	3,064	0	10,939	0	0	0	0
100.08 OP Pharmacy	17,944	124,673	0	50,876	0	6,857	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	3,245,555	11,438,555	1,832,216	4,623,314	2,378,724	2,576,747	0	6,074,565	3,617,734	6,008,410	6,404,576	916,673

Provider Name:
SADDLEBACK MEMORIAL 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	15,651,227		15,651,227
38.00	Recovery Room	0	0	0	0	0	0	0	0	3,728,589		3,728,589
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	4,805,328		4,805,328
41.00	Radiology - Diagnostic	0	0	0	0	0	0	0	0	7,235,372		7,235,372
41.01	Ultrasound	0	0	0	0	0	0	0	0	1,481,347		1,481,347
41.02	Magnetic Resonance Imaging	0	0	0	0	0	0	0	0	1,391,749		1,391,749
41.03	CAT Scan	0	0	0	0	0	0	0	0	3,421,798		3,421,798
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	2,633,793		2,633,793
43.00	Radioisotope	0	0	0	0	0	0	0	0	1,795,597		1,795,597
44.00	Laboratory	0	0	0	0	0	0	0	0	18,966,884		18,966,884
44.01	Pathological Lab	0	0	0	0	0	0	0	0	1,090,873		1,090,873
46.00	Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	4,616,912		4,616,912
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	8,083,076		8,083,076
50.00	Physical Therapy	0	0	0	0	0	0	0	0	4,609,229		4,609,229
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	488,134		488,134
52.00	Speech Pathology	0	0	0	0	0	0	0	0	508,119		508,119
53.00	Electrocardiology	0	0	0	0	0	0	0	0	2,758,171		2,758,171
54.00	Electroencephalography	0	0	0	0	0	0	0	0	141,663		141,663
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	15,853,365		15,853,365
55.30	Impl. Dev. Charged to Patient	0	0	0	0	0	0	0	0	22,476,528		22,476,528
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	16,181,450		16,181,450
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	995,255		995,255
59.00	Gastro Intestinal Services	0	0	0	0	0	0	0	0	1,557,210		1,557,210
59.01	Invasive Cardiology	0	0	0	0	0	0	0	0	5,705,252		5,705,252
59.03	Breast Cancer	0	0	0	0	0	0	0	0	4,165,270		4,165,270
59.97	Cardiac Rehabilitation	0	0	0	0	0	0	0	0	1,515,804		1,515,804
60.00	Clinic	0	0	0	0	0	0	0	0	3,081,163		3,081,163
60.02	Corporate Wellness	0	0	0	0	0	0	0	0	1,006,156		1,006,156
61.00	Emergency	0	0	0	0	0	0	0	0	12,744,848		12,744,848
62.01	Observation Beds (Distinct Part)	0	0	0	0	0	0	0	0	3,432,066		3,432,066
71.00	Home Health Agency	0	0	0	0	0	0	0	0	13,945,388		13,945,388
82.00		0	0	0	0	0	0	0	0	0		0
83.00		0	0	0	0	0	0	0	0	0		0
92.00	Ambulatory Surgical Center	0	0	0	0	0	0	0	0	4,708,351		4,708,351
93.00	Hospice	0	0	0	0	0	0	0	0	6,127,978		6,127,978
0.00		0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER:												
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
100.00	MOB	0	0	0	0	0	0	0	0	2,959,172		2,959,172
100.01	Physician's Exchange	0	0	0	0	0	0	0	0	766,293		766,293
100.02	Children's Health Center	0	0	0	0	0	0	0	0	69,967		69,967
100.03	Marketing	0	0	0	0	0	0	0	0	2,443,323		2,443,323
100.04	Physicians Groups	0	0	0	0	0	0	0	0	10,769,704		10,769,704
100.05	Transitions	0	0	0	0	0	0	0	0	1,086,787		1,086,787
100.06	Senior Care	0	0	0	0	0	0	0	0	276,793		276,793
100.07	Outside Health Services	0	0	0	0	0	0	0	0	238,627		238,627
100.08	OP Pharmacy	0	0	0	0	0	0	0	0	2,002,508		2,002,508
0.00		0	0	0	0	0	0	0	0	0		0
0.00		0	0	0	0	0	0	0	0	0		0
0.00		0	0	0	0	0	0	0	0	0		0
0.00		0	0	0	0	0	0	0	0	0		0
TOTAL		0	0	0	0	0	0	232,284	0	300,317,314	0	300,317,314

