

**REPORT
ON THE
COST REPORT REVIEW**

**SADDLEBACK MEMORIAL MEDICAL CENTER
LAGUNA HILLS, CALIFORNIA
PROVIDER NUMBER: ZZT30603F
NATIONAL PROVIDER NUMBER: 1275776381**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Margaret A. Varho
Audit Supervisor: Stan Van Arsdale
Auditor: Mineo Gonzalez**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: November 16, 2011

Donna Anglin
Executive Director Corporate Reimbursement
Memorial Health Services
17360 Brookhurst Street
Fountain Valley, CA 92708

PROVIDER: SADDLEBACK MEMORIAL MEDICAL CENTER
PROVIDER NO. ZZT30603F
NATIONAL PROVIDER IDENTIFICATION NO. 1275576381
FISCAL PERIOD ENDED JUNE 30, 2008

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 Paid Claims Summary Report, 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 provider in the amount of \$184,673 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. 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
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814-2878
(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 95899-7413

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 95814-5005
(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—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, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT30603F	Reported	\$ 171,345	
	Net Change	\$ 13,328	
	Audited Amount Due Provider (State)	\$ 184,673	
	2. Subprovider I (SCHEDULE 1-1) Provider No.		
Reported	\$ 0		
Net Change	\$ 0		
Audited Amount Due Provider (State)	\$ 0		
3. Subprovider II (SCHEDULE 1-2) Provider No.			
Reported	\$ 0		
Net Change	\$ 0		
Audited Amount Due Provider (State)	\$ 0		
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.			
Reported		\$ 0	
Net Change		\$ 0	
Audited Cost		\$ 0	
Audited Amount Due Provider (State)	\$ 0		
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.			
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 No.			
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 No.			
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)		\$ 184,673	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider No.		
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 No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider No.		
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)	\$ 184,673	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT30603F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 1,511,304	\$ 1,647,686
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.	\$	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 1,511,304	\$ 1,647,686
6. Interim Payments (Adj 6)	\$ (1,345,959)	\$ (1,463,013)
7. Balance Due Provider (State)	\$ 165,345	\$ 184,673
8. Duplicate Payments (Adj)	\$ 0	\$ 0
9.	\$	\$ 0
10. Protested Amounts (Adj 7)	\$ 6,000	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 171,345	\$ 184,673
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30603F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 1,528,333 \$ 1,675,153

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 4) \$ 2,306,198 \$ 2,524,1403. Inpatient Ancillary Service Charges (Adj 4) \$ 2,984,463 \$ 3,299,5794. Total Charges - Medi-Cal Inpatient Services \$ 5,290,661 \$ 5,823,7195. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 3,762,328 \$ 4,148,5666. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30603F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 658,759	\$ 725,630
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 869,574	\$ 949,523
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)	\$ 1,528,333	\$ 1,675,153
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 1,528,333	\$ 1,675,153 (To Schedule 2)
9. Coinsurance (Adj 5)	\$ (16,241)	\$ (24,146)
10. Patient and Third Party Liability (Adj 5)	\$ (788)	\$ (3,321)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 1,511,304	\$ 1,647,686 (To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30603F

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	59,504	59,504
2. Inpatient Days (include private, exclude swing-bed)	59,504	59,504
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	59,204	59,204
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)	643	709

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)	\$ 56,228,736	\$ 55,960,753
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)	\$ 56,228,736	\$ 55,960,753

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 121,125,716	\$ 121,125,716
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 121,125,716	\$ 121,125,716
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.464218	\$ 0.462006
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)	\$ 2,045.90	\$ 2,045.90
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)	\$ 56,228,736	\$ 55,960,753

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 944.96	\$ 940.45
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 607,609	\$ 666,779
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 261,965	\$ 282,744
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 869,574	\$ 949,523

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SADDLEBACK MEMORIAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30603F

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,826,134	\$ 2,826,134
2. Total Inpatient Days (Adj)	6,403	6,403
3. Average Per Diem Cost	\$ 441.38	\$ 441.38
4. Medi-Cal Inpatient Days (Adj 2)	338	349
5. Cost Applicable to Medi-Cal	\$ 149,186	\$ 154,042
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 15,239,742	\$ 15,239,735
7. Total Inpatient Days (Adj)	7,657	7,657
8. Average Per Diem Cost	\$ 1,990.30	\$ 1,990.30
9. Medi-Cal Inpatient Days (Adj 2)	34	42
10. Cost Applicable to Medi-Cal	\$ 67,670	\$ 83,593
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)	\$ 5,393,971	\$ 5,393,967
17. Total Inpatient Days (Adj)	3,946	3,946
18. Average Per Diem Cost	\$ 1,366.95	\$ 1,366.95
19. Medi-Cal Inpatient Days (Adj)	33	33
20. Cost Applicable to Medi-Cal	\$ 45,109	\$ 45,109
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)	\$ 261,965	\$ 282,744

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT30603F

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
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, 2008

