

**REPORT
ON THE
COST REPORT REVIEW**

**SAINT MARY MEDICAL CENTER
LONG BEACH, CALIFORNIA
PROVIDER NUMBER: HSC30191H
NATIONAL PROVIDER IDENTIFIER: 1194840421**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Maria Delgado
Audit Supervisor: Ginn Sampson
Auditor: Vivian Chan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

August 3, 2011

Eddie Arvayo
Reimbursement Manager
Saint Mary Medical Center
1050 Linden Avenue
Long Beach, CA 90813

PROVIDER: SAINT MARY MEDICAL CENTER
PROVIDER NO.: HSC30191H
NATIONAL PROVIDER IDENTIFIER: 1194840421
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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$378,397 and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi Cal Contract Cost (CONTRACT Schedules)
4. Audited Allocation of Home Office Cost
5. 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's 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
(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.

Eddie Arvayo
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If you have questions regarding this report, you may call the Audits Section—Gardena at (310) 516-4757.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT30191H	Reported	\$ (906,167)	
	Net Change	\$ 528,926	
	Audited Amount Due Provider (State)	\$ (377,241)	
	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. HSC30191H	Reported		\$ 39,565,407
	Net Change		\$ (4,624,128)
	Audited Cost		\$ 34,941,279
	Audited Amount Due Provider (State)	\$ (1,156)	
	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)		\$ (378,397)	
9. Total Medi-Cal Cost			\$ 34,941,279

SUMMARY OF FINDINGS

Provider Name:
SAINT MARY 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)		\$ (378,397)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT30191H

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>431,502</u>	\$ <u>766,757</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>(431,502)</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>0</u>	\$ <u>766,757</u>
6. Interim Payments (Adj 15)	\$ <u>(906,167)</u>	\$ <u>(1,141,272)</u>
7. Balance Due Provider (State)	\$ <u>(906,167)</u>	\$ <u>(374,515)</u>
8. Duplicate Payments (Adj)	\$ <u>0</u>	\$ <u>0</u>
9. Coinsurance (Adj 14)	\$ <u>0</u>	\$ <u>(2,726)</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>(906,167)</u></u>	\$ <u><u>(377,241)</u></u>
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SAINT MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30191H

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 431,502 \$ 766,757

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 13) \$ 0 \$ 2,462,0023. Inpatient Ancillary Service Charges (Adj 13) \$ 0 \$ 2,887,6084. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 5,349,6105. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 0 \$ 4,582,8536. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 431,502 \$ 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:
SAINT MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30191H

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>0</u>	\$ <u>297,014</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>431,502</u>	\$ <u>469,743</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>431,502</u>	\$ <u>766,757</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>(See Schedule 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>431,502</u>	\$ <u>766,757</u>
	(To Schedule 2)	
9. Coinsurance (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Patient and Third Party Liability (Adj)	\$ <u>0</u>	\$ <u>0</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>431,502</u></u>	\$ <u><u>766,757</u></u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30191H

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	53,597	53,597
2. Inpatient Days (include private, exclude swing-bed)	53,597	53,597
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	53,597	53,597
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 39,938,572	\$ 41,800,358
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)	\$ 39,938,572	\$ 41,800,358

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 35,596,484	\$ 35,596,484
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 35,596,484	\$ 35,596,484
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 1.121981	\$ 1.174283
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)	\$ 664.15	\$ 664.15
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)	\$ 39,938,572	\$ 41,800,358

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 745.16	\$ 779.90
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 431,502	\$ 469,743
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 431,502	\$ 469,743

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30191H

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,271,655	\$ 2,174,953
2. Total Inpatient Days (Adj)	6,768	6,768
3. Average Per Diem Cost	\$ 335.65	\$ 321.36
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 11,437,309	\$ 11,044,686
7. Total Inpatient Days (Adj)	6,417	6,417
8. Average Per Diem Cost	\$ 1,782.35	\$ 1,721.16
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 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)	\$ 4,799,896	\$ 4,624,260
17. Total Inpatient Days (Adj)	3,492	3,492
18. Average Per Diem Cost	\$ 1,374.54	\$ 1,324.24
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (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)	\$ 318.19	\$ 318.19
27. Medi-Cal Inpatient Days (Adj 11)	37	82
28. Cost Applicable to Medi-Cal	\$ 11,773	\$ 26,092
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 310.68	\$ 310.68
30. Medi-Cal Inpatient Days (Adj 11)	1,351	1,428
31. Cost Applicable to Medi-Cal	\$ 419,729	\$ 443,651
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 431,502	\$ 469,743

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT30191H

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:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
ZZT30191H

		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	\$ 6,356,710	\$ 43,103,529	0.147475	\$ 0	\$ 0
38.00	Recovery Room	2,137,811	5,089,174	0.420070	0	0
39.00	Delivery Room and Labor Room	6,964,627	20,161,788	0.345437	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	3,362,615	13,631,613	0.246678	18,709	4,615
41.01	Special Procedures	731,375	4,008,108	0.182474	0	0
41.02	CT Scan	981,128	39,164,308	0.025052	0	0
41.03	MRI	488,414	10,202,085	0.047874	13,155	630
41.04	Ultrasound	983,264	5,852,267	0.168014	10,526	1,769
41.05	Womens Imaging	1,134,399	5,090,758	0.222835	0	0
42.00	Radiology- Therapeutic	1,389,922	8,261,996	0.168231	0	0
43.00	Radioisotope	1,200,722	5,007,386	0.239790	18,615	4,464
44.00	Laboratory	9,137,662	94,954,623	0.096232	360,643	34,705
47.00	Blood Storing, Processing & TRA	918,502	14,518,994	0.063262	0	0
49.00	Respiratory Therapy	5,085,653	20,764,928	0.244916	0	0
50.00	Physical Therapy	3,082,448	12,348,401	0.249623	327,071	81,645
51.00	Occupational Therapy	1,334,594	6,204,347	0.215106	215,109	46,271
52.00	Speech Pathology	698,533	3,074,926	0.227171	13,944	3,168
53.00	Electrocardiology	1,531,820	9,144,004	0.167522	0	0
53.02	Cardiac Cath Lab	1,314,226	6,453,264	0.203653	0	0
53.03	GI Lab	1,483,684	4,383,019	0.338507	0	0
54.01	EMG/Neurodiagnostic	250,891	605,450	0.414388	0	0
55.00	Medical Supplies Charged to Patient	16,569,695	42,289,245	0.391818	0	0
56.00	Drugs Charged to Patients	10,747,508	171,410,571	0.062700	1,909,836	119,747
57.00	Renal Dialysis	1,589,492	1,962,543	0.809915	0	0
58.00	ASC (Non-Distinct Part)	3,214,954	7,378,962	0.435692	0	0
60.08	7th St Clinic	562	134,359	0.004182	0	0
60.14	Diabetic Clinic	601	143,733	0.004182	0	0
60.00	Clinic	270,934	771,479	0.351188	0	0
60.01	OB Clinic	1,306,722	993,835	1.314828	0	0
60.03	Pediatric Clinic	14,429	5,382	2.681004	0	0
60.07	Antenatal Clinic	465,240	2,296,505	0.202586	0	0
60.13	Surgical Treatment Obesity	693,775	229,080	3.028526	0	0
60.15	C.A.R.E. Program	1,451,189	2,262,464	0.641420	0	0
61.00	Emergency	8,003,547	57,018,039	0.140369	0	0
63.00	Partial Hospitalization	919,261	4,749,729	0.193540	0	0
83.00	Kidney Acquisition	134,364	0	0.000000	0	0
93.00	Hospice	509	0	0.000000	0	0
TOTAL		\$ 95,951,782	\$ 623,670,894		\$ 2,887,608	\$ 297,014

(To Schedule 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SAINT MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No:
ZZT30191H

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 12)	AUDITED
37.00	Operating Room	\$	\$	\$ 0
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room			0
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic		18,709	18,709
41.01	Special Procedures			0
41.02	CT Scan			0
41.03	MRI		13,155	13,155
41.04	Ultrasound		10,526	10,526
41.05	Womens Imaging			0
42.00	Radiology-Therapeutic			0
43.00	Radioisotope		18,615	18,615
44.00	Laboratory		360,643	360,643
47.00	Blood Storing, Processing & TRA			0
49.00	Respiratory Therapy			0
50.00	Physical Therapy		327,071	327,071
51.00	Occupational Therapy		215,109	215,109
52.00	Speech Pathology		13,944	13,944
53.00	Electrocardiology			0
53.02	Cardiac Cath Lab			0
53.03	GI Lab			0
54.01	EMG/Neurodiagnostic			0
55.00	Medical Supplies Charged to Patient			0
56.00	Drugs Charged to Patients		1,909,836	1,909,836
57.00	Renal Dialysis			0
58.00	ASC (Non-Distinct Part)			0
60.08	7th St Clinic			0
60.14	Diabetic Clinic			0
60.00	Clinic			0
60.01	OB Clinic			0
60.03	Pediatric Clinic			0
60.07	Antenatal Clinic			0
60.13	Surgical Treatment Obesity			0
60.15	C.A.R.E. Program			0
61.00	Emergency			0
63.00	Partial Hospitalization			0
83.00	Kidney Acquisition			0
93.00	Hospice			0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 2,887,608	\$ 2,887,608

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30191H

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 39,565,407	\$ 34,941,279
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	N/A
4.	\$ 0	\$ 0
5. Subtotal (Sum of Lines 1 through 4)	\$ 39,565,407	\$ 34,941,279
6.	\$ 0	\$ 0
7.	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 39,565,407	\$ 34,941,279
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj)	\$ 0	\$ 0
10. Medi-Cal Credit Balances (Adj 21)	\$ 0	\$ (1,156)
11.	\$ 0	\$ 0
12.	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (1,156)
	(To Summary of Findings)	

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

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30191H

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>39,565,407</u>	\$ <u>35,353,052</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges and Provider's Adjustment of Administrative Day Costs (Adj 18)	\$ <u>54,677,829</u>	\$ <u>51,232,610</u>
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3. Inpatient Ancillary Service Charges (Adj 18)	\$ <u>130,466,717</u>	\$ <u>121,826,348</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>185,144,546</u>	\$ <u>173,058,958</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>145,579,139</u>	\$ <u>137,705,907</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
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(To Contract Sch 1)

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

The provider inappropriately included administrative day charges (Title V) on Sch E-3 (Title XIX), line 13 of the filed cost report. For the following reasons it is excluded from the reported amounts above: (1) the amount is reported as a component of charges separately from routine and ancillary charges, and (2) the reconciliation of reported settlement data for administrative services (Title V) is found on the Noncontract schedules of this audit report. Thus, no audit adjustment is proposed to exclude such charges from this schedule.

**COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES**

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30191H

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ 19,496,150	\$ 15,977,002
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 19,460,043	\$ 19,376,050
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4. Provider's Adjustment of Administrative Day Costs (Adj 20)	\$ 609,214	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 39,565,407	\$ 35,353,052
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ Contract Sch 1)	\$ 0
8. SUBTOTAL	\$ 39,565,407	\$ 35,353,052
	(To Contract Sch 2)	
9. Coinsurance (Adj 19)	\$ 0	\$ (379,375)
10. Patient and Third Party Liability (Adj 19)	\$ 0	\$ (32,398)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 39,565,407	\$ 34,941,279
	(To Contract Sch 1)	

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

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30191H

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	53,597	53,597
2. Inpatient Days (include private, exclude swing-bed)	53,597	53,597
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	53,597	53,597
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 16)	15,917	14,055

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, Part I, Line 25, Col 27)	\$ 39,938,572	\$ 41,800,358
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)	\$ 39,938,572	\$ 41,800,358

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj)	\$ 35,596,484	\$ 35,596,484
29. Private Room Charges (excluding swing-bed charges)(Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj)	\$ 35,596,484	\$ 35,596,484
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 1.121981	\$ 1.174283
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)	\$ 664.15	\$ 664.15
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)	\$ 39,938,572	\$ 41,800,358

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 745.16	\$ 779.90
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 11,860,712	\$ 10,961,495
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 7,599,331	\$ 8,414,555
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 19,460,043	\$ 19,376,050

(To Contract Sch 3)

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

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30191H

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 2,271,655	\$ 2,174,953
2. Total Inpatient Days (Adj)	6,768	6,768
3. Average Per Diem Cost	\$ 335.65	\$ 321.36
4. Medi-Cal Inpatient Days (Adj 16)	4,264	4,431
5. Cost Applicable to Medi-Cal	\$ 1,431,212	\$ 1,423,946
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 11,437,309	\$ 11,044,686
7. Total Inpatient Days (Adj)	6,417	6,417
8. Average Per Diem Cost	\$ 1,782.35	\$ 1,721.16
9. Medi-Cal Inpatient Days (Adj 16)	1,508	2,035
10. Cost Applicable to Medi-Cal	\$ 2,687,784	\$ 3,502,561
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)	\$ 4,799,896	\$ 4,624,260
17. Total Inpatient Days (Adj)	3,492	3,492
18. Average Per Diem Cost	\$ 1,374.54	\$ 1,324.24
19. Medi-Cal Inpatient Days (Adj 16)	2,532	2,634
20. Cost Applicable to Medi-Cal	\$ 3,480,335	\$ 3,488,048
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
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)	\$ 7,599,331	\$ 8,414,555
	(To Contract Sch 4)	

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

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30191H

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 Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30191H

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
37.00	Operating Room	\$ 6,356,710	\$ 43,103,529	0.147475	\$ 6,671,173	\$ 983,834
38.00	Recovery Room	2,137,811	5,089,174	0.420070	432,303	181,598
39.00	Delivery Room and Labor Room	6,964,627	20,161,788	0.345437	7,075,104	2,444,003
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	3,362,615	13,631,613	0.246678	1,901,335	469,017
41.01	Special Procedures	731,375	4,008,108	0.182474	0	0
41.02	CT Scan	981,128	39,164,308	0.025052	4,192,939	105,040
41.03	MRI	488,414	10,202,085	0.047874	1,156,447	55,364
41.04	Ultrasound	983,264	5,852,267	0.168014	750,596	126,111
41.05	Womens Imaging	1,134,399	5,090,758	0.222835	0	0
42.00	Radiology-Therapeutic	1,389,922	8,261,996	0.168231	56,424	9,492
43.00	Radioisotope	1,200,722	5,007,386	0.239790	445,150	106,743
44.00	Laboratory	9,137,662	94,954,623	0.096232	24,013,743	2,310,888
47.00	Blood Storing, Processing & TRA	918,502	14,518,994	0.063262	1,899,087	120,140
49.00	Respiratory Therapy	5,085,653	20,764,928	0.244916	7,148,274	1,750,723
50.00	Physical Therapy	3,082,448	12,348,401	0.249623	713,588	178,128
51.00	Occupational Therapy	1,334,594	6,204,347	0.215106	511,380	110,001
52.00	Speech Pathology	698,533	3,074,926	0.227171	229,594	52,157
53.00	Electrocardiology	1,531,820	9,144,004	0.167522	610,929	102,344
53.02	Cardiac Cath Lab	1,314,226	6,453,264	0.203653	1,421,862	289,566
53.03	GI Lab	1,483,684	4,383,019	0.338507	339,791	115,022
54.01	EMG/Neurodiagnostic	250,891	605,450	0.414388	4,806	1,992
55.00	Medical Supplies Charged to Patient	16,569,695	42,289,245	0.391818	5,632,990	2,207,108
56.00	Drugs Charged to Patients	10,747,508	171,410,571	0.062700	51,073,284	3,202,314
57.00	Renal Dialysis	1,589,492	1,962,543	0.809915	413,707	335,067
58.00	ASC (Non-Distinct Part)	3,214,954	7,378,962	0.435692	0	0
60.08	7th St Clinic	562	134,359	0.004182	0	0
60.14	Diabetic Clinic	601	143,733	0.004182	0	0
60.00	Clinic	270,934	771,479	0.351188	0	0
60.01	OB Clinic	1,306,722	993,835	1.314828	0	0
60.03	Pediatric Clinic	14,429	5,382	2.681004	0	0
60.07	Antenatal Clinic	465,240	2,296,505	0.202586	0	0
60.13	Surgical Treatment Obesity	693,775	229,080	3.028526	0	0
60.15	C.A.R.E. Program	1,451,189	2,262,464	0.641420	0	0
61.00	Emergency	8,003,547	57,018,039	0.140369	5,131,842	720,350
63.00	Partial Hospitalization	919,261	4,749,729	0.193540	0	0
83.00	Kidney Acquisition	134,364	0	0.000000	0	0
93.00	Hospice	509	0	0.000000	0	0
	TOTAL	\$ 95,951,782	\$ 623,670,894		\$ 121,826,348	\$ 15,977,002

(To Contract Sch 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30191H

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 17)	AUDITED
37.00	Operating Room	\$ 5,188,066	\$ 1,483,107	\$ 6,671,173
38.00	Recovery Room	467,764	(35,461)	432,303
39.00	Delivery Room and Labor Room	11,610,610	(4,535,506)	7,075,104
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic	1,727,776	173,559	1,901,335
41.01	Special Procedures	543,464	(543,464)	0
41.02	CT Scan	4,496,131	(303,192)	4,192,939
41.03	MRI	1,514,219	(357,772)	1,156,447
41.04	Ultrasound	803,725	(53,129)	750,596
41.05	Womens Imaging			0
42.00	Radiology-Therapeutic	58,856	(2,432)	56,424
43.00	Radioisotope	550,326	(105,176)	445,150
44.00	Laboratory	23,581,561	432,182	24,013,743
47.00	Blood Storing, Processing & TRA	3,774,250	(1,875,163)	1,899,087
49.00	Respiratory Therapy	9,414,919	(2,266,645)	7,148,274
50.00	Physical Therapy	1,307,345	(593,757)	713,588
51.00	Occupational Therapy	440,014	71,366	511,380
52.00	Speech Pathology	234,226	(4,632)	229,594
53.00	Electrocardiology	1,567,763	(956,834)	610,929
53.02	Cardiac Cath Lab	1,593,660	(171,798)	1,421,862
53.03	GI Lab	478,520	(138,729)	339,791
54.01	EMG/Neurodiagnostic	77,370	(72,564)	4,806
55.00	Medical Supplies Charged to Patient	4,916,219	716,771	5,632,990
56.00	Drugs Charged to Patients	49,446,504	1,626,780	51,073,284
57.00	Renal Dialysis	522,323	(108,616)	413,707
58.00	ASC (Non-Distinct Part)	10,927	(10,927)	0
60.08	7th St Clinic			0
60.14	Diabetic Clinic	135	(135)	0
60.00	Clinic			0
60.01	OB Clinic	3,800	(3,800)	0
60.03	Pediatric Clinic			0
60.07	Antenatal Clinic	35,698	(35,698)	0
60.13	Surgical Treatment Obesity	1,365	(1,365)	0
60.15	C.A.R.E. Program			0
61.00	Emergency	6,099,181	(967,339)	5,131,842
63.00	Partial Hospitalization			0
83.00	Kidney Acquisition			0
93.00	Hospice			0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 130,466,717	\$ (8,640,369)	\$ 121,826,348

(To Contract Sch 5)

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

**Provider Name:
SAINT MARY MEDICAL CENTER**

**Fiscal Period Ended:
JUNE 30, 2008**

**Provider No:
HSC30191H**

	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
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
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		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 Contract Sch 3)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	NET EXP FOR		OLD CAPITAL		NEW CAPITAL		NEW		ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04
	COST ALLOC (From Sch 10) 0.00	BLDG & FIXTURES 1.00	MOVABLE EQUIP 3.01	BLDG & FIXTURES 3.02	MOVABLE EQUIP 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06							
ANCILLARY COST CENTERS															
37.00 Operating Room	3,429,250	0	2,665	491	141	32,925	0	43,471	5,182	520	214	50,913			
38.00 Recovery Room	1,080,256	0	0	0	14,276	2,825	0	20,026	0	0	21,708	4,368			
39.00 Delivery Room and Labor Room	3,940,485	0	0	0	0	28,275	0	33,409	0	0	0	43,722			
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0			
41.00 Radiology - Diagnostic	1,721,309	0	17,336	7,133	0	599	0	32,661	33,714	7,567	0	926			
42.00 Radiology-Therapeutic	423,768	0	1,234	0	0	0	0	1,848	2,400	0	0	0			
41.01 Special Procedures	451,563	0	3,058	0	0	0	0	4,580	5,947	0	0	0			
41.02 CT Scan	214,894	0	0	0	0	0	10,967	4,206	0	0	0	0			
41.03 MRI	562,257	0	1,418	0	0	0	0	2,123	2,757	0	0	0			
41.04 Ultrasound	708,442	0	0	0	0	0	0	0	0	0	0	0			
41.05 Womens Imaging	647,521	0	0	2,692	45	0	39,430	17,434	0	0	69	0			
43.00 Radioisotope	713,929	0	2,388	335	0	2,147	0	6,394	4,644	2,856	0	3,320			
44.00 Laboratory	5,589,287	0	17,288	594	0	0	0	26,360	33,583	630	0	0			
47.00 Blood Storing, Processing & TRA	540,415	0	907	1,968	0	0	0	3,010	1,764	2,087	0	0			
49.00 Respiratory Therapy	3,093,152	0	295	541	813	1,886	0	4,073	573	574	1,237	2,917			
50.00 Physical Therapy	1,737,036	0	0	15,243	844	0	0	13,784	0	16,169	1,283	0			
51.00 Occupational Therapy	788,818	0	0	2,363	0	0	0	1,984	0	2,506	0	0			
52.00 Speech Pathology	438,282	0	0	0	0	0	0	883	0	0	1,149	0			
53.00 Electrocardiology	797,557	0	0	0	0	10,330	0	12,206	0	0	0	15,974			
53.02 Cardiac Cath Lab	748,145	0	3,720	0	0	0	0	5,571	7,234	0	0	0			
53.03 GI Lab	802,165	0	7,183	0	396	2,762	0	11,219	13,968	0	602	0			
54.01 EMG/Neurodiagnostic	123,902	0	0	0	0	0	0	3,264	0	0	0	4,271			
55.00 Medical Supplies Charged to Patient	12,099,162	0	0	0	0	0	0	0	0	0	0	0			
56.00 Drugs Charged to Patients	4,663,185	0	0	0	0	0	0	0	0	0	0	0			
57.00 Renal Dialysis	1,059,457	0	0	0	0	0	0	0	0	0	0	0			
58.00 ASC (Non-Distinct Part)	824,136	0	0	16,501	0	0	222,383	13,854	0	17,504	0	0			
60.08 7th St Clinic	0	0	0	0	0	0	0	85,283	0	0	0	0			
60.14 Diabetic Clinic	0	0	0	0	0	0	0	0	0	0	0	0			
60.00 Clinic	118,832	0	0	0	0	0	0	0	0	0	0	0			
60.01 OB Clinic	632,205	0	0	0	0	0	0	0	0	0	0	0			
60.03 Pediatric Clinic	8,743	0	0	0	0	0	34,009	13,042	0	0	0	0			
60.07 Antenatal Clinic	275,781	0	0	0	0	0	0	0	0	0	0	0			
60.13 Surgical Treatment Obesity	337,574	0	0	0	0	0	19,583	7,510	0	0	0	0			
60.15 C.A.R.E. Program	403,917	0	0	0	0	0	0	0	0	0	0	0			
61.00 Emergency	4,419,595	0	14,777	0	0	0	0	22,130	28,738	0	0	0			
63.00 Partial Hospitalization	456,693	0	0	0	0	0	0	8,450	0	0	10,993	0			
83.00 Kidney Acquisition	56,040	0	0	3,500	0	0	0	2,938	0	3,713	0	0			
93.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0			
NONREIMBURSABLE COST CENTERS															
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	0	0			
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0			
98.00 Physicians' Private Office	130,151	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			
100.02 NRCC - Family Resource Center	0	0	0	0	2,310	0	3,718	4,126	0	0	3,512	0			
100.03 NRCC - Argus	0	0	0	0	0	0	0	0	0	0	0	0			
100.04 NRCC - Cost Recovered Depts	2,832,387	0	1,360	2,257	969	0	528,555	207,760	2,644	2,394	1,473	0			
100.05 NRCC - PR / Marketing	1,264,124	0	0	0	0	0	0	0	0	0	0	0			
100.06 NRCC - Other	485,630	0	5,710	1,399	39,178	28,153	338,221	218,489	11,105	1,484	59,573	43,534			
100.08 NRCC - Vacant Area	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			
0.00	0	0	0	0	0	0	0	0	0	0	0	0			
TOTAL	171,391,438	0	432,103	128,678	107,730	242,189	3,784,124	2,618,443	840,351	136,495	163,811	374,502			