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT)
	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08			7.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
ANCILLARY COST CENTERS												
37.00	Operating Room	4,603,887									10,645,340	26,557
38.00	Recovery Room	2,045,616									2,750,324	1,268
39.00	Delivery Room and Labor Room	2,012,209									3,205,500	8,754
41.00	Radiology - Diagnostic	2,991,466									5,235,162	10,050
41.01	Ultrasound	744,768									1,137,437	
41.02	Magnetic Resonance Imaging	90,853									1,080,084	560
41.03	CAT Scan	833,677									2,305,428	1,295
42.00	Radiology - Therapeutic	756,584									2,099,995	
43.00	Radioisotope	433,848									1,363,839	848
44.00	Laboratory	6,845,692									14,516,102	10,945
44.01	Pathological Lab	328,677									801,077	1,434
46.00	Whole Blood										0	
47.00	Blood Storing and Processing	952,536									3,783,971	
48.00	Intravenous Therapy										0	
49.00	Respiratory Therapy	4,264,492									6,193,191	1,810
50.00	Physical Therapy	2,629,038									3,664,219	800
51.00	Occupational Therapy	302,599									391,025	
52.00	Speech Pathology	319,314									405,064	
53.00	Electrocardiology	1,111,240									1,888,022	4,080
54.00	Electroencephalography										113,454	
55.00	Medical Supplies Charged to Patients										9,738,451	825
55.30	Impl. Dev. Charged to Patient										18,523,047	
56.00	Drugs Charged to Patients										8,111,254	427
57.00	Renal Dialysis										813,920	
59.00	Gastro Intestinal Services	242,944									1,178,505	1,200
59.01	Invasive Cardiology	2,293,918									4,217,007	3,575
59.03	Breast Cancer	1,634,280									3,314,908	
59.97	Cardiac Rehabilitation	765,794									1,188,546	
60.00	Clinic	1,285,056									2,452,166	600
60.02	Corporate Wellness	367,594									795,662	
61.00	Emergency	6,034,566									8,811,624	15,476
62.01	Observation Beds (Distinct Part)	1,526,639									2,096,941	9,969
71.00	Home Health Agency	7,324,229									11,011,588	
82.00											0	
83.00											0	
92.00	Ambulatory Surgical Center										3,921,589	
93.00	Hospice	2,805,406									4,895,433	
0.00											0	
NONREIMBURSABLE COST CENTERS												
99.00	Nonpaid Workers										0	
100.00	MOB	48,828									2,463,777	
100.01	Physician's Exchange	504,599									628,738	
100.02	Children's Health Center	41,859									57,487	
100.03	Marketing	556,291									1,818,442	3,501
100.04	Physicians Groups	5,456,868									8,520,147	5,191
100.05	Transitions	508,605									895,324	
100.06	Senior Care	160,599									227,515	
100.07	Outside Health Services	135,426									187,090	
100.08	OP Pharmacy	303,126									1,501,018	2,738
0.00											0	
0.00											0	
0.00											0	
0.00											0	
TOTAL		136,219,377	0	0	0	0	0	0	0	0	250,134,492	495,221
COST TO BE ALLOCATED		19,013,902	0	0	0	0	0	0	0	0	50,182,822	3,245,555
UNIT COST MULTIPLIER - SCH 8		0.139583	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.200623	6.553750