Provider No:
ZZT30603F

		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	\$ 15,483,328	\$ 88,810,873	0.174340	\$ 282,821	\$ 49,307
38.00	Recovery Room	2,742,857	10,550,075	0.259985	20,901	5,434
39.00	Delivery Room and Labor Room	3,173,195	9,310,679	0.340812	612,713	208,820
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	10,124,203	45,264,826	0.223666	57,631	12,890
41.01	Ultra Sound	1,515,160	15,756,907	0.096158	41,090	3,951
41.02	Magnetic Resonance Imaging (MRI)	1,194,596	7,849,280	0.152192	17,934	2,729
41.03	CAT Scan	3,752,693	101,716,705	0.036894	209,739	7,738
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	1,285,080	7,491,372	0.171541	30,023	5,150
44.00	Laboratory	17,197,481	93,613,342	0.183708	453,663	83,341
44.01	Pathological Lab	1,351,380	3,519,872	0.383929	10,490	4,027
46.00	Whole Blood	13,244	0	0.000000	0	0
47.00	Blood Storing and Processing	4,350,111	6,995,150	0.621875	27,113	16,861
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	7,854,102	54,075,374	0.145244	258,659	37,569
50.00	Physical Therapy	4,101,188	7,347,019	0.558211	11,683	6,522
51.00	Occupational Therapy	675,074	1,304,052	0.517674	1,634	846
52.00	Speech Pathology	662,417	1,465,260	0.452081	3,402	1,538
53.00	Electrocardiology	2,352,596	19,084,497	0.123273	29,506	3,637
54.00	Electroencephalography	124,376	564,515	0.220324	1,904	419
55.00	Medical Supplies Charged to Patients	33,511,263	128,236,095	0.261325	574,675	150,177
56.00	Drugs Charged to Patients	13,875,818	75,425,019	0.183968	432,635	79,591
57.00	Renal Dialysis	821,714	3,287,357	0.249962	2,144	536
59.00	Gastro Intestinal Services	1,518,464	5,249,303	0.289270	22,436	6,490
59.01	Invasive Cardiology	7,893,827	36,656,456	0.215346	35,652	7,678
59.02	Clinical Nutrition -Adult	881,649	1,893,164	0.465701	0	0
59.03	Breast Center	4,525,778	21,720,911	0.208360	0	0
60.00	Clinic	612,927	698,662	0.877287	0	0
60.02	Corporate Wellness	888,735	1,047,627	0.848332	0	0
61.00	Emergency	12,843,649	68,122,551	0.188537	161,131	30,379
62.00	0.00	0	0	0.000000	0	0
62.01	Observation Beds (Distinct Part)	3,270,822	6,150,312	0.531814	0	0
71.00	Home Health Agency	12,964,446	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
93.00	Hospice	6,011,501	0	0.000000	0	0
TOTAL		\$ 177,573,673	\$ 823,207,255		\$ 3,299,579	\$ 725,630

(To Schedule 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
ZZT30603F

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 3)	AUDITED
37.00	Operating Room	\$ 249,815	\$ 33,006	\$ 282,821
38.00	Recovery Room	19,896	1,005	20,901
39.00	Delivery Room and Labor Room	560,411	52,302	612,713
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic	54,154	3,477	57,631
41.01	Ultra Sound	30,905	10,185	41,090
41.02	Magnetic Resonance Imaging (MRI)	15,256	2,678	17,934
41.03	CAT Scan	183,103	26,636	209,739
42.00	Radiology - Therapeutic			0
43.00	Radioisotope	15,255	14,768	30,023
44.00	Laboratory	409,400	44,263	453,663
44.01	Pathological Lab	8,513	1,977	10,490
46.00	Whole Blood			0
47.00	Blood Storing and Processing	24,683	2,430	27,113
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	247,239	11,420	258,659
50.00	Physical Therapy	9,651	2,032	11,683
51.00	Occupational Therapy	1,077	557	1,634
52.00	Speech Pathology	3,307	95	3,402
53.00	Electrocardiology	29,116	390	29,506
54.00	Electroencephalography	1,652	252	1,904
55.00	Medical Supplies Charged to Patients	521,259	53,416	574,675
56.00	Drugs Charged to Patients	389,289	43,346	432,635
57.00	Renal Dialysis	2,144		2,144
59.00	Gastro Intestinal Services	22,436		22,436
59.01	Invasive Cardiology	43,773	(8,121)	35,652
59.02	Clinical Nutrition -Adult			0
59.03	Breast Center			0
60.00	Clinic			0
60.02	Corporate Wellness			0
61.00	Emergency	142,129	19,002	161,131
62.00	0			0
62.01	Observation Beds (Distinct Part)			0
71.00	Home Health Agency			0
85.00				0
86.00				0
85.00				0
93.00	Hospice			0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 2,984,463	\$ 315,116	\$ 3,299,579

(To Schedule 5)

COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
ZZT30603F

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

(To Schedule 3)