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.05	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	728,350	0	0	0	0	0	0	0	0	4,294,121	1,179,433
38.00 Recovery Room	0	278,164	0	0	0	0	0	0	0	0	1,421,624	390,466
39.00 Delivery Room and Labor Room	0	831,761	0	0	0	0	0	0	0	0	4,877,652	1,339,706
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	421,857	0	0	0	0	0	0	0	0	2,243,103	616,095
41.01 Special Procedures	0	109,404	0	0	0	0	0	0	0	0	538,655	147,948
41.02 CT Scan	0	118,253	0	0	0	0	0	0	0	0	583,402	160,238
41.03 MRI	14,832	57,394	0	0	0	0	0	0	0	0	302,293	83,029
41.04 Ultrasound	0	147,959	0	0	0	0	0	0	0	0	716,514	196,799
41.05 Womens Imaging	0	154,268	0	0	0	0	0	0	0	0	862,710	236,954
42.00 Radiology-Therapeutic	53,322	116,046	0	0	0	0	0	0	0	0	879,416	241,542
43.00 Radioisotope	0	117,280	0	0	0	0	0	0	0	0	850,793	233,681
44.00 Laboratory	0	875,494	0	0	0	0	0	0	0	0	6,543,214	1,797,173
47.00 Blood Storing, Processing & TRA	0	87,065	0	0	0	0	0	0	0	0	637,216	175,019
49.00 Respiratory Therapy	0	735,997	0	0	0	0	0	0	0	0	3,842,057	1,055,268
50.00 Physical Therapy	0	439,973	0	0	0	0	0	0	0	0	2,224,332	610,940
51.00 Occupational Therapy	0	201,905	0	0	0	0	0	0	0	0	997,576	273,996
52.00 Speech Pathology	0	80,292	0	0	0	0	0	0	0	0	521,362	143,198
53.00 Electrocardiology	0	188,686	0	0	0	0	0	0	0	0	1,024,753	281,461
53.02 Cardiac Cath Lab	0	180,556	0	0	0	0	0	0	0	0	945,225	259,618
53.03 GI Lab	0	184,349	0	0	0	0	0	0	0	0	1,019,882	280,123
54.01 EMG/Neurodiagnostic	0	27,825	0	0	0	0	0	0	0	0	162,025	44,502
55.00 Medical Supplies Charged to Patient	0	0	0	0	0	0	0	0	0	0	12,099,162	3,323,182
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	4,663,185	1,280,801
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	1,107,315	304,138
58.00 ASC (Non-Distinct Part)	300,738	195,589	0	0	0	0	0	0	0	0	1,628,128	447,185
60.08 7th St Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.14 Diabetic Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	64,343	0	0	0	0	0	0	0	0	183,175	50,311
60.01 OB Clinic	45,992	155,705	0	0	0	0	0	0	0	0	880,954	241,965
60.03 Pediatric Clinic	0	2,305	0	0	0	0	0	0	0	0	11,048	3,035
60.07 Antenatal Clinic	0	69,755	0	0	0	0	0	0	0	0	345,536	94,906
60.13 Surgical Treatment Obesity	26,482	73,068	0	0	0	0	0	0	0	0	464,217	127,503
60.15 C.A.R.E. Program	0	670,801	0	0	0	0	0	0	0	0	1,074,718	295,184
61.00 Emergency	0	1,038,653	0	0	0	0	0	0	0	0	5,523,893	1,517,204
63.00 Partial Hospitalization	0	89,684	0	0	0	0	0	0	0	0	573,049	157,395
83.00 Kidney Acquisition	0	10,701	0	0	0	0	0	0	0	0	76,892	21,119
93.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
NONREBURSABLE COST CENTE												
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	130,151	35,748
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
100.02 NRCC - Family Resource Center	5,028	0	0	0	0	0	0	0	0	0	18,694	5,135
100.03 NRCC - Argus	0	0	0	0	0	0	0	0	0	0	0	0
100.04 NRCC - Cost Recovered Depts	714,787	605,614	0	0	0	0	0	0	0	0	4,900,201	1,345,900
100.05 NRCC - PR / Marketing	0	91,251	0	0	0	0	0	0	0	0	1,355,375	372,270
100.06 NRCC - Other	0	60,950	0	0	0	0	0	0	0	0	546,580	150,125
100.08 NRCC - Vacant Area	457,390	0	0	0	0	0	0	0	0	0	1,204,237	330,758
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	5,117,426	21,347,401	0	0	0	0	0	0	0	0	171,391,438	36,931,153

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name: SAINT MARY MEDICAL CENTER
 Fiscal Period Ended: JUNE 30, 2008

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
GENERAL SERVICE COST CENTER													
1.00	Old Cap Rel Costs-Bldg & Fixtures												
3.01	New Cap Rel Costs-Bldg & Bauer												
3.02	New Cap Rel Costs-Bldg South												
3.03	New Cap Rel Costs-Bldg West												
3.04	New Cap Rel Costs-Bldg East												
3.05	New Cap Rel Costs-Bldg Other												
3.06	New Cap Rel Costs-Bldg CHW												
4.01	New Cap Rel Costs-Equip Bauer												
4.02	New Cap Rel Costs-Equip South												
4.03	New Cap Rel Costs-Equip West												
4.04	New Cap Rel Costs-Equip East												
4.05	New Cap Rel Costs-Equip Other												
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													
7.00	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				109,882								
12.00	Cafeteria				38,743								
13.00	Maintenance of Personnel				0								
14.00	Nursing Administration				14,515		17,282						
15.00	Central Services & Supply				55,359		10,761						
16.00	Pharmacy			491	34,062		31,624			4,408			
17.00	Medical Records and Library				63,721		23,834			2,601			
18.00	Social Service				25,436		7,566			95			
19.00					0		0			0			
19.02					0		0			0			
19.03					0		0			0			
20.00					0		0			0			
21.00	Nursing School				0		0			0			
22.00	Intern & Res Service-Salary & Fringes				9,956		46,636			345			
23.00	Intern & Res Other Program				0		0			0			
24.00	Paramedical Ed Program				0		0			0			
INPATIENT ROUTINE COST CENTE													
25.00	Adults & Pediatrics (Gen Routine)			616,504	854,332	1,212,835	293,515		711,250	17,677	1,289	404,808	559,921
26.00	Intensive Care Unit			112,693	126,863	52,574	80,686		255,867	5,196	17,220	132,721	67,038
0.00				0	0	0	0		0	0	0	0	0
26.01	Neonatal Intensive Care Unit			27,300	60,641	0	29,153		98,574	2,415	0	73,921	36,481
29.00	Surgical Intensive Care			0	0	0	0		0	0	0	0	0
30.00	Subprovider I			0	0	0	0		0	0	0	0	0
31.00	Subprovider II			0	0	0	0		0	0	0	0	0
32.00				0	0	0	0		0	0	0	0	0
33.00	Nursery			103,613	39,493	0	14,995		50,100	3,109	568	23,454	70,704
34.00	Medicare Certified Nursing Facility			0	0	0	0		0	0	0	0	0
35.00	Distinct Part Nursing Facility			0	0	0	0		0	0	0	0	0
36.00	Adult Subacute Care Unit			0	0	0	0		0	0	0	0	0
36.01	Subacute Care Unit II			0	0	0	0		0	0	0	0	0
36.02	Transitional Care Unit			0	0	0	0		0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

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	0	385,839	5,680	147,067	0	38,517	0	97,305	28,233	260	180,255	0
38.00 Recovery Room	0	177,751	3,888	67,752	0	13,747	0	40,491	771	39	21,282	0
39.00 Delivery Room and Labor Room	0	296,532	69,344	113,027	0	44,136	0	133,606	5,062	1,246	84,315	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	289,895	7,502	110,497	0	29,866	0	7,040	1,810	0	57,006	0
41.01 Special Procedures	0	16,406	0	6,253	0	4,075	0	0	890	385	16,762	0
41.02 CT Scan	0	40,650	0	15,494	0	6,946	0	1,912	150	8,554	163,782	0
41.03 MRI	0	37,331	5,711	14,229	0	3,089	0	0	68	0	42,664	0
41.04 Ultrasound	0	18,844	10,048	7,183	0	7,195	0	1,790	418	0	24,474	0
41.05 Womens Imaging	0	0	0	0	0	11,926	0	0	1,436	85	21,289	0
42.00 Radiology-Therapeutic	0	154,744	6,636	58,983	0	6,693	0	0	787	6,571	34,551	0
43.00 Radioisotope	0	56,756	7,554	21,633	4,205	4,874	0	0	285	0	20,940	0
44.00 Laboratory	0	233,963	0	89,178	0	66,683	0	0	10,284	74	397,092	0
47.00 Blood Storing, Processing & TRA	0	26,719	0	10,184	0	5,403	0	0	3,244	0	60,717	0
49.00 Respiratory Therapy	0	36,150	0	13,779	0	47,104	0	0	1,647	2,810	86,837	0
50.00 Physical Therapy	0	122,344	0	46,633	0	25,795	0	0	763	1	51,640	0
51.00 Occupational Therapy	0	17,606	0	6,711	0	12,515	0	0	243	0	25,946	0
52.00 Speech Pathology	0	7,838	5,498	2,987	0	4,706	0	0	85	0	12,859	0
53.00 Electrocardiology	0	108,338	4,773	41,294	0	10,575	0	20,832	1,554	0	38,239	0
53.02 Cardiac Cath Lab	0	49,444	5,368	18,846	0	6,979	0	0	549	1,210	26,987	0
53.03 GI Lab	0	99,582	9,907	37,957	0	11,141	0	0	5,985	778	18,329	0
54.01 EMG/Neurodiagnostic	0	28,969	0	11,042	0	1,767	0	0	55	0	2,532	0
55.00 Medical Supplies Charged to Patient	0	0	0	0	0	2,776	0	0	967,725	4,086,540	176,850	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	158	0	716,824	0
57.00 Renal Dialysis	0	122,963	0	46,869	0	0	0	0	0	0	8,207	0
58.00 ASC (Non-Distinct Part)	0	756,959	8,630	288,525	0	10,711	0	31,074	4,273	8,611	30,858	0
60.08 7th St Clinic	0	0	0	0	0	0	0	0	0	0	562	0
60.14 Diabetic Clinic	0	0	0	0	0	0	0	0	0	0	601	0
60.00 Clinic	0	0	0	0	0	4,985	0	0	345	28,892	3,226	0
60.01 OB Clinic	0	115,763	0	44,125	0	14,969	0	0	1,503	3,288	4,156	0
60.03 Pediatric Clinic	0	0	0	0	0	212	0	106	6	0	23	0
60.07 Antenatal Clinic	0	0	0	0	0	4,302	0	0	1,130	12	9,604	0
60.13 Surgical Treatment Obesity	0	66,656	0	25,407	0	6,756	0	9,751	552	131	958	0
60.15 C.A.R.E. Program	0	0	0	0	0	48,854	0	1,594	2,439	0	9,461	0
61.00 Emergency	0	196,426	100,787	74,870	10,184	63,840	0	20,551	5,294	6,618	238,444	0
63.00 Partial Hospitalization	0	75,000	0	28,587	47,253	6,852	0	145,702	557	0	19,863	0
83.00 Kidney Acquisition	0	26,081	0	9,941	0	323	0	0	7	0	0	0
93.00 Hospice	0	0	0	0	0	509	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
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
100.02 NRCC - Family Resource Center	0	36,619	0	13,958	0	0	0	0	0	0	0	0
100.03 NRCC - Argus	0	0	0	0	0	0	0	0	0	0	0	0
100.04 NRCC - Cost Recovered Depts	0	1,844,051	0	702,883	0	20,575	0	0	8,524	12,308	0	0
100.05 NRCC - PR / Marketing	0	0	0	0	822,022	6	0	0	0	0	0	0
100.06 NRCC - Other	0	1,939,282	0	0	0	0	0	0	0	0	0	0
100.08 NRCC - Vacant Area	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
0.00	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	11,422,673	1,008,315	3,508,899	2,149,073	1,105,256	0	1,627,525	1,092,673	4,187,490	3,243,041	734,144