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (PAT DAYS)	HOUSE-KEEPING (SQ FT)	DIETARY (PAT DAYS)	CAFETERIA (GR SALARIES)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE SAL)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (PATIENT DAYS)	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	26,557	26,557		4,603,887		1,946,764			125,785,800			
38.00	Recovery Room	1,268	1,268		2,045,616		1,581,847			18,166,882			
39.00	Delivery Room and Labor Room	8,754	8,754		2,012,209		1,650,353			16,887,889			
41.00	Radiology - Diagnostic	10,050	10,050		2,991,466		2,958			33,393,568			
41.01	Ultrasound				744,768					19,234,457			
41.02	Magnetic Resonance Imaging	560	560		90,853					10,378,293			
41.03	CAT Scan	1,295	1,295		833,677		80,490			103,781,015			
42.00	Radiology - Therapeutic				756,584					18,555,200			
43.00	Radioisotope	848	848		433,848					17,197,933			
44.00	Laboratory	10,945	10,945		6,845,692		6,277			118,558,169			
44.01	Pathological Lab	1,434	1,434		328,677					3,950,465			
46.00	Whole Blood												
47.00	Blood Storing and Processing				952,536		95,316			7,851,459			
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	1,810	1,810		4,264,492		1,780			82,253,179			
50.00	Physical Therapy	800	800		2,629,038		871			18,242,172			
51.00	Occupational Therapy				302,599					2,298,798			
52.00	Speech Pathology				319,314					2,833,918			
53.00	Electrocardiology	4,080	4,080		1,111,240		122,911			31,629,082			
54.00	Electroencephalography									1,059,775			
55.00	Medical Supplies Charged to Patients	825	825					9,592,235		94,380,292			
55.30	Impl. Dev. Charged to Patient									46,172,083			
56.00	Drugs Charged to Patients	427	427						8,149,903	78,657,951			
57.00	Renal Dialysis									3,510,398			
59.00	Gastro Intestinal Services	1,200	1,200		242,944		194,653			5,389,394			
59.01	Invasive Cardiology	3,575	3,575		2,293,918		911,171			43,594,052			
59.03	Breast Cancer				1,634,280		205,635			23,872,650			
59.97	Cardiac Rehabilitation				765,794		419,635			3,728,586			
60.00	Clinic	600	600		1,285,056		243,625			6,845,983			
60.02	Corporate Wellness				367,594		281,401			1,452,306			
61.00	Emergency	15,476	15,476		6,034,566		4,317,960			77,208,078			
62.01	Observation Beds (Distinct Part)	9,969	9,969		1,526,639		1,237,197			4,112,126			
71.00	Home Health Agency				7,324,229		4,482,944						
82.00													
83.00													
92.00	Ambulatory Surgical Center												
93.00	Hospice				2,805,406		1,499,397						
0.00													
NONREIMBURSABLE COST CENTERS													
99.00	Nonpaid Workers												
100.00	MOB				48,828								
100.01	Physician's Exchange				504,599								
100.02	Children's Health Center				41,859								
100.03	Marketing	3,501	3,501		556,291		485						
100.04	Physicians Groups	5,191	5,191		5,456,868		400,444						
100.05	Transitions				508,605		2,683						
100.06	Senior Care				160,599								
100.07	Outside Health Services				135,426		87,736						
100.08	OP Pharmacy	2,738	2,738		303,126								
0.00													
0.00													
0.00													
0.00													
TOTAL		251,207	78,302	248,813	78,302	113,906,706	0	48,721,389	9,592,235	8,149,903	1,246,022,329	78,302	0
COST TO BE ALLOCATED		11,438,555	1,832,216	4,623,314	2,378,724	2,576,747	0	6,074,565	3,617,734	6,008,410	6,404,576	916,673	0
UNIT COST MULTIPLIER - SCH 8		45.534379	23.399346	18.581479	30.378846	0.022622	0.000000	0.124680	0.377152	0.737237	0.005140	11.706890	0.000000

Provider Name:
SADDLEBACK MEMORIAL 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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
6.04							
6.05							
6.06							
6.07							
6.08							
6.00							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00							
26.00							
27.00							
29.00							
29.01							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