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
ANCILLARY COST CENTERS												
37.00 Operating Room	9,774,706	0	0	242,299	21,367	0	0	0	0	0	0	0
38.00 Recovery Room	1,823,015	0	0	11,569	1,020	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	1,825,247	0	0	60,463	5,332	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	6,967,483	0	0	150,706	13,290	0	0	0	0	0	0	0
41.01 Ultra Sound	1,057,658	0	0	5,109	451	0	0	0	0	0	0	0
41.02 Magnetic Resonance Imaging (MRI)	896,693	0	0	11,815	1,042	0	0	0	0	0	0	0
41.03 CAT Scan	2,327,331	0	0	0	0	0	0	0	0	0	0	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	914,940	0	0	7,737	682	0	0	0	0	0	0	0
44.00 Laboratory	12,085,640	0	0	136,409	12,029	0	0	0	0	0	0	0
44.01 Pathological Lab	969,876	0	0	13,083	1,154	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	3,512,827	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	5,539,625	0	0	16,514	1,456	0	0	0	0	0	0	0
50.00 Physical Therapy	2,926,384	0	0	74,523	6,572	0	0	0	0	0	0	0
51.00 Occupational Therapy	493,531	0	0	0	0	0	0	0	0	0	0	0
52.00 Speech Pathology	476,955	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	1,450,678	0	0	37,225	3,283	0	0	0	0	0	0	0
54.00 Electroencephalography	100,556	0	0	7,527	664	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	24,152,137	0	0	3,896	344	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	6,586,839	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	666,752	0	0	0	0	0	0	0	0	0	0	0
59.00 Gastro Intestinal Services	1,101,545	0	0	10,948	965	0	0	0	0	0	0	0
59.01 Invasive Cardiology	5,416,902	0	0	75,563	6,664	0	0	0	0	0	0	0
59.02 Clinical Nutrition -Adult	600,272	0	0	5,474	483	0	0	0	0	0	0	0
59.03 Breast Center	3,273,374	0	0	65,043	5,736	0	0	0	0	0	0	0
60.00 Clinic	396,611	0	0	52,525	4,632	0	0	0	0	0	0	0
60.02 Corporate Wellness	654,023	0	0	10,948	965	0	0	0	0	0	0	0
61.00 Emergency	8,188,399	0	0	141,199	12,452	0	0	0	0	0	0	0
62.00	0	0	0	0	0	0	0	0	0	0	0	0
62.01 Observation Beds (Distinct Part)	1,725,814	0	0	90,955	8,021	0	0	0	0	0	0	0
71.00 Home Health Agency	9,362,681	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
85.00	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Hospice	4,433,238	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
100.00 MOB	2,493,505	0	0	322,980	28,482	0	0	0	0	0	0	0
100.01 Physician's Exchange	347,878	0	0	0	0	0	0	0	0	0	0	0
100.02 Children's Health Center	56,414	0	0	0	0	0	0	0	0	0	0	0
100.03 Marketing	1,396,451	0	0	27,262	2,404	0	0	0	0	0	0	0
100.04 Physicians Groups	7,305,349	0	0	134,110	11,827	0	0	0	0	0	0	0
100.05 Transitions	875,945	0	0	18,813	1,659	0	0	0	0	0	0	0
100.06 Senior Care	250,960	0	0	0	0	0	0	0	0	0	0	0
100.07 Outside Health Services	393,151	0	0	16,842	1,485	0	0	0	0	0	0	0
100.08 OP Pharmacy	1,709,993	0	0	24,981	2,203	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>277,472,859</u>	0	0	<u>3,880,655</u>	<u>342,218</u>	0	0	0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	684,202	0	0	0	0	0	0	0	0	10,722,574	2,146,133
38.00	Recovery Room	0	197,667	0	0	0	0	0	0	0	0	2,033,271	406,961
39.00	Delivery Room and Labor Room	0	205,679	0	0	0	0	0	0	0	0	2,096,721	419,660
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	457,114	0	0	0	0	0	0	0	0	7,588,593	1,518,864
41.01	Ultra Sound	0	103,300	0	0	0	0	0	0	0	0	1,160,958	232,367
41.02	Magnetic Resonance Imaging (MRI)	0	18,158	0	0	0	0	0	0	0	0	920,411	184,221
41.03	CAT Scan	0	138,912	0	0	0	0	0	0	0	0	2,479,100	496,194
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	53,901	0	0	0	0	0	0	0	0	977,261	195,600
44.00	Laboratory	0	875,105	0	0	0	0	0	0	0	0	13,109,184	2,623,814
44.01	Pathological Lab	0	41,145	0	0	0	0	0	0	0	0	1,025,258	205,206
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	73,669	0	0	0	0	0	0	0	0	3,586,496	717,840
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	518,763	0	0	0	0	0	0	0	0	6,076,378	1,216,192
50.00	Physical Therapy	0	284,945	0	0	0	0	0	0	0	0	3,292,424	658,981
51.00	Occupational Therapy	0	53,792	0	0	0	0	0	0	0	0	547,323	109,547
52.00	Speech Pathology	0	58,272	0	0	0	0	0	0	0	0	535,227	107,126
53.00	Electrocardiology	0	129,687	0	0	0	0	0	0	0	0	1,620,873	324,419
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	100,556	20,126
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	24,160,328	4,835,711
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	6,591,078	1,319,210
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	666,752	133,451
59.00	Gastro Intestinal Services	0	34,578	0	0	0	0	0	0	0	0	1,148,037	229,781
59.01	Invasive Cardiology	0	458,805	0	0	0	0	0	0	0	0	5,957,934	1,192,486
59.02	Clinical Nutrition -Adult	0	75,247	0	0	0	0	0	0	0	0	681,476	136,398
59.03	Breast Center	0	253,908	0	0	0	0	0	0	0	0	3,598,061	720,155
60.00	Clinic	0	41,983	0	0	0	0	0	0	0	0	495,752	99,225
60.02	Corporate Wellness	0	38,954	0	0	0	0	0	0	0	0	704,891	141,085
61.00	Emergency	0	722,986	0	0	0	0	0	0	0	0	9,065,035	1,814,375
62.00	Emergency	0	0	0	0	0	0	0	0	0	0	0	0
62.01	Observation Beds (Distinct Part)	0	199,741	0	0	0	0	0	0	0	0	2,024,530	405,211
71.00	Home Health Agency	0	912,905	0	0	0	0	0	0	0	0	10,275,586	2,056,668
85.00		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
85.00		0	0	0	0	0	0	0	0	0	0	0	0
93.00	Hospice	0	384,386	0	0	0	0	0	0	0	0	4,817,624	964,252
NONREIMBURSABLE COST CENTER:													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
100.00	MOB	0	11,462	0	0	0	0	0	0	0	0	2,856,429	571,717
100.01	Physician's Exchange	0	43,884	0	0	0	0	0	0	0	0	391,762	78,411
100.02	Children's Health Center	0	5,925	0	0	0	0	0	0	0	0	62,339	12,477
100.03	Marketing	0	66,500	0	0	0	0	0	0	0	0	1,492,617	298,749
100.04	Physicians Groups	0	744,535	0	0	0	0	0	0	0	0	8,195,821	1,640,401
100.05	Transitions	0	69,840	0	0	0	0	0	0	0	0	966,257	193,397
100.06	Senior Care	0	25,435	0	0	0	0	0	0	0	0	276,395	55,321
100.07	Outside Health Services	0	35,495	0	0	0	0	0	0	0	0	446,973	89,462
100.08	OP Pharmacy	0	44,272	0	0	0	0	0	0	0	0	1,781,449	356,559
0.00		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	<u>0</u>	<u>17,397,678</u>	<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>277,472,859</u>	<u>46,274,543</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES