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
 SAINT MARY 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 6	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	6,356,710	0	6,356,710
38.00 Recovery Room	0	0	0	0	0	0	0	0	2,137,811	0	2,137,811
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	6,964,627	0	6,964,627
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	3,362,615	0	3,362,615
41.01 Special Procedures	0	0	0	0	0	0	0	0	731,375	0	731,375
41.02 CT Scan	0	0	0	0	0	0	0	0	981,128	0	981,128
41.03 MRI	0	0	0	0	0	0	0	0	488,414	0	488,414
41.04 Ultrasound	0	0	0	0	0	0	0	0	983,264	0	983,264
41.05 Womens Imaging	0	0	0	0	0	0	0	0	1,134,399	0	1,134,399
42.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	1,389,922	0	1,389,922
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,200,722	0	1,200,722
44.00 Laboratory	0	0	0	0	0	0	0	0	9,137,662	0	9,137,662
47.00 Blood Storing, Processing & TRA	0	0	0	0	0	0	0	0	918,502	0	918,502
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	5,085,653	0	5,085,653
50.00 Physical Therapy	0	0	0	0	0	0	0	0	3,082,448	0	3,082,448
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,334,594	0	1,334,594
52.00 Speech Pathology	0	0	0	0	0	0	0	0	698,533	0	698,533
53.00 Electrocardiology	0	0	0	0	0	0	0	0	1,531,820	0	1,531,820
53.02 Cardiac Cath Lab	0	0	0	0	0	0	0	0	1,314,226	0	1,314,226
53.03 GI Lab	0	0	0	0	0	0	0	0	1,483,684	0	1,483,684
54.01 EMG/Neurodiagnostic	0	0	0	0	0	0	0	0	250,891	0	250,891
55.00 Medical Supplies Charged to Patient	0	0	0	0	0	0	0	0	16,569,695	0	16,569,695
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	10,747,508	0	10,747,508
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	1,589,492	0	1,589,492
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	3,214,954	0	3,214,954
60.08 7th St Clinic	0	0	0	0	0	0	0	0	562	0	562
60.14 Diabetic Clinic	0	0	0	0	0	0	0	0	601	0	601
60.00 Clinic	0	0	0	0	0	0	0	0	270,934	0	270,934
60.01 OB Clinic	0	0	0	0	0	0	0	0	1,306,722	0	1,306,722
60.03 Pediatric Clinic	0	0	0	0	0	0	0	0	14,429	0	14,429
60.07 Antenatal Clinic	0	0	0	0	0	0	0	0	465,240	0	465,240
60.13 Surgical Treatment Obesity	0	0	0	0	0	0	0	0	693,775	0	693,775
60.15 C.A.R.E. Program	0	0	0	0	0	0	0	0	1,451,189	0	1,451,189
61.00 Emergency	0	0	0	0	0	0	0	0	8,003,547	0	8,003,547
63.00 Partial Hospitalization	0	0	0	0	0	120,284	10,704	0	919,261	0	919,261
83.00 Kidney Acquisition	0	0	0	0	0	0	0	0	134,364	0	134,364
93.00 Hospice	0	0	0	0	0	0	0	0	509	0	509
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	165,899	0	165,899
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
100.02 NRCC - Family Resource Center	0	0	0	0	0	0	0	0	74,406	0	74,406
100.03 NRCC - Argus	0	0	0	0	0	0	0	0	0	0	0
100.04 NRCC - Cost Recovered Depts	0	0	0	0	0	0	0	0	8,834,441	0	8,834,441
100.05 NRCC - PR / Marketing	0	0	0	0	0	0	0	0	1,727,650	0	1,727,650
100.06 NRCC - Other	0	0	0	0	0	0	0	0	1,518,727	0	1,518,727
100.08 NRCC - Vacant Area	0	0	0	0	0	0	0	0	3,474,277	0	3,474,277
0.00	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0
0.00	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	19,003	0	0	3,236,470	288,021	0	171,391,438	0	171,391,438

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (W/S B-1)

SCHEDULE 9.1

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU COST)	MAINT & REPAIRS (SQ FT)	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	
ANCILLARY COST CENTERS												
37.00	2,744,454	6.01	6.03	6.04	6.05	6.06	6.07	6.08	4,294,121			
38.00	1,048,134	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	1,421,624			
39.00	3,134,114	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	4,877,652		7.00	
40.00									0		(Adj)	
41.00	1,589,578	(Adj)							2,243,103		(Adj)	
41.01	412,241	(Adj)							538,655			
41.02	445,584	(Adj)							583,402			
41.03	216,264	(Adj)							302,293			
41.04	557,517	(Adj)							716,514			
41.05	581,287	(Adj)							862,710			
42.00	437,267	(Adj)							879,416			
43.00	441,918	(Adj)							860,793			
44.00	3,298,899	(Adj)							6,543,214			
47.00	328,064	(Adj)							637,216			
49.00	2,773,268	(Adj)							3,842,057			
50.00	1,657,837	(Adj)							2,224,332			
51.00	760,789	(Adj)							997,576			
52.00	302,545	(Adj)							521,362			
53.00	710,978	(Adj)							1,024,753			
53.02	680,344	(Adj)							945,225			
53.03	694,634	(Adj)							1,019,882			
54.01	104,847	(Adj)							162,025			
55.00		(Adj)							12,099,162			
56.00		(Adj)							4,663,185			
57.00		(Adj)							1,107,315			
58.00	736,988	(Adj)							1,628,128			
60.00		(Adj)							0			
60.01	242,446	(Adj)							183,175			
60.03	586,703	(Adj)							880,954			
60.07	262,840	(Adj)							11,048			
60.13	275,325	(Adj)							345,536			
60.15	2,527,610	(Adj)							484,217			
61.00	3,913,690	(Adj)							1,074,718			
63.00	337,932	(Adj)							5,523,893			
83.00	40,322	(Adj)							573,049			
93.00		(Adj)							76,892			
NONREIMBURSABLE COST CENTERS												
96.00		(Adj)							0			
97.00		(Adj)							0			
98.00		(Adj)							130,151			
99.00		(Adj)							0			
100.02		(Adj)							18,694			
100.03		(Adj)							0			
100.04	2,281,981	(Adj)							4,900,201			
100.05	343,836	(Adj)							1,355,375			
100.06	229,663	(Adj)							546,580			
100.08		(Adj)							1,204,237			
0.00		(Adj)							0			
0.00		(Adj)							0			
0.00		(Adj)							0			
TOTAL	80,437,970		0	0	0	0	0	0	134,460,285		0	
COST TO BE ALLOCATED	21,347,401		0	0	0	0	0	0	36,931,153		0	
UNIT COST MULTIPLIER - SCH 8	0.265390		0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.274662		0.000000	

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT) (Adj 8) (Adj 8)	LAUNDRY & LINEN (LB LNDRY) (Adj) (Adj)	HOUSE-KEEPING (HR SERV) (Adj) (Adj)	DIETARY (MEALS SERVED) (Adj 9) (Adj 9)	CAFETERIA (Adj 10) (Adj 10)	MAINT OF PERSONNEL (# HOUSED) (Adj) (Adj)	NURSING ADMIN (NURSE HR) (Adj) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj) (Adj)	PHARMACY (COSTS REQUIS) (Adj) (Adj)	MED REC (TIME SPENT) (Adj) (Adj)	SOC SERV (TIME SPENT) (Adj) (Adj)	STAT
ANCILLARY COST CENTERS												
37.00	Operating Room	6,451	20,578	11.00	59,905	13.00	48,540	290,353	16.00	43,103,529	18.00	19.00
38.00	Recovery Room	4,416	9,480	(Adj 9)	21,380	(Adj)	20,199	7,926	(Adj)	5,089,174	(Adj)	(Adj)
39.00	Delivery Room and Labor Room	78,757	15,815	(Adj 9)	68,644	(Adj)	66,649	52,058	(Adj)	20,161,788	(Adj)	(Adj)
40.00	Anesthesiology											
41.00	Radiology - Diagnostic	8,520	15,461		46,139		3,512	18,619		13,631,613		
41.01	Special Procedures	875	875		6,338		9,151	527		4,008,108		
41.02	CT Scan	2,168	2,168		10,803		954	1,539		39,164,308		
41.03	MRI	1,991	1,991		4,804		685	685		10,202,085		
41.04	Ultrasound	1,005	1,005		11,190		893	4,301		5,852,267		
41.05	Womens Imaging				18,549		14,766	116		5,090,758		
42.00	Radiology-Therapeutic	7,537	8,253		10,409		8,092	9,005		8,261,996		
43.00	Radioisotope	3,027	3,027	607	7,580		2,927	5,007,386		5,007,386		
44.00	Laboratory	8,580	12,478		103,711		105,761	102		94,954,623		
47.00	Blood Storing, Processing & TRA		1,425		8,403		33,362	33,362		14,518,994		
49.00	Respiratory Therapy	1,928	1,928		73,260		16,943	16,943		20,764,928		
50.00	Physical Therapy	6,525	6,525		40,118		7,842	2		12,348,401		
51.00	Occupational Therapy	939	939		19,465		2,495	2,495		6,204,347		
52.00	Speech Pathology	418	418		7,319		878	878		3,074,926		
53.00	Electrocardiology	5,778	5,778		16,447		10,392	15,983		9,144,004		
53.02	Cardiac Cath Lab	2,637	2,637		10,854		5,647	1,658		6,453,264		
53.03	GI Lab	5,311	5,311		17,328		61,555	1,066		4,383,019		
54.01	EMG/Neurodiagnostic	1,545	1,545		2,748		564	564		605,450		
55.00	Medical Supplies Charged to Patient				4,318		1,628	9,952,423		42,289,245		
56.00	Drugs Charged to Patients							1,628		171,410,571		
57.00	Renal Dialysis	6,558	6,558		16,658		15,501	43,942		1,962,543		
58.00	ASC (Non-Distinct Part)	40,371	40,371							7,378,962		
60.00	7th St Clinic									134,359		
60.14	Diabetic Clinic									143,733		
60.01	OB Clinic	6,174	6,174		7,753		3,550	3,550		771,479		
60.03	Pediatric Clinic				23,281		15,455	4,506		993,835		
60.07	Antenatal Clinic				330		53	57		5,382		
60.13	Surgical Treatment Obesity	3,555	3,555		6,691		4,864	11,621		2,296,505		
60.15	C.A.R.E. Program				10,508		795	5,680		229,080		
61.00	Emergency	114,469	10,476	1,470	75,982		10,242	25,080		2,262,464		
63.00	Partial Hospitalization	4,000	4,000	6,821	99,289		72,683	54,445		57,018,039		
83.00	Kidney Acquisition	1,391	1,391		10,657		503	5,727		4,749,729		
93.00	Hospice				792			68				
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop & Canteen											
97.00	Research											
98.00	Physicians' Private Office											
99.00	Nonpaid Workers											
100.02	NRCC - Family Resource Center	1,953	1,953									
100.03	NRCC - Argus											
100.04	NRCC - Cost Recovered Depts	98,349	98,349		32,000		87,660	16,867				
100.05	NRCC - PR / Marketing				9							
100.06	NRCC - Other			118,659								
100.08	NRCC - Vacant Area											
0.00												
0.00												
0.00												
TOTAL		609,207	1,145,192	310,219	1,718,982	0	811,884	11,237,436	5,738,758	775,492,302	70,274	0
COST TO BE ALLOCATED		11,422,673	3,508,899	2,149,073	1,105,256	0	1,627,525	1,092,673	4,187,490	3,243,041	734,144	0
UNIT COST MULTIPLIER - SCH 8		18.750069	0.880477	6.927598	0.642971	0.000000	2.004628	0.097235	0.729686	0.004182	10.446881	0.000000