Provider Name:
SADDLEBACK MEMORIAL 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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
37.00							
38.00							
39.00							
41.00							
41.01							
41.02							
41.03							
42.00							
43.00							
44.00							
44.01							
46.00							
47.00							
48.00							
49.00							
50.00							
51.00							
52.00							
53.00							
54.00							
55.00							
55.30							
56.00							
57.00							
59.00							
59.01							
59.03							
59.97							
60.00							
60.02							
61.00							
62.01							
71.00							
82.00							
83.00							
92.00							
93.00							
0.00							
NONREIMBURSABLE COST CENTERS							
99.00							
100.00							
100.01							
100.02							
100.03							
100.04							
100.05							
100.06							
100.07							
100.08							
0.00							
0.00							
0.00							
0.00							
TOTAL	0	0	0	0	0	100	0
COST TO BE ALLOCATED	0	0	0	0	0	232,284	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	2322.835367	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
SADDLEBACK MEMORIAL 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	4,314,131	0	4,314,131
4.00	New Cap Rel Costs-Movable Equipment	398,382	0	398,382
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	19,008,822	0	19,008,822
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	47,812,383	0	47,812,383
7.00	Maintenance and Repairs	2,498,789	0	2,498,789
8.00	Operation of Plant	5,977,076	0	5,977,076
9.00	Laundry and Linen Service	1,432,098	0	1,432,098
10.00	Housekeeping	3,465,279	0	3,465,279
11.00	Dietary	1,086,704	0	1,086,704
12.00	Cafeteria	1,649,471	0	1,649,471
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	4,307,686	0	4,307,686
15.00	Central Services & Supply	2,514,902	0	2,514,902
16.00	Pharmacy	4,270,147	0	4,270,147
17.00	Medical Records and Library	4,037,644	0	4,037,644
18.00	Social Service	657,449	0	657,449
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	171,766	0	171,766
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	33,467,906	0	33,467,906
26.00	Intensive Care Unit	9,752,853	0	9,752,853
27.00	Coronary Care Unit		0	0
29.00	Surgical Intensive Care Unit		0	0
29.01	Neonatal Intensive Care Unit	3,221,325	0	3,221,325
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	1,279,423	0	1,279,423
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:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 9,759,769	\$ 0	\$ 9,759,769
38.00	Recovery Room	2,453,191	0	2,453,191
39.00	Delivery Room and Labor Room	2,844,547	0	2,844,547
41.00	Radiology - Diagnostic	4,725,666	0	4,725,666
41.01	Ultrasound	1,033,480	0	1,033,480
41.02	Magnetic Resonance Imaging	1,062,280	0	1,062,280
41.03	CAT Scan	2,177,214	0	2,177,214
42.00	Radiology - Therapeutic	1,988,252	0	1,988,252
43.00	Radioisotope	1,295,524	0	1,295,524
44.00	Laboratory	13,455,398	0	13,455,398
44.01	Pathological Lab	735,863	0	735,863
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing	3,651,013	0	3,651,013
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	5,581,383	0	5,581,383
50.00	Physical Therapy	3,284,059	0	3,284,059
51.00	Occupational Therapy	348,787	0	348,787
52.00	Speech Pathology	360,493	0	360,493
53.00	Electrocardiology	1,695,587	0	1,695,587
54.00	Electroencephalography	113,454	0	113,454
55.00	Medical Supplies Charged to Patients	9,730,904	0	9,730,904
55.30	Impl. Dev. Charged to Patient	18,523,047	0	18,523,047
56.00	Drugs Charged to Patients	8,107,348	0	8,107,348
57.00	Renal Dialysis	813,920	0	813,920
59.00	Gastro Intestinal Services	1,133,616	0	1,133,616
59.01	Invasive Cardiology	3,864,111	0	3,864,111
59.03	Breast Cancer	3,074,829	0	3,074,829
59.97	Cardiac Rehabilitation	1,081,654	0	1,081,654
60.00	Clinic	2,261,563	0	2,261,563
60.02	Corporate Wellness	743,214	0	743,214
61.00	Emergency	7,827,725	0	7,827,725
62.01	Observation Beds (Distinct Part)	1,792,650	0	1,792,650
71.00	Home Health Agency	9,989,251	0	9,989,251
82.00			0	0
83.00			0	0
92.00	Ambulatory Surgical Center	3,910,287	0	3,910,287
93.00	Hospice	4,503,846	0	4,503,846
			0	0
	SUBTOTAL	\$ 285,248,161	\$ 0	\$ 285,248,161
	NONREIMBURSABLE COST CENTERS			
99.00	Nonpaid Workers		0	0
100.00	MOB	2,424,238	0	2,424,238
100.01	Physician's Exchange	558,305	0	558,305
100.02	Children's Health Center	51,644	0	51,644
100.03	Marketing	1,707,129	0	1,707,129
100.04	Physicians Groups	7,698,518	0	7,698,518
100.05	Transitions	822,375	0	822,375
100.06	Senior Care	205,098	0	205,098
100.07	Outside Health Services	168,187	0	168,187
100.08	OP Pharmacy	1,433,659	0	1,433,659
			0	0
			0	0
			0	0
			0	0
100.99	SUBTOTAL	\$ 15,069,153	\$ 0	\$ 15,069,153
101	TOTAL	\$ 300,317,314	\$ 0	\$ 300,317,314

(To Schedule 8)