ANCILLARY COST CENTERS

	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
37.00 Operating Room	269,373	881,758	0	524,616	0	123,001	0	234,721	0	0	581,152	0
38.00 Recovery Room	12,862	42,101	0	25,049	0	35,535	0	118,042	0	0	69,037	0
39.00 Delivery Room and Labor Room	67,219	220,033	0	130,912	0	36,976	0	140,749	0	0	60,926	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	101,939	333,685	0	198,531	0	82,177	0	4,214	0	0	296,200	0
41.01 Ultra Sound	0	0	0	0	0	18,571	0	156	0	0	103,109	0
41.02 Magnetic Resonance Imaging (MRI)	5,680	18,593	0	11,062	0	3,264	0	0	0	0	51,363	0
41.03 CAT Scan	13,135	42,997	0	25,582	0	24,973	0	5,108	0	0	665,604	0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	8,601	28,156	0	16,752	0	9,690	0	0	0	0	49,021	0
44.00 Laboratory	111,017	363,401	0	216,211	0	157,321	0	3,955	0	0	612,578	0
44.01 Pathological Lab	14,545	47,612	0	28,328	0	7,397	0	0	0	0	23,033	0
46.00 Whole Blood	0	0	0	0	0	13,244	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	45,774	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	18,359	60,096	0	35,755	0	93,263	0	204	0	0	353,853	0
50.00 Physical Therapy	8,115	26,562	0	15,803	0	51,226	0	0	0	0	48,077	0
51.00 Occupational Therapy	0	0	0	0	0	9,670	0	0	0	0	8,533	0
52.00 Speech Pathology	0	0	0	0	0	10,476	0	0	0	0	9,588	0
53.00 Electrocardiology	41,384	135,466	0	80,598	0	23,314	0	1,658	0	0	124,883	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	3,694	0
55.00 Medical Supplies Charged to Patients	8,368	27,392	0	16,297	0	0	0	0	3,624,027	5,445,027	839,139	0
56.00 Drugs Charged to Patients	4,331	14,177	0	8,435	0	0	0	0	0	0	493,559	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	21,512	0
59.00 Gastro Intestinal Services	12,172	39,843	0	23,705	0	6,216	0	24,361	0	0	34,350	0
59.01 Invasive Cardiology	36,262	118,699	0	70,622	0	82,481	0	195,475	0	0	239,869	0
59.02 Clinical Nutrition -Adult	6,086	19,921	0	11,853	0	13,527	0	0	0	0	12,388	0
59.03 Breast Center	0	0	0	0	0	45,646	0	19,780	0	0	142,135	0
60.00 Clinic	0	0	0	0	0	7,547	0	5,831	0	0	4,572	0
60.02 Corporate Wellness	0	0	0	0	0	7,003	0	28,901	0	0	6,855	0
61.00 Emergency	156,976	513,841	0	305,718	0	129,974	0	411,955	0	0	445,774	0
62.00	0	0	0	0	0	0	0	0	0	0	0	0
62.01 Observation Beds (Distinct Part)	101,117	330,995	0	196,931	0	35,908	0	135,883	0	0	40,246	0
71.00 Home Health Agency	0	0	0	0	0	164,116	0	468,076	0	0	0	0
85.00	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
85.00	0	0	0	0	0	0	0	0	0	0	0	0
93.00 Hospice	0	0	0	0	0	69,102	0	160,522	0	0	0	0
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
100.00 MOB	0	0	0	0	0	2,061	0	0	0	0	0	0
100.01 Physician's Exchange	0	0	0	0	0	7,889	0	0	0	0	0	0
100.02 Children's Health Center	0	0	0	0	0	1,065	0	0	0	0	0	0
100.03 Marketing	47,115	154,225	0	91,759	0	11,955	0	45,131	0	0	0	0
100.04 Physicians Groups	0	0	0	0	0	133,848	0	3,432	0	0	0	0
100.05 Transitions	0	0	0	0	0	12,555	0	0	0	0	0	0
100.06 Senior Care	0	0	0	0	0	4,573	0	0	0	0	0	0
100.07 Outside Health Services	0	0	0	0	0	6,381	0	9,344	0	0	0	0
100.08 OP Pharmacy	27,772	90,908	0	54,087	0	7,959	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0	0