Provider Name:
SAINT MARY 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)
GENERAL SERVICE COST CENTERS							
1.00 Old Cap Rel Costs-Bldg & Fixtures	19.02 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)
3.01 New Cap Rel Costs-Bldg & Bauer							
3.02 New Cap Rel Costs-Bldg South							
3.03 New Cap Rel Costs-Bldg West							
3.04 New Cap Rel Costs-Bldg East							
3.05 New Cap Rel Costs-Bldg Other							
3.06 New Cap Rel Costs-Bldg CHW							
4.01 New Cap Rel Costs-Equip Bauer							
4.02 New Cap Rel Costs-Equip South							
4.03 New Cap Rel Costs-Equip West							
4.04 New Cap Rel Costs-Equip East							
4.05 New Cap Rel Costs-Equip Other							
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					50.363	50.363	
0.00							
26.01 Neonatal Intensive Care Unit							
29.00 Surgical Intensive Care							
30.00 Subprovider I							
31.00 Subprovider II							
32.00							
33.00 Nursery							
34.00 Medicare Certified Nursing Facility							
35.00 Distinct Part Nursing Facility							
36.00 Adult Subacute Care Unit							
36.01 Subacute Care Unit I							
36.02 Transitional Care Unit							

0

Provider Name:
SAINT MARY 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)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
ANCILLARY COST CENTERS							
37.00	19.02	19.03	20.00	21.00	22.00	23.00	24.00
Operating Room	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
38.00							
Recovery Room							
39.00							
Delivery Room and Labor Room							
40.00							
Anesthesiology							
41.00							
Radiology - Diagnostic							
41.01							
Special Procedures							
41.02							
CT Scan							
41.03							
MRI							
41.04							
Ultrasound							
41.05							
Women's Imaging							
42.00							
Radiology-Therapeutic							
43.00							
Radioisotope							
44.00							
Laboratory							
47.00							
Blood Storing, Processing & TRA							
49.00							
Respiratory Therapy							
50.00							
Physical Therapy							
51.00							
Occupational Therapy							
52.00							
Speech Pathology							
53.00							
Electrocardiology							
53.02							
Cardiac Cath Lab							
53.03							
GI Lab							
54.01							
EMG/Neurodiagnostic							
55.00							
Medical Supplies Charged to Patient							
56.00							
Drugs Charged to Patients							
57.00							
Renal Dialysis							
58.00							
ASC (Non-Distinct Part)							
60.08							
7th St Clinic							
60.14							
Diabetic Clinic							
60.00							
Clinic							
60.01							
OB Clinic							
60.03							
Pediatric Clinic							
60.07							
Antenatal Clinic							
60.13							
Surgical Treatment Obesity							
60.15							
C.A.R.E. Program							
61.00							
Emergency							
63.00							
Partial Hospitalization							
83.00							
Kidney Acquisition							
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							
100.02							
NRCC - Family Resource Center							
100.03							
NRCC - Argus							
100.04							
NRCC - Cost Recovered Depts							
100.05							
NRCC - PR / Marketing							
100.06							
NRCC - Other							
100.08							
NRCC - Vacant Area							
0.00							
0.00							
0.00							
0.00							
TOTAL	0	0	0	0	52,307	52,307	0
COST TO BE ALLOCATED	0	0	0	0	3,236,470	288,021	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	61.874504	5.506353	0.000000

1,944

1,944

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT MARY 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
3.01	New Cap Rel Costs-Bldg & Bauer	415,688	16,415	432,103
3.02	New Cap Rel Costs-Bldg South	92,260	36,418	128,678
3.03	New Cap Rel Costs-Bldg West	103,638	4,092	107,730
3.04	New Cap Rel Costs-Bldg East	232,989	9,200	242,189
3.05	New Cap Rel Costs-Bldg Other	3,640,372	143,752	3,784,124
3.06	New Cap Rel Costs-Bldg CHW	2,518,973	99,470	2,618,443
4.01	New Cap Rel Costs-Equip Bauer	699,072	141,279	840,351
4.02	New Cap Rel Costs-Equip South	113,548	22,947	136,495
4.03	New Cap Rel Costs-Equip West	136,271	27,540	163,811
4.04	New Cap Rel Costs-Equip East	311,541	62,961	374,502
4.05	New Cap Rel Costs-Equip Other	4,257,091	860,335	5,117,426
5.00	Employee Benefits	22,140,749	(969,390)	21,171,359
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	30,093,629	(2,892,466)	27,201,163
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	8,135,387	0	8,135,387
9.00	Laundry and Linen Service	791,045	0	791,045
10.00	Housekeeping	2,001,991	1	2,001,992
11.00	Dietary	696,624	410,157	1,106,781
12.00	Cafeteria	1,059,171	(513,473)	545,698
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	959,777	0	959,777
15.00	Central Services & Supply	515,987	(1)	515,986
16.00	Pharmacy	2,492,781	(1,529)	2,491,252
17.00	Medical Records and Library	2,017,091	0	2,017,091
18.00	Social Service	373,398	0	373,398
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	2,452,929	0	2,452,929
23.00	Intern & Res Other Program	197,521	0	197,521
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	19,024,990	(3)	19,024,987
26.00	Intensive Care Unit	6,131,832	(228)	6,131,604
			0	0
26.01	Neonatal Intensive Care Unit	2,549,031	(1)	2,549,030
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	1,158,541	0	1,158,541
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 3,429,252	\$ (2)	\$ 3,429,250
38.00	Recovery Room	1,080,256	0	1,080,256
39.00	Delivery Room and Labor Room	3,940,485	0	3,940,485
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	1,733,957	(12,648)	1,721,309
41.01	Special Procedures	422,720	1,048	423,768
41.02	CT Scan	451,561	2	451,563
41.03	MRI	214,894	0	214,894
41.04	Ultrasound	562,257	0	562,257
41.05	Womens Imaging	708,442	0	708,442
42.00	Radiology-Therapeutic	647,521	0	647,521
43.00	Radioisotope	486,453	227,476	713,929
44.00	Laboratory	5,589,259	28	5,589,287
47.00	Blood Storing, Processing & TRA	2,075,855	(1,535,440)	540,415
49.00	Respiratory Therapy	3,093,153	(1)	3,093,152
50.00	Physical Therapy	1,737,036	0	1,737,036
51.00	Occupational Therapy	788,818	0	788,818
52.00	Speech Pathology	438,282	0	438,282
53.00	Electrocardiology	797,557	0	797,557
53.02	Cardiac Cath Lab	748,144	1	748,145
53.03	GI Lab	802,164	1	802,165
54.01	EMG/Neurodiagnostic	123,902	0	123,902
55.00	Medical Supplies Charged to Patient	9,596,207	2,502,955	12,099,162
56.00	Drugs Charged to Patients	5,854,574	(1,191,389)	4,663,185
57.00	Renal Dialysis	1,059,457	0	1,059,457
58.00	ASC (Non-Distinct Part)	810,353	13,783	824,136
60.08	7th St Clinic		0	0
60.14	Diabetic Clinic		0	0
60.00	Clinic	118,832	0	118,832
60.01	OB Clinic	632,205	0	632,205
60.03	Pediatric Clinic	8,743	0	8,743
60.07	Antenatal Clinic	275,781	0	275,781
60.13	Surgical Treatment Obesity	337,573	1	337,574
60.15	C.A.R.E. Program	403,917	0	403,917
61.00	Emergency	4,420,694	(1,099)	4,419,595
63.00	Partial Hospitalization	456,693	0	456,693
83.00	Kidney Acquisition	56,040	0	56,040
93.00	Hospice		0	0
	SUBTOTAL	\$ 169,216,954	\$ (2,537,808)	\$ 166,679,146
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office	130,072	79	130,151
99.00	Nonpaid Workers		0	0
100.02	NRCC - Family Resource Center		0	0
100.03	NRCC - Argus		0	0
100.04	NRCC - Cost Recovered Depts	2,835,723	(3,336)	2,832,387
100.05	NRCC - PR / Marketing	1,264,124	0	1,264,124
100.06	NRCC - Other	367,563	118,067	485,630
100.08	NRCC - Vacant Area		0	0
			0	0
			0	0
			0	0
			0	0
100.99	SUBTOTAL	\$ 4,597,482	\$ 114,810	\$ 4,712,292
101	TOTAL	\$ 173,814,436	\$ (2,422,998)	\$ 171,391,438

(To Schedule 8)

	TOTAL ADJ (Page 1 & 2)	1	2	3	4	5	7	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
ANCILLARY COST CENTERS														
37.00 Operating Room	(2)	(56,787)	56,785											
38.00 Recovery Room	0	(14,572)	14,572											
39.00 Delivery Room and Labor Room	0	(30,059)	30,059											
40.00 Anesthesiology	0													
41.00 Radiology - Diagnostic	(12,648)	(4,083)	(8,565)											
41.01 Special Procedures	1,048	(37,303)	38,351											
41.02 CT Scan	2	(2,070)	2,072											
41.03 MRI	0	(153)	153											
41.04 Ultrasound	0	(1,140)	1,140											
41.05 Womens Imaging	0	(712)	712											
42.00 Radiology-Therapeutic	0	(952)	952											
43.00 Radioisotope	227,476	(8,199)	235,675											
44.00 Laboratory	28	(3,921)	3,949											
47.00 Blood Storing, Processing & TRA	(1,535,440)	(1,538,142)	2,702											
49.00 Respiratory Therapy	(1)	(179)	178											
50.00 Physical Therapy	0	(108)	108											
51.00 Occupational Therapy	0													
52.00 Speech Pathology	0													
53.00 Electrocardiology	0	(1,682)	1,682											
53.02 Cardiac Cath Lab	1	(6,329)	6,330											
53.03 GI Lab	1	(15,019)	15,020											
54.01 EMG/Neurodiagnostic	0													
55.00 Medical Supplies Charged to Patient	2,502,955	2,502,955												
56.00 Drugs Charged to Patients	(1,191,389)	(381,262)	(810,127)											
57.00 Renal Dialysis	0													
58.00 ASC (Non-Distinct Part)	13,783	(17,837)	31,620											
60.08 7th St Clinic	0													
60.14 Diabetic Clinic	0													
60.00 Clinic	0													
60.01 OB Clinic	0	(332)	332											
60.03 Pediatric Clinic	0													
60.07 Antenatal Clinic	0													
60.13 Surgical Treatment Obesity	1	(3,656)	3,657											
60.15 C.A.R.E. Program	0	(2,777)	2,777											
61.00 Emergency	(1,099)	(142,673)	141,574											
63.00 Partial Hospitalization	0	(9,922)	9,922											
83.00 Kidney Acquisition	0													
93.00 Hospice	0													
NONREIMBURSABLE COST CENTERS														
96.00 Gift, Flower, Coffee Shop & Canteen	0													
97.00 Research	0													
98.00 Physicians' Private Office	79		79											
99.00 Nonpaid Workers	0													
100.02 NRCC - Family Resource Center	0													
100.03 NRCC - Argus	0													
100.04 NRCC - Cost Recovered Depts	0													
100.05 NRCC - PR / Marketing	(3,336)	(17,925)	14,589											
100.06 NRCC - Other	118,067		118,067											
100.08 NRCC - Vacant Area	0													
0.00	0													
0.00	0													
0.00	0													
0.00	0													
101.00 TOTAL		0	(300)	0	0	14,751	(2,437,449)	0	0	0	0	0	0	0

(To Sch 10)

Provider Name: SAINT MARY MEDICAL CENTER

AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ AUDIT ADJ

ANCILLARY COST CENTERS

Table with columns for cost center codes (37.00 to 93.00) and 10 audit adjustment columns.

NONREIMBURSABLE COST CENTERS

Table with columns for cost center codes (96.00 to 101.00) and 10 audit adjustment columns.