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ											
ANCILLARY COST CENTERS													
37.00 Operating Room	0												
38.00 Recovery Room	0												
39.00 Delivery Room and Labor Room	0												
41.00 Radiology - Diagnostic	0												
41.01 Ultrasound	0												
41.02 Magnetic Resonance Imaging	0												
41.03 CAT Scan	0												
42.00 Radiology - Therapeutic	0												
43.00 Radioisotope	0												
44.00 Laboratory	0												
44.01 Pathological Lab	0												
46.00 Whole 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												
55.30 Impl. Dev. Charged to Patient	0												
56.00 Drugs Charged to Patients	0												
57.00 Renal Dialysis	0												
59.00 Gastro Intestinal Services	0												
59.01 Invasive Cardiology	0												
59.03 Breast Cancer	0												
59.97 Cardiac Rehabilitation	0												
60.00 Clinic	0												
60.02 Corporate Wellness	0												
61.00 Emergency	0												
62.01 Observation Beds (Distinct Part)	0												
71.00 Home Health Agency	0												
82.00	0												
83.00	0												
92.00 Ambulatory Surgical Center	0												
93.00 Hospice	0												
0.00	0												
NONREIMBURSABLE COST CENTERS													
99.00 Nonpaid Workers	0												
100.00 MOB	0												
100.01 Physician's Exchange	0												
100.02 Children's Health Center	0												
100.03 Marketing	0												
100.04 Physicians Groups	0												
100.05 Transitions	0												
100.06 Senior Care	0												
100.07 Outside Health Services	0												
100.08 OP Pharmacy	0												
0.00	0												
0.00	0												
0.00	0												
0.00	0												
101.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name							Fiscal Period			Provider NPI		Adjustments
SADDLEBACK MEMORIAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1275576381		6
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
<u>MEMORANDUM ADJUSTMENT</u>												
1							The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W&I Code Sections 14105.19 and 14166.245					

Provider Name							Fiscal Period		Provider NPI		Adjustments
SADDLEBACK MEMORIAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1275576381		6
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 - NONCONTRACT											
2	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	885	128	1,013	
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	521	33	554	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	75	(23)	52	
	4A	D-1	II	XIX	46.01	4	Medi-Cal Days - Neonatal Intensive Care Unit	156	9	165	
3	6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$484,729	\$27,867	\$512,596	
	6	D-4		XIX	38.00	2	Medi-Cal Ancillary Charges - Recovery Room	51,355	2,700	54,055	
	6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	1,262,108	54,714	1,316,822	
	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	60,352	6,773	67,125	
	6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - Ultra Sound	70,161	12,985	83,146	
	6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	29,666	4,096	33,762	
	6	D-4		XIX	41.03	2	Medi-Cal Ancillary Charges - CAT Scan	300,365	17,540	317,905	
	6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	16,787	2,991	19,778	
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	673,163	89,994	763,157	
	6	D-4		XIX	44.01	2	Medi-Cal Ancillary Charges - Pathology Lab	12,515	4,311	16,826	
	6	D-4		XIX	47.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing and Trans.	56,907	2,943	59,850	
	6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	481,007	87,148	568,155	
	6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	23,924	1,990	25,914	
	6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patient	667,990	56,498	724,488	
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	631,248	94,127	725,375	
	6	D-4		XIX	59.01	2	Medi-Cal Ancillary Charges - Invasive Cardiology	166,406	18,667	185,073	
	6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	152,405	9,057	161,462	
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	5,239,654	494,401	5,734,055	
4	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$4,627,840	\$431,835	\$5,059,675	
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	5,239,654	494,401	5,734,055	

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
SADDLEBACK MEMORIAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1275576381		6
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</u>												
-Continued from previous page-												
5	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	\$35,862	\$17,045	\$52,907		
	1	E-3	III	XIX	57.00	1	Medi-Cal - Interim Payments	2,378,048	235,051	2,613,099		
<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 June 30, 2013 Report Date: October 3, 2013 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, 51511, 51541, and 51542</p>												

Provider Name							Fiscal Period			Provider NPI		Adjustments
SADDLEBACK MEMORIAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1275576381		6
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENT TO OTHER MATTERS</u>												
6	1	E-3	III	XIX	59.00	1	Protested amounts To eliminate protested amounts. 42 CFR 413.20, 413.24 and 413.5 CMS Pub. 15-1, Sections 2300 and 2304 CMS Pub. 15-2, Section 115.2	\$4,000	(\$4,000)	\$0		