TOTAL	2,618,850	8,206,323	1,668,554	4,835,190	2,491,106	2,567,622	0	4,867,348	3,624,027	5,445,027	6,527,686	1,098,284
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STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

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	POST STEP-DOWN ADJUSTMENT	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	15,483,328	0	15,483,328
38.00 Recovery Room	0	0	0	0	0	0	0	0	2,742,857	0	2,742,857
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	3,173,195	0	3,173,195
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	10,124,203	0	10,124,203
41.01 Ultra Sound	0	0	0	0	0	0	0	0	1,515,160	0	1,515,160
41.02 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	1,194,596	0	1,194,596
41.03 CAT Scan	0	0	0	0	0	0	0	0	3,752,693	0	3,752,693
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,285,080	0	1,285,080
44.00 Laboratory	0	0	0	0	0	0	0	0	17,197,481	0	17,197,481
44.01 Pathological Lab	0	0	0	0	0	0	0	0	1,351,380	0	1,351,380
46.00 Whole Blood	0	0	0	0	0	0	0	0	13,244	0	13,244
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	4,350,111	0	4,350,111
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	7,854,102	0	7,854,102
50.00 Physical Therapy	0	0	0	0	0	0	0	0	4,101,188	0	4,101,188
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	675,074	0	675,074
52.00 Speech Pathology	0	0	0	0	0	0	0	0	662,417	0	662,417
53.00 Electrocardiology	0	0	0	0	0	0	0	0	2,352,596	0	2,352,596
54.00 Electroencephalography	0	0	0	0	0	0	0	0	124,376	0	124,376
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	33,511,263	0	33,511,263
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	13,875,818	0	13,875,818
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	821,714	0	821,714
59.00 Gastro Intestinal Services	0	0	0	0	0	0	0	0	1,518,464	0	1,518,464
59.01 Invasive Cardiology	0	0	0	0	0	0	0	0	7,893,827	0	7,893,827
59.02 Clinical Nutrition -Adult	0	0	0	0	0	0	0	0	881,649	0	881,649
59.03 Breast Center	0	0	0	0	0	0	0	0	4,525,778	0	4,525,778
60.00 Clinic	0	0	0	0	0	0	0	0	612,927	0	612,927
60.02 Corporate Wellness	0	0	0	0	0	0	0	0	888,735	0	888,735
61.00 Emergency	0	0	0	0	0	0	0	0	12,843,649	0	12,843,649
62.00	0	0	0	0	0	0	0	0	0	0	0
62.01 Observation Beds (Distinct Part)	0	0	0	0	0	0	0	0	3,270,822	0	3,270,822
71.00 Home Health Agency	0	0	0	0	0	0	0	0	12,964,446	0	12,964,446
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
93.00 Hospice	0	0	0	0	0	0	0	0	6,011,501	0	6,011,501
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
100.00 MOB	0	0	0	0	0	0	0	0	3,430,207	0	3,430,207
100.01 Physician's Exchange	0	0	0	0	0	0	0	0	478,062	0	478,062
100.02 Children's Health Center	0	0	0	0	0	0	0	0	75,881	0	75,881
100.03 Marketing	0	0	0	0	0	0	0	0	1,803,320	0	1,803,320
100.04 Physicians Groups	0	0	0	0	0	0	0	0	10,308,300	0	10,308,300
100.05 Transitions	0	0	0	0	0	0	0	0	1,175,642	0	1,175,642
100.06 Senior Care	0	0	0	0	0	0	0	0	336,289	0	336,289
100.07 Outside Health Services	0	0	0	0	0	0	0	0	552,160	0	552,160
100.08 OP Pharmacy	0	0	0	0	0	0	0	0	2,318,734	0	2,318,734
0.00	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	19,030	0	0	0	267,906	0	277,472,858	0	277,472,858