101.00 TOTAL

STATE OF CALIFORNIA

ALLOCATION OF CAPITAL RELATED COST

WORKPAPER 1

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

	DIR ASSIGN OLD CAP-REL COSTS 0	DIR ASSIGN NEW CAP-REL COSTS 00	SUBTOTAL 000	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 3.01	NEW CAPITAL BLDG & FIXTURES 3.02	NEW MOVABLE EQUIP 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 4.01	ALLOC COST 4.02
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures			0									
3.01 New Cap Rel Costs-Bldg & Bauer			0									
3.02 New Cap Rel Costs-Bldg South			0									
3.03 New Cap Rel Costs-Bldg West			0									
3.04 New Cap Rel Costs-Bldg East			0									
3.05 New Cap Rel Costs-Bldg Other			0									
3.06 New Cap Rel Costs-Bldg CHW			0									
4.01 New Cap Rel Costs-Equip Bauer			0									
4.02 New Cap Rel Costs-Equip South			0									
4.03 New Cap Rel Costs-Equip West			0									
4.04 New Cap Rel Costs-Equip East			0									
4.05 New Cap Rel Costs-Equip Other			0									
5.00 Employee Benefits			0				777		63,298	25,185		
6.01 Non-Patient Telephones			0									
6.02 Data Processing			0									
6.03 Purchasing/Receiving			0									
6.04 Patient Admitting			0									
6.05 Patient Business Office			0									
6.06			0									
6.07			0									
6.08			0									
6.00 Administrative and General			0	131,723		33,334	31,784	10,291	2,386,231	1,189,676	256,173	35,360
7.00 Maintenance and Repairs			0									
8.00 Operation of Plant			0									
9.00 Laundry and Linen Service			0									
10.00 Housekeeping			0									
11.00 Dietary			0									
12.00 Cafeteria			0									
13.00 Maintenance of Personnel			0									
14.00 Nursing Administration			0									
15.00 Central Services & Supply			0									
16.00 Pharmacy			0									
17.00 Medical Records and Library			0									
18.00 Social Service			0									
19.00			0									
19.02			0									
19.03			0									
20.00			0									
21.00 Nursing School			0									
22.00 Intern & Res Service-Salary & Fringes			0									
23.00 Intern & Res Other Program			0									
24.00 Paramedical Ed Program			0									
INPATIENT ROUTINE COST CENTERS												
25.00 Adults & Pediatrics (Gen Routine)			0									
26.00 Intensive Care Unit			0									
0.00			0									
26.01 Neonatal Intensive Care Unit			0									
29.00 Surgical Intensive Care			0									
30.00 Subprovider I			0									
31.00 Subprovider II			0									
32.00			0									
33.00 Nursery			0									
34.00 Medicare Certified Nursing Facility			0									
35.00 Distinct Part Nursing Facility			0									
36.00 Adult Subacute Care Unit			0									
36.01 Subacute Care Unit I			0									
36.02 Transitional Care Unit			0									
OTHER COST CENTERS												
Ancillary cost centers (L37 thru L86			0									
Non-reimbursable cost(L96 thru L99.05)			0									
TOTAL			0	0	432,103	128,678	107,730	242,189	3,784,124	2,618,443	840,351	136,495
COST TO BE ALLOCATED			0	0	432,103	128,678	107,730	242,189	3,784,124	2,618,443	840,351	136,495
UNIT COST MULTIPLIER			0.000000	1.410548	1.410548	1.410548	1.410548	1.787848	5.508483	2.112479	2.743224	2.669046

STATE OF CALIFORNIA

ALLOCATION OF CAPITAL RELATED COST

WORKPAPER 1

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	CAP REL COST TO BE ALLOC (Col 000-4.08)	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
TRIAL BALANCE EXPENSES												
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures												
3.01 New Cap Rel Costs-Bldg & Bauer												
3.02 New Cap Rel Costs-Bldg South												
3.03 New Cap Rel Costs-Bldg West												
3.04 New Cap Rel Costs-Bldg East												
3.05 New Cap Rel Costs-Bldg Other												
3.06 New Cap Rel Costs-Bldg CHW												
4.01 New Cap Rel Costs-Equip Bauer												
4.02 New Cap Rel Costs-Equip South												
4.03 New Cap Rel Costs-Equip West												
4.04 New Cap Rel Costs-Equip East												
4.05 New Cap Rel Costs-Equip Other												
5.00 Employee Benefits			85,600	176,042								
6.01 Non-Patient Telephones	1,182											
6.02 Data Processing												
6.03 Purchasing/Receiving												
6.04 Patient Admitting												
6.05 Patient Business Office												
6.06												
6.07												
6.08												
7.00 Administrative and General	48,330	15,913	3,226,998	7,365,813	19,496							
7.00 Maintenance and Repairs												
8.00 Operation of Plant	5,441	63,950	20,940	385,222	3,634							
9.00 Laundry and Linen Service												
10.00 Housekeeping	4,787	19,996	2,980	104,648	3,533							
11.00 Dietary	2,256	33,775	15,495	119,856	1,212							
12.00 Cafeteria		14,987		36,130	1,444							
13.00 Maintenance of Personnel												
14.00 Nursing Administration		33		14,814	2,040							
15.00 Central Services & Supply				48,538	1,046							
16.00 Pharmacy				29,865	5,266							
17.00 Medical Records and Library			14,429	73,877	2,073							
18.00 Social Service				25,973	810							
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			10,377	20,993	235							
24.00 Paramedical Ed Program												
INPATIENT ROUTINE COST CENTERS												
25.00 Adults & Pediatrics (Gen Routine)		43,028	122,035	899,921	39,437							
26.00 Intensive Care Unit				111,232	12,315							
0.00												
26.01 Neonatal Intensive Care Unit												
29.00 Surgical Intensive Care		12,875		55,207	5,287							
30.00 Subprovider I												
31.00 Subprovider II												
32.00												
33.00 Nursery				34,627	2,252							
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												
OTHER COST CENTERS												
Ancillary cost centers (L37 thru L86	37,255	126,411	441,366	1,757,961	69,712							
Non-reimbursable cost(L96 thru L99.05)	64,559	43,534	1,177,205	2,685,131	6,249							
TOTAL	<u>163,811</u>	<u>374,502</u>	<u>5,117,426</u>	<u>13,945,852</u>	<u>176,042</u>							
COST TO BE ALLOCATED	163,811	374,502	5,117,426	176,042	176,042							
UNIT COST MULTIPLIER	2.74823C	2.764567	7.449347	0.002185	0.002185							

STATE OF CALIFORNIA

ALLOCATION OF CAPITAL RELATED COST

WORKPAPER 1

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

	ALLOC COST	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY
	6.08		6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00
TRIAL BALANCE EXPENSES												
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures	0	7,385,30€	0	0	0	0	0	0	0	0	0	0
3.01 New Cap Rel Costs-Bldg & Bauer	0	0	492,206	0	0	0	0	0	0	0	0	0
3.02 New Cap Rel Costs-Bldg South	0	388,857	43,449	0	0	0	0	0	0	0	0	0
3.03 New Cap Rel Costs-Bldg West	0	108,180	139,237	0	21,413	0	8,419	0	0	0	0	0
3.04 New Cap Rel Costs-Bldg East	0	121,069	75,447	0	22,236	0	2,968	0	0	0	0	0
3.05 New Cap Rel Costs-Bldg Other	0	37,575	41,577	0	7,840	0	0	0	0	0	0	0
3.06 New Cap Rel Costs-Bldg CHW	0	0	0	0	0	0	0	0	0	0	0	0
4.01 New Cap Rel Costs-Equip Bauer	0	16,854	67,119	0	2,937	0	1,112	0	1,407	0	0	0
4.02 New Cap Rel Costs-Equip South	0	49,585	37,976	0	11,203	0	4,241	0	876	0	0	0
4.03 New Cap Rel Costs-Equip West	0	35,131	173,548	0	6,893	21	2,610	0	2,574	0	0	419
4.04 New Cap Rel Costs-Equip East	0	75,951	128,655	0	12,895	0	4,882	0	1,940	0	0	247
4.05 New Cap Rel Costs-Equip Other	0	26,783	27,333	0	5,147	0	1,949	0	616	0	0	9
5.00 Employee Benefits	0	0	0	0	0	0	0	0	0	0	0	0
6.01 Non-Patient Telephones	0	0	0	0	0	0	0	0	0	0	0	0
6.02 Data Processing	0	0	0	0	0	0	0	0	0	0	0	0
6.03 Purchasing/Receiving	0	0	0	0	0	0	0	0	0	0	0	0
6.04 Patient Admitting	0	0	0	0	0	0	0	0	0	0	0	0
6.05 Patient Business Office	0	0	0	0	0	0	0	0	0	0	0	0
6.06	0	0	0	0	0	0	0	0	0	0	0	0
6.07	0	0	0	0	0	0	0	0	0	0	0	0
6.08	0	0	0	0	0	0	0	0	0	0	0	0
7.00 Administrative and General	0	0	0	0	0	0	0	0	0	0	0	0
8.00 Maintenance and Repairs	0	0	0	0	0	0	0	0	0	0	0	0
9.00 Operation of Plant	0	0	0	0	0	0	0	0	0	0	0	0
10.00 Laundry and Linen Service	0	0	0	0	0	0	0	0	0	0	0	0
11.00 Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0
12.00 Dietary	0	0	0	0	0	0	0	0	0	0	0	0
13.00 Cafeteria	0	0	0	0	0	0	0	0	0	0	0	0
14.00 Maintenance of Personne	0	0	0	0	0	0	0	0	0	0	0	0
15.00 Nursing Administration	0	0	0	0	0	0	0	0	0	0	0	0
16.00 Central Services & Supply	0	0	0	0	0	0	0	0	0	0	0	0
17.00 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0
18.00 Medical Records and Library	0	0	0	0	0	0	0	0	0	0	0	0
19.00 Social Service	0	0	0	0	0	0	0	0	0	0	0	0
19.02	0	0	0	0	0	0	0	0	0	0	0	0
19.03	0	0	0	0	0	0	0	0	0	0	0	0
20.00	0	0	0	0	0	0	0	0	0	0	0	0
21.00 Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
22.00 Intern & Res Service-Salary & Fringes	0	20,993	135,882	0	2,015	0	763	0	3,796	0	0	33
23.00 Intern & Res Other Program	0	235	12,411	0	0	0	0	0	0	0	0	0
24.00 Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
INPATIENT ROUTINE COST CENTERS												
25.00 Adults & Pediatrics (Gen Routine)	0	939,359	1,357,058	0	172,884	26,565	65,454	128,204	23,890	0	39,082	1,681
26.00 Intensive Care Unit	0	123,547	424,913	0	25,672	4,856	9,719	5,557	6,567	0	14,059	494
0.00	0	0	0	0	0	0	0	0	0	0	0	0
26.01 Neonatal Intensive Care Unit	0	60,494	178,251	0	12,271	1,176	4,646	0	2,373	0	5,416	230
29.00 Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0
30.00 Subprovider I	0	0	0	0	0	0	0	0	0	0	0	0
31.00 Subprovider II	0	0	0	0	0	0	0	0	0	0	0	0
32.00	0	0	0	0	0	0	0	0	0	0	0	0
33.00 Nursery	0	36,879	80,532	0	7,992	0	3,026	0	1,220	0	2,753	296
34.00 Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
35.00 Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00 Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01 Subacute Care Unit I	0	0	0	0	0	0	0	0	0	0	0	0
36.02 Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
OTHER COST CENTERS												
Ancillary cost centers (L37 thru L86)	0	1,827,673	3,521,784	0	275,021	10,830	104,122	6,516	43,026	0	28,119	99,663
Non-reimbursable cost(L96 thru L99.05)	0	2,691,38C	447,931	0	294,644	0	54,920	86,893	1,675	0	0	810
TOTAL												
	0	13,945,852	7,385,30€	0	881,063	43,449	268,830	227,170	89,960	0	89,430	103,881
COST TO BE ALLOCATED												
UNIT COST MULTIPLIER	0.00000C		7,385,30€	0.00000C	1,44624€	0.037940	0,547546	0,732290	0,052333	0.000000	0.110151	0.009244