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.1

Provider Name:
SADLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU M COST)	MAINT & REPAIRS (SQ FT)	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	
ANCILLARY COST CENTERS												
37.00	Operating Room	4,914,520	6.01	6.03	6.04	6.05	6.06	6.07	6.08	10,722,574	26,557	
38.00	Recovery Room	1,419,812	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	2,033,271	1,268	
39.00	Delivery Room and Labor Room	1,477,359	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	2,096,721	6,627	
40.00	Anesthesiology									0		
41.00	Radiology - Diagnostic	3,283,384								7,588,593	10,050	
41.01	Ultra Sound	741,991								1,160,958	560	
41.02	Magnetic Resonance Imaging (MRI)	130,426								920,411	1,295	
41.03	CAT Scan	997,781								2,479,100		
42.00	Radiology - Therapeutic									0		
43.00	Radioisotope	387,166								977,261	848	
44.00	Laboratory	6,285,750								13,109,184	10,945	
44.01	Pathological Lab	295,540								1,025,258	1,434	
46.00	Whole Blood									0		
47.00	Blood Storing and Processing	529,154								3,586,496		
48.00	Intravenous Therapy									0		
49.00	Respiratory Therapy	3,726,339								6,076,378	1,810	
50.00	Physical Therapy	2,046,719								3,292,424	800	
51.00	Occupational Therapy	386,382								547,323		
52.00	Speech Pathology	418,556								535,227		
53.00	Electrocardiography	931,523								1,620,873	4,080	
54.00	Electroencephalography									100,556		
55.00	Medical Supplies Charged to Patients									24,160,328	825	
56.00	Drugs Charged to Patients									6,591,078	427	
57.00	Renal Dialysis									666,752		
59.00	Gastro Intestinal Services	248,369								1,148,037	1,200	
59.01	Invasive Cardiology	3,295,529								5,957,934	3,575	
59.02	Clinical Nutrition - Adult	540,485								681,476	600	
59.03	Breast Center	1,823,783								3,598,061		
60.00	Clinic	301,560								495,752		
60.02	Corporate Wellness	279,803								704,891		
61.00	Emergency	5,193,097								9,065,035	15,476	
62.00		0								0		
62.01	Observation Beds (Distinct Part)	1,434,708								2,024,530	9,969	
71.00	Home Health Agency	6,557,263								10,275,586		
85.00										0		
86.00										0		
85.00										0		
93.00	Hospice	2,760,989								4,817,624		
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen									0		
97.00	Research									0		
98.00	Physicians' Private Office									0		
99.00	Nonpaid Workers									0		
100.00	MOB	82,328								2,856,429		
100.01	Physician's Exchange	315,211								391,762		
100.02	Children's Health Center	42,555								62,339		
100.03	Marketing	477,659								1,492,617	4,645	
100.04	Physicians Groups	5,347,886								8,195,821		
100.05	Transitions	501,650								966,257		
100.06	Senior Care	182,699								276,395		
100.07	Outside Health Services	254,952								446,973		
100.08	OP Pharmacy	318,000								1,781,449	2,738	
0.00										0		
TOTAL		124,964,921	0	0	0	0	0	0	0	231,198,316	258,188	
COST TO BE ALLOCATED		17,397,678	0	0	0	0	0	0	0	46,274,543	2,618,850	
UNIT COST MULTIPLIER - SCH 8		0.139220	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.200151	10.143188	

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:
SADLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA GROSS SALARIES	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (SALARIES)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REVENU)	SOC SERV (Pat Days)	STAT
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS												
37.00	26,557		26,557		4,914,520		2,067,222			88,810,873		
38.00	1,268		1,268		1,419,812		1,039,614			10,550,075		
39.00	6,627		6,627		1,477,359		1,239,595			9,310,679		
40.00												
41.00	10,050		10,050		3,283,384		37,114			45,264,826		
41.01	560		560		741,991		1,373			15,756,907		
41.02	560		560		130,426					7,849,280		
41.03	1,295		1,295		997,781		44,990			101,716,705		
42.00												
43.00	848		848		387,166					7,491,372		
44.00	10,945		10,945		6,285,750		34,829			93,613,342		
44.01	1,434		1,434		295,540					3,519,873		
46.00					529,154							
47.00												
48.00												
49.00	1,810		1,810		3,726,339		1,795			54,075,374		
50.00	800		800		2,046,719					7,347,019		
51.00					386,382					1,304,052		
52.00	4,080		4,080		418,556		14,604			1,465,260		
53.00					931,523					19,084,497		
54.00										564,514		
55.00	825		825					24,152,137	6,586,839	128,236,095		
56.00	427		427							75,425,019		
57.00										3,287,357		
59.00	1,200		1,200		248,369		214,547			5,249,303		
59.01	3,575		3,575		3,295,529		1,721,584			36,656,456		
59.02	600		600		540,485					1,893,164		
59.03					1,823,783		174,209			21,720,911		
60.00					301,560		51,355			698,662		
60.02					279,803		254,536			1,047,627		
61.00	15,476		15,476		5,193,097		3,628,158			68,122,552		
62.00	0											
62.01	9,969		9,969		1,434,708		1,196,740			6,150,312		
71.00					6,557,263		4,122,419					
85.00												
86.00												
85.00												
93.00					2,760,989		1,413,747					
NONREIMBURSABLE COST CENTERS												
96.00												
97.00												
98.00												
99.00												
100.00												
100.01					82,328							
100.02					315,211							
100.03					42,555							
100.04					477,659							
100.05	4,645		4,645		5,347,886		397,477			997,551,654		0
100.06					501,650		30,226			6,527,686		0
100.07					182,699		82,293			0,006544		0.000000
100.08	2,738		2,738		254,952							
OP Pharmacy					318,000							
TOTAL	247,160	77,510	244,766	77,510	102,589,392	0	42,867,512	24,152,137	6,586,839	997,551,654	77,510	0
COST TO BE ALLOCATED	8,206,323	1,668,554	4,835,190	2,491,106	2,567,622	0	4,867,348	3,624,027	5,445,027	6,527,686	1,098,284	0
UNIT COST MULTIPLIER - SCH 8	33.202473	21.526946	19.754338	32.139155	0.025028	0.000000	0.113544	0.150050	0.826653	0.006544	14.169583	0.000000

Provider Name:
SADLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

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 Non-Patient Telephones
- 6.02 Data Processing
- 6.03 Purchasing/Receiving
- 6.04 Patient Admitting
- 6.05 Patient Business Office
- 6.06
- 6.07
- 6.08

- 6.00 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00

- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes
- 23.00 Intern & Res Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 28.00 Neonatal Intensive Care Unit
- 29.01 Neonatal Intensive Care Unit
- 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 I
- 36.02 Transitional Care Unit