STATE OF CALIFORNIA

ALLOCATION OF CAPITAL RELATED COST

WORKPAPER 1

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	ALLOC COST	ALLOC COST	NON-PHYSICIAN ANESTH	NURSING	INT & RES SALARY & FRINGES	INT & RES PROGRAM	PARAMED EDUCAT	SUBTOTAL
TRIAL BALANCE EXPENSES	16.00	17.00	18.00	19.00	19.02	19.03	21.00	22.00	23.00	24.00	25.00
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
3.01 New Cap Rel Costs-Bldg & Bauer											
3.02 New Cap Rel Costs-Bldg South											
3.03 New Cap Rel Costs-Bldg West											
3.04 New Cap Rel Costs-Bldg East											
3.05 New Cap Rel Costs-Bldg Other											
3.06 New Cap Rel Costs-Bldg CHW											
4.01 New Cap Rel Costs-Equip Bauer											
4.02 New Cap Rel Costs-Equip South											
4.03 New Cap Rel Costs-Equip West											
4.04 New Cap Rel Costs-Equip East											
4.05 New Cap Rel Costs-Equip Other											
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											
7.00 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	0										
18.00 Social Service	0										
19.00	0		0								
19.02	0		0								
19.03	0		0								
20.00	0		0								
21.00 Nursing School	0		0								
22.00 Intern & Res Service-Salary & Fringes	0		0								
23.00 Intern & Res Other Program	0		0								
24.00 Paramedical Ed Program	0		0								
INPATIENT ROUTINE COST CENTERS											
25.00 Adults & Pediatrics (Gen Routine)	68	28,032	47,162	0	0	0	0	157,405	12,175	0	2,999,018
26.00 Intensive Care Unit	910	9,190	5,647	0	0	0	0	0	0	0	631,133
0.00	0	0	0	0	0	0	0	0	0	0	0
26.01 Neonatal Intensive Care Unit	0	5,119	3,073	0	0	0	0	0	0	0	273,049
29.00 Surgical Intensive Care	0	0	0	0	0	0	0	0	0	0	0
30.00 Subprovider I	0	0	0	0	0	0	0	0	0	0	0
31.00 Subprovider II	0	0	0	0	0	0	0	0	0	0	0
32.00	0	0	0	0	0	0	0	0	0	0	0
33.00 Nursery	30	1,624	5,955	0	0	0	0	0	0	0	140,307
34.00 Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0	0	0
35.00 Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0
36.00 Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0
36.01 Subacute Care Unit I	0	0	0	0	0	0	0	0	0	0	0
36.02 Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0
OTHER COST CENTERS											
Ancillary cost centers (L37 thru L86)	219,538	180,604	0	0	0	0	0	6,076	470	0	6,323,441
Non-reimbursable cost(L96 thru L99.05)	650	0	0	0	0	0	0	0	0	0	3,578,903
TOTAL	<u>221,196</u>	<u>224,569</u>	<u>61,837</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>163,480</u>	<u>12,645</u>	<u>0</u>	<u>13,945,851</u>
COST TO BE ALLOCATED	221,196	224,570	61,837	0	0	0	0	163,480	12,645	0	0
UNIT COST MULTIPLIER	0.038544	0.000290	0.879935	0.000000	0.000000	0.000000	0.000000	3.125403	0.241754	0.000000	0.000000

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

TRIAL BALANCE EXPENSES	STEP-DOWN ADJUSTMENT	TOTAL COST
GENERAL SERVICE COST CENTER	26.00	27.00
1.00 Old Cap Rel Costs-Bldg & Fixtures		
3.01 New Cap Rel Costs-Bldg & Bauer		
3.02 New Cap Rel Costs-Bldg South		
3.03 New Cap Rel Costs-Bldg West		
3.04 New Cap Rel Costs-Bldg East		
3.05 New Cap Rel Costs-Bldg Other		
3.06 New Cap Rel Costs-Bldg CHW		
4.01 New Cap Rel Costs-Equip Bauer		
4.02 New Cap Rel Costs-Equip South		
4.03 New Cap Rel Costs-Equip West		
4.04 New Cap Rel Costs-Equip East		
4.05 New Cap Rel Costs-Equip Other		
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		
7.00 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)		2,999,018
26.00 Intensive Care Unit		631,133
0.00	0	0
26.01 Neonatal Intensive Care Unit		273,049
29.00 Surgical Intensive Care		0
30.00 Subprovider I		0
31.00 Subprovider II		0
32.00		0
33.00 Nursery		140,307
34.00 Medicare Certified Nursing Facility		0
35.00 Distinct Part Nursing Facility		0
36.00 Adult Subacute Care Unit		0
36.01 Subacute Care Unit I		0
36.02 Transitional Care Unit		0
OTHER COST CENTERS		
Ancillary cost centers (L37 thru L86		6,323,441
Non-reimbursable cost(L96 thru L99.05)		3,578,903
TOTAL	0	13,945,851
COST TO BE ALLOCATED		
UNIT COST MULTIPLIER		

STATE OF CALIFORNIA

ALLOCATION OF SALARY RELATED COST

WORKPAPER 2

Provider Name:

SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

	TRIAL BALANCE EXPENSES	SALARY (SCH 9,COL 5) (SCH 8,COL 00)	EMPLOYEE BENEFIT 3.01
GENERAL SERVICE COST CENTER			
1.00	Old Cap Rel Costs-Bldg & Fixtures		
3.01	New Cap Rel Costs-Bldg & Bauer		
3.02	New Cap Rel Costs-Bldg South		
3.03	New Cap Rel Costs-Bldg West		
3.04	New Cap Rel Costs-Bldg East		
3.05	New Cap Rel Costs-Bldg Other		
3.06	New Cap Rel Costs-Bldg CHW		
4.01	New Cap Rel Costs-Equip Bauer		
4.02	New Cap Rel Costs-Equip South		
4.03	New Cap Rel Costs-Equip West		
4.04	New Cap Rel Costs-Equip East		
4.05	New Cap Rel Costs-Equip Other		
5.00	Employee Benefits		21,171,359
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			
7.00	Administrative and General	8,908,326	
7.00	Maintenance and Repairs		
8.00	Operation of Plant	1,660,671	
9.00	Laundry and Linen Service		
10.00	Housekeeping	1,614,130	
11.00	Dietary	553,856	
12.00	Cafeteria	659,906	
13.00	Maintenance of Personne		
14.00	Nursing Administration	932,276	
15.00	Central Services & Supply	478,112	
16.00	Pharmacy	2,406,186	
17.00	Medical Records and Library	947,230	
18.00	Social Service	370,262	
19.00			
19.02			
19.03			
20.00			
21.00	Nursing School		
22.00	Intern & Res Service-Salary & Fringes		
23.00	Intern & Res Other Prograrr	107,154	
24.00	Paramedical Ed Program		
INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	18,019,921	
26.00	Intensive Care Unit	5,626,927	
0.00			
26.01	Neonatal Intensive Care Uni		
29.00	Surgical Intensive Care	2,415,614	
30.00	Subprovider I		
31.00	Subprovider II		
32.00			
33.00	Nursery	1,028,814	
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		
OTHER COST CENTERS			
	Ancillary cost centers (L37 thru L86	31,853,105	
	Non-reimbursable cost(L96 thru L99.05)	2,855,480	
	TOTAL	80,437,970	21,171,359
COST TO BE ALLOCATED			
UNIT COST MULTIPLIER			

STATE OF CALIFORNIA

ALLOCATION OF SALARY RELATED COST

WORKPAPER 2

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

	SALARY & EMP BEN TO BE ALLOC (Col 1-4.08)	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
GENERAL SERVICE COST CENTER												
1.00	Old Cap Rel Costs-Bldg & Fixtures											
3.01	New Cap Rel Costs-Bldg & Bauer											
3.02	New Cap Rel Costs-Bldg South											
3.03	New Cap Rel Costs-Bldg West											
3.04	New Cap Rel Costs-Bldg East											
3.05	New Cap Rel Costs-Bldg Other											
3.06	New Cap Rel Costs-Bldg CHW											
4.01	New Cap Rel Costs-Equip Bauer											
4.02	New Cap Rel Costs-Equip South											
4.03	New Cap Rel Costs-Equip West											
4.04	New Cap Rel Costs-Equip East											
4.05	New Cap Rel Costs-Equip Other											
5.00	Employee Benefits	21,171,355										
6.01	Non-Patient Telephones	0										
6.02	Data Processing	0										
6.03	Purchasing/Receiving	0										
6.04	Patient Admitting	0										
6.05	Patient Business Office	0										
6.06		0										
6.07		0										
6.08		0										
6.00	Administrative and General	8,908,326	2,344,681								11,253,007	0
7.00	Maintenance and Repairs	0									2,097,761	749,976
8.00	Operation of Plant	1,660,671	437,090								2,038,971	66,203
9.00	Laundry and Linen Service	1,614,130	424,841								2,121,156	212,156
10.00	Housekeeping	553,856	145,775								699,631	114,959
11.00	Dietary	659,906	173,688								833,594	63,350
12.00	Cafeteria	0									0	0
13.00	Maintenance of Personnel	932,276	245,376								1,177,652	102,270
14.00	Nursing Administration	478,112	125,840								603,952	57,864
15.00	Central Services & Supply	2,406,186	633,311								3,039,497	264,435
16.00	Pharmacy	947,230	249,312								1,196,542	196,032
17.00	Medical Records and Library	370,262	97,453								467,715	41,647
18.00	Social Service	0									0	0
19.00		0									0	0
19.02		0									0	0
19.03		0									0	0
20.00		0									0	0
21.00	Nursing School	0									0	0
22.00	Intern & Res Service-Salary & Fringes	0									0	0
23.00	Intern & Res Other Program	107,154	28,203								135,357	207,043
24.00	Paramedical Ed Program	0									0	18,911
INPATIENT ROUTINE COST CENTERS												
25.00	Adults & Pediatrics (Gen Routine)	18,019,921	4,742,862								22,762,783	2,067,751
26.00	Intensive Care Unit	5,626,927	1,481,013								7,107,940	647,441
0.00		0									0	0
26.01	Neonatal Intensive Care Unit	2,415,614	635,792								3,051,406	271,601
29.00	Surgical Intensive Care	0									0	0
30.00	Subprovider I	0									0	0
31.00	Subprovider II	0									0	0
32.00		0									0	0
33.00	Nursery	1,028,814	270,785								1,299,599	122,707
34.00	Medicare Certified Nursing Facility	0									0	0
35.00	Distinct Part Nursing Facility	0									0	0
36.00	Adult Subacute Care Unit	0									0	0
36.01	Subacute Care Unit I	0									0	0
36.02	Transitional Care Unit	0									0	0
OTHER COST CENTERS												
	Ancillary cost centers (L37 thru L86	31,853,105	8,383,771								40,236,876	5,366,148
	Non-reimbursable cost(L96 thru L99.05)	2,855,480	751,565								3,607,045	682,513
TOTAL		<u>101,609,325</u>	<u>21,171,355</u>								<u>101,609,325</u>	<u>11,253,007</u>
COST TO BE ALLOCATED			21,171,355									11,253,007
UNIT COST MULTIPLIER			0.263201								0.000000	0.083690