Provider Name:
SADLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	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)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
37.00	Operating Room						
38.00	Recovery Room						
39.00	Delivery Room and Labor Room						
40.00	Anesthesiology						
41.00	Radiology - Diagnostic						
41.01	Ultra Sound						
41.02	Magnetic Resonance Imaging (MRI)						
41.03	CAT Scan						
42.00	Radiology - Therapeutic						
43.00	Radioisotope						
44.00	Laboratory						
44.01	Pathological Lab						
46.00	Whole Blood						
47.00	Blood Storing and Processing						
48.00	Intravenous Therapy						
49.00	Respiratory Therapy						
50.00	Physical Therapy						
51.00	Occupational Therapy						
52.00	Speech Pathology						
53.00	Electrocardiology						
54.00	Electroencephalography						
55.00	Medical Supplies Charged to Patients						
56.00	Drugs Charged to Patients						
57.00	Renal Dialysis						
59.00	Gastro Intestinal Services						
59.01	Invasive Cardiology						
59.02	Clinical Nutrition - Adult						
59.03	Breast Center						
60.00	Clinic						
60.02	Corporate Wellness						
61.00	Emergency						
62.00	Observation Beds (Distinct Part)						
62.01	Home Health Agency						
71.00							
85.00							
86.00							
85.00							
93.00	Hospice						
NONREIMBURSABLE COST CENTERS							
96.00	Gift, Flower, Coffee Shop & Canteen						
97.00	Research						
98.00	Physicians' Private Office						
99.00	Nonpaid Workers						
100.00	MOB						
100.01	Physician's Exchange						
100.02	Children's Health Center						
100.03	Marketing						
100.04	Physicians Groups						
100.05	Transitions						
100.06	Senior Care						
100.07	Outside Health Services						
100.08	OP Pharmacy						
0.00							
	TOTAL	0	0	0	0	0	0
	COST TO BE ALLOCATED	0	0	0	0	267,906	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	2679.060735	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
SADDLEBACK MEMORIAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		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	3,880,655	0	3,880,655
4.00	New Cap Rel Costs-Movable Equipment	342,218	0	342,218
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	17,330,294	0	17,330,294
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	43,487,105	0	43,487,105
7.00	Maintenance and Repairs	1,997,948	0	1,997,948
8.00	Operation of Plant	6,438,265	0	6,438,265
9.00	Laundry and Linen Service	1,312,076	0	1,312,076
10.00	Housekeeping	3,650,428	0	3,650,428
11.00	Dietary	1,238,714	0	1,238,714
12.00	Cafeteria	1,671,559	0	1,671,559
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	3,439,000	0	3,439,000
15.00	Central Services & Supply	2,545,155	0	2,545,155
16.00	Pharmacy	3,864,379	0	3,864,379
17.00	Medical Records and Library	4,181,525	0	4,181,525
18.00	Social Service	790,705	0	790,705
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	195,697	0	195,697
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	32,450,827	0	32,450,827
26.00	Intensive Care Unit	9,455,783	0	9,455,783
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.01	Neonatal Intensive Care Unit	3,415,651	0	3,415,651
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	1,253,497	0	1,253,497
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, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 9,774,706	\$ 0	\$ 9,774,706
38.00	Recovery Room	1,823,015	0	1,823,015
39.00	Delivery Room and Labor Room	1,825,247	0	1,825,247
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	6,967,483	0	6,967,483
41.01	Ultra Sound	1,057,658	0	1,057,658
41.02	Magnetic Resonance Imaging (MRI)	896,693	0	896,693
41.03	CAT Scan	2,327,331	0	2,327,331
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	914,940	0	914,940
44.00	Laboratory	12,085,640	0	12,085,640
44.01	Pathological Lab	969,876	0	969,876
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing	3,512,827	0	3,512,827
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	5,539,625	0	5,539,625
50.00	Physical Therapy	2,926,384	0	2,926,384
51.00	Occupational Therapy	493,531	0	493,531
52.00	Speech Pathology	476,955	0	476,955
53.00	Electrocardiology	1,450,678	0	1,450,678
54.00	Electroencephalography	100,556	0	100,556
55.00	Medical Supplies Charged to Patients	24,152,137	0	24,152,137
56.00	Drugs Charged to Patients	6,586,839	0	6,586,839
57.00	Renal Dialysis	666,752	0	666,752
59.00	Gastro Intestinal Services	1,101,545	0	1,101,545
59.01	Invasive Cardiology	5,416,902	0	5,416,902
59.02	Clinical Nutrition -Adult	600,272	0	600,272
59.03	Breast Center	3,273,374	0	3,273,374
60.00	Clinic	396,611	0	396,611
60.02	Corporate Wellness	654,023	0	654,023
61.00	Emergency	8,188,399	0	8,188,399
62.00			0	0
62.01	Observation Beds (Distinct Part)	1,725,814	0	1,725,814
71.00	Home Health Agency	9,362,681	0	9,362,681
85.00			0	0
86.00			0	0
85.00			0	0
93.00	Hospice	4,433,238	0	4,433,238
	SUBTOTAL	\$ 262,643,213	\$ 0	\$ 262,643,213
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
100.00	MOB	2,493,505	0	2,493,505
100.01	Physician's Exchange	347,878	0	347,878
100.02	Children's Health Center	56,414	0	56,414
100.03	Marketing	1,396,451	0	1,396,451
100.04	Physicians Groups	7,305,349	0	7,305,349
100.05	Transitions	875,945	0	875,945
100.06	Senior Care	250,960	0	250,960
100.07	Outside Health Services	393,151	0	393,151
100.08	OP Pharmacy	1,709,993	0	1,709,993
			0	0
100.99	SUBTOTAL	\$ 14,829,646	\$ 0	\$ 14,829,646
101	TOTAL	\$ 277,472,859	\$ 0	\$ 277,472,859

(To Schedule 8)

Provider Name		Fiscal Period		Provider Number		Adjustments		
SADDLEBACK MEMORIAL MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT30603F		7		
Report References								
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1			<p>Explanation of Audit Adjustments</p> <p><u>MEMORANDUM ADJUSTMENT</u></p> <p>A memorandum adjustment is proposed to correct the amount reported on worksheet D-1, line 21, \$56,228,736, to agree with the amount reported on worksheet B, Part 1, line 25, column 27, \$55,960,830. This is done in accordance with CMS Pub. 15-1, Sections 2300 and 2304.</p>					

Provider Name		Fiscal Period			Provider Number		Adjustments	
SADDLEBACK MEMORIAL MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008			ZZT30603F		7	
Report References								
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA NONCONTRACT								
2	4	D-1	I	XIX	9.00	1	643	709
	4A	D-1	II	XIX	42.00	4	338	349
	4A	D-1	II	XIX	43.00	4	34	42
Medi-Cal Days - Adults and Pediatrics								
Medi-Cal Days - Nursery								
Medi-Cal Days - Intensive Care Unit								
3	6	D-4	II	XIX	37.00	2	\$249,815	\$282,821
	6	D-4	II	XIX	38.00	2	19,896	20,901
	6	D-4	II	XIX	39.00	2	560,411	612,713
	6	D-4	II	XIX	41.00	2	54,154	57,631
	6	D-4	II	XIX	41.01	2	30,905	41,090
	6	D-4	II	XIX	41.02	2	15,256	17,934
	6	D-4	II	XIX	41.03	2	183,103	209,739
	6	D-4	II	XIX	43.00	2	15,255	30,023
	6	D-4	II	XIX	44.00	2	409,400	453,663
	6	D-4	II	XIX	44.01	2	8,513	10,490
	6	D-4	II	XIX	47.00	2	24,683	27,113
	6	D-4	II	XIX	49.00	2	247,239	258,659
	6	D-4	II	XIX	50.00	2	9,651	11,683
	6	D-4	II	XIX	51.00	2	1,077	1,634
	6	D-4	II	XIX	52.00	2	3,307	3,402
	6	D-4	II	XIX	53.00	2	29,116	29,506
	6	D-4	II	XIX	54.00	2	1,652	1,904
	6	D-4	II	XIX	55.00	2	521,259	574,675
	6	D-4	II	XIX	56.00	2	389,289	432,635
	6	D-4	II	XIX	59.01	2	43,773	(8,121)
	6	D-4	II	XIX	61.00	2	142,129	161,131
	6	D-4	II	XIX	101.00	2	2,984,463	3,299,579
Medi-Cal Ancillary Charges - Operating Room								
Medi-Cal Ancillary Charges - Recovery Room								
Medi-Cal Ancillary Charges - Delivery Room and Labor Room								
Medi-Cal Ancillary Charges - Radiology Diagnostic								
Medi-Cal Ancillary Charges - Ultrasound								
Medi-Cal Ancillary Charges - MRI								
Medi-Cal Ancillary Charges - CAT Scan								
Medi-Cal Ancillary Charges - Radiostope								
Medi-Cal Ancillary Charges - Laboratory								
Medi-Cal Ancillary Charges - Pathological								
Medi-Cal Ancillary Charges - Blood Storing, Processing								
Medi-Cal Ancillary Charges - Respiratory Therapy								
Medi-Cal Ancillary Charges - Physical Therapy								
Medi-Cal Ancillary Charges - Occupational Therapy								
Medi-Cal Ancillary Charges - Speech Pathology								
Medi-Cal Ancillary Charges - Electrocardiology								
Medi-Cal Ancillary Charges - EEG								
Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients								
Medi-Cal Ancillary Charges - Drugs Charged to Patients								
Medi-Cal Ancillary Charges - Cardiology Services								
Medi-Cal Ancillary Charges - Emergency								
Medi-Cal Ancillary Charges - Total								
4	2	E-3	III	XIX	10.00	1	\$2,306,198	\$2,524,140
	2	E-3	III	XIX	11.00	1	2,984,463	3,299,579
Medi-Cal Routine Service Charges								
Medi-Cal Ancillary Service Charges								
5	3	E-3	III	XIX	33.00	1	\$788	\$3,321
	3	E-3	III	XIX	36.00	1	16,241	24,146
Medi-Cal Deductibles								
Medi-Cal Coinsurance								

Continued on next page

Provider Name		Fiscal Period		Provider Number		Adjustments				
SADDLEBACK MEMORIAL MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT30603F		7				
Report References										
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
6	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$1,345,959	\$117,054	\$1,463,013
<p style="text-align: center;">ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA NONCONTRACT</p> <p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: EDS Run On: June 28, 2011 Payment Period: July 1, 2007 to May 31, 2011 Service Period: July 1, 2007 to June 30, 2008 42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3</p>										

Provider Name		Fiscal Period		Provider Number		Adjustments			
SADDLEBACK MEMORIAL MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT30603F		7			
Report References									
Adj. No.	Audit Report	Work Sheet	COST REPORT			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
7	1	E-3	III	XIX	59.00	1	\$6,000	(\$6,000)	\$0
1 Protested Amounts To eliminate protested amounts. 42 CFR, Sections 413.20 and 413.24. CMS Pub. 15-II, Section 115.2B / CMS Pub. 15-1 Section 2304									
ADJUSTMENT TO OTHER MATTERS									