STATE OF CALIFORNIA

ALLOCATION OF SALARY RELATED COST

WORKPAPER 2

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures												
3.01 New Cap Rel Costs-Bldg & Bauer												
3.02 New Cap Rel Costs-Bldg South												
3.03 New Cap Rel Costs-Bldg West												
3.04 New Cap Rel Costs-Bldg East												
3.05 New Cap Rel Costs-Bldg Other												
3.06 New Cap Rel Costs-Bldg CHW												
4.01 New Cap Rel Costs-Equip Bauer												
4.02 New Cap Rel Costs-Equip South												
4.03 New Cap Rel Costs-Equip West												
4.04 New Cap Rel Costs-Equip East												
4.05 New Cap Rel Costs-Equip Other												
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												
6.08												
6.00 Administrative and General												
7.00 Maintenance and Repairs												
8.00 Operation of Plant												
9.00 Laundry and Linen Service												
10.00 Housekeeping				72,662								
11.00 Dietary				25,340								
12.00 Cafeteria				0								
13.00 Maintenance of Personnel				0		14,821						
14.00 Nursing Administration				9,494		9,229						
15.00 Central Services & Supply				36,608		27,122			3,001			
16.00 Pharmacy			32	22,524		20,441			1,771			
17.00 Medical Records and Library				42,137		6,489			65			
18.00 Social Service				16,820		0			0			
19.00				0		0			0			
19.02				0		0			0			
19.03				0		0			0			
20.00				0		0			0			
21.00 Nursing School				0		0			0			
22.00 Intern & Res Service-Salary & Fringes				6,512		39,997			235			
23.00 Intern & Res Other Program				0		0			0			
24.00 Paramedical Ed Program				0		0			0			
INPATIENT ROUTINE COST CENTERS												
25.00 Adults & Pediatrics (Gen Routine)		558,790	40,478	564,946	541,284	251,728	0	574,164	12,034	1,040	187,061	418,999
26.00 Intensive Care Unit		82,977	7,399	83,891	23,463	69,199	0	206,551	3,537	13,895	61,330	50,165
0.00		0	0	0	0	0	0	0	0	0	0	0
26.01 Neonatal Intensive Care Unit		39,663	1,792	40,100	0	25,003	0	79,574	1,644	0	34,159	27,299
29.00 Surgical Intensive Care		0	0	0	0	0	0	0	0	0	0	0
30.00 Subprovider I		0	0	0	0	0	0	0	0	0	0	0
31.00 Subprovider II		0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0
33.00 Nursery		25,831	0	26,116	0	12,860	0	40,443	2,117	459	10,838	52,909
34.00 Medicare Certified Nursing Facility		0	0	0	0	0	0	0	0	0	0	0
35.00 Distinct Part Nursing Facility		0	0	0	0	0	0	0	0	0	0	0
36.00 Adult Subacute Care Unit		0	0	0	0	0	0	0	0	0	0	0
36.01 Subacute Care Unit I		0	0	0	0	0	0	0	0	0	0	0
36.02 Transitional Care Unit		0	0	0	0	0	0	0	0	0	0	0
OTHER COST CENTERS												
Ancillary cost centers (L37 thru L86)	0	888,912	16,501	898,705	27,510	453,364	0	413,103	713,656	3,353,565	1,205,213	0
Non-reimbursable cost(L96 thru L99.05)	0	952,336	0	474,027	366,865	17,651	0	0	5,803	9,931	0	0
TOTAL	0	2,847,737	66,203	2,320,337	959,123	947,904	0	1,313,836	743,861	3,378,889	1,498,601	549,373
COST TO BE ALLOCATED	0	2,847,737	66,203	2,320,337	959,123	947,904	0	1,313,836	743,861	3,378,889	1,498,601	549,373
UNIT COST MULTIPLIER	0.000000C	4.674498	0.057805	4.725997	3.091761	0.551433	0.000000	1.618256	0.066195	0.588784	0.001932	7.817582

STATE OF CALIFORNIA

ALLOCATION OF SALARY RELATED COST

WORKPAPER 2

Provider Name:
SAINT MARY MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2008

	ALLOC COST	ALLOC COST	ALLOC COST	NON- PHYSICIAN ANESTH	NURSING SCHOOL	INT & RES SALARY & FRINGES	INT & RES PROGRAM	PARAMED EDUCAT	SUBTOTAL	STEP-DOWN ADJUSTMENT	TOTAL COST
	19.00	19.02	19.03	20.00	21.00	22.00	23.00	24.00	25.00	26.00	27.00
TRIAL BALANCE EXPENSES											
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
3.01 New Cap Rel Costs-Bldg & Bauer											
3.02 New Cap Rel Costs-Bldg South											
3.03 New Cap Rel Costs-Bldg West											
3.04 New Cap Rel Costs-Bldg East											
3.05 New Cap Rel Costs-Bldg Other											
3.06 New Cap Rel Costs-Bldg CHW											
4.01 New Cap Rel Costs-Equip Bauer											
4.02 New Cap Rel Costs-Equip South											
4.03 New Cap Rel Costs-Equip West											
4.04 New Cap Rel Costs-Equip East											
4.05 New Cap Rel Costs-Equip Other											
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											
7.00 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 Personne											
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)						250,692	148,534		28,380,282		28,380,282
26.00 Intensive Care Unit									8,357,790		8,357,790
0.00											
26.01 Neonatal Intensive Care Unit											
29.00 Surgical Intensive Care									3,572,242		3,572,242
30.00 Subprovider I											
31.00 Subprovider II											
32.00											
33.00 Nursery									1,593,879		1,593,879
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											
OTHER COST CENTERS											
Ancillary cost centers (L37 thru L86						9,677	5,733		53,588,965		53,588,965
Non-reimbursable cost(L96 thru L99.05)									6,116,171		6,116,171
TOTAL						<u>260,369</u>	<u>154,268</u>	<u>0</u>	<u>101,609,325</u>	<u>0</u>	<u>101,609,325</u>
COST TO BE ALLOCATED											
UNIT COST MULTIPLIER	0.000000C	0.000000C	0.000000C	0.000000C	0.000000C	4.977710	2.949272	0.000000			

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
RECLASSIFICATIONS OF REPORTED COSTS								
1	10A	A		5.00	7	Employee Benefits	\$22,140,749	\$22,094,159 *
	10A	A		6.00	7	Administrative and General	30,093,629	(94,784) 29,998,845 *
	10A	A		8.00	7	Operation of Plant	8,135,387	(135) 8,135,252 *
	10A	A		10.00	7	Housekeeping	2,001,991	(239) 2,001,752 *
	10A	A		11.00	7	Dietary	696,624	291,630 988,254 *
	10A	A		14.00	7	Nursing Administration	959,777	(3,322) 956,455 *
	10A	A		15.00	7	Central Services & Supply	515,987	(5,396) 510,591 *
	10A	A		16.00	7	Pharmacy	2,492,781	(2,166) 2,490,615 *
	10A	A		17.00	7	Medical Records and Library	2,017,091	(928) 2,016,163 *
	10A	A		22.00	7	Intern & Res Service-Salary & Fringes	2,452,929	(62,598) 2,390,331 *
	10A	A		25.00	7	Adults & Pediatrics	19,024,990	(161,386) 18,863,604 *
	10A	A		26.00	7	Intensive Care Unit	6,131,832	(79,372) 6,052,460 *
	10A	A		26.01	7	Neonatal Intensive Care Unit	2,549,031	(39,875) 2,509,156 *
	10A	A		37.00	7	Operating Room	3,429,252	(56,787) 3,372,465 *
	10A	A		38.00	7	Recovery Room	1,080,256	(14,572) 1,065,684 *
	10A	A		39.00	7	Delivery Room and Labor Room	3,940,485	(30,059) 3,910,426 *
	10A	A		41.00	7	Radiology - Diagnostic	1,733,957	(4,083) 1,729,874 *
	10A	A		41.01	7	Special Procedures	422,720	(37,303) 385,417 *
	10A	A		41.02	7	CT Scan	451,561	(2,070) 449,491 *
	10A	A		41.03	7	MRI	214,894	(153) 214,741 *
	10A	A		41.04	7	Ultrasound	562,257	(1,140) 561,117 *
	10A	A		41.05	7	Womens Imaging	708,442	(712) 707,730 *
	10A	A		42.00	7	Radiology-Therapeutic	647,521	(952) 646,569 *
	10A	A		43.00	7	Radioisotope	486,453	(8,199) 478,254 *
	10A	A		44.00	7	Laboratory	5,589,259	(3,921) 5,585,338 *
	10A	A		47.00	7	Blood Storing, Processing & TRA	2,075,855	(1,538,142) 537,713 *
	10A	A		49.00	7	Respiratory Therapy	3,093,153	(179) 3,092,974 *
	10A	A		50.00	7	Physical Therapy	1,737,036	(108) 1,736,928 *
	10A	A		53.00	7	Electrocardiology	797,557	(1,682) 795,875 *
	10A	A		53.02	7	Cardiac Cath Lab	748,144	(6,329) 741,815 *
	10A	A		53.03	7	GI Lab	802,164	(15,019) 787,145 *
	10A	A		56.00	7	Drugs Charged to Patients	5,854,574	(381,262) 5,473,312 *
	10A	A		58.00	7	ASC (Non-Distinct Part)	810,353	(17,837) 792,516 *

-Continued on next page-

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
-Continued from previous page-								
10A	A		60.01	7	OB Clinic	\$632,205	(\$332)	\$631,873 *
10A	A		60.13	7	Surgical Treatment Obesity	337,573	(3,656)	333,917 *
10A	A		60.15	7	C.A.R.E. Program	403,917	(2,777)	401,140 *
10A	A		61.00	7	Emergency	4,420,694	(142,673)	4,278,021 *
10A	A		63.00	7	Partial Hospitalization	456,693	(9,922)	446,771 *
10A	A		100.04	7	NRCC - Cost Recovered Depts	2,835,723	(17,925)	2,817,798 *
10A	A		55.00	7	Medical Supplies Charged to Patient	9,596,207	2,502,955	12,099,162
To reclassify chargeable medical supplies costs for proper matching of revenue and expense. 42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53 CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304, and 2306								
2	10A	A	5.00	7	Employee Benefits	\$22,094,159	\$46,590	\$22,140,749 *
	10A	A	6.00	7	Administrative and General	29,998,845	94,786	30,093,631 *
	10A	A	8.00	7	Operation of Plant	8,135,252	135	8,135,387
	10A	A	10.00	7	Housekeeping	2,001,752	240	2,001,992
	10A	A	11.00	7	Dietary	988,254	(291,630)	696,624 *
	10A	A	14.00	7	Nursing Administration	956,455	3,322	959,777
	10A	A	15.00	7	Central Services & Supply	510,591	5,395	515,986
	10A	A	16.00	7	Pharmacy	2,490,615	637	2,491,252
	10A	A	17.00	7	Medical Records and Library	2,016,163	928	2,017,091
	10A	A	22.00	7	Intern & Res Service-Salary & Fringes	2,390,331	62,598	2,452,929
	10A	A	25.00	7	Adults & Pediatrics	18,863,604	161,383	19,024,987
	10A	A	26.00	7	Intensive Care Unit	6,052,460	79,144	6,131,604
	10A	A	26.01	7	Neonatal Intensive Care Unit	2,509,156	39,874	2,549,030
	10A	A	37.00	7	Operating Room	3,372,465	56,785	3,429,250
	10A	A	38.00	7	Recovery Room	1,065,684	14,572	1,080,256
	10A	A	39.00	7	Delivery Room and Labor Room	3,910,426	30,059	3,940,485
	10A	A	41.00	7	Radiology - Diagnostic	1,729,874	(8,565)	1,721,309
	10A	A	41.01	7	Special Procedures	385,417	38,351	423,768
	10A	A	41.02	7	CT Scan	449,491	2,072	451,563

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*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
-Continued from previous page-								
RECLASSIFICATIONS OF REPORTED COSTS								
10A	A			41.03	7	MRI	\$214,741	\$214,894
10A	A			41.04	7	Ultrasound	561,117	562,257
10A	A			41.05	7	Womens Imaging	707,730	708,442
10A	A			42.00	7	Radiology-Therapeutic	646,569	647,521
10A	A			43.00	7	Radioisotope	478,254	713,929
10A	A			44.00	7	Laboratory	5,585,338	5,589,287
10A	A			47.00	7	Blood Storing, Processing & TRA	537,713	540,415
10A	A			49.00	7	Respiratory Therapy	3,092,974	3,093,152
10A	A			50.00	7	Physical Therapy	1,736,928	1,737,036
10A	A			53.00	7	Electrocardiology	795,875	797,557
10A	A			53.02	7	Cardiac Cath Lab	741,815	748,145
10A	A			53.03	7	GI Lab	787,145	802,165
10A	A			58.00	7	ASC (Non-Distinct Part)	792,516	824,136
10A	A			60.01	7	OB Clinic	631,873	632,205
10A	A			60.13	7	Surgical Treatment Obesity	333,917	337,574
10A	A			60.15	7	C.A.R.E. Program	401,140	403,917
10A	A			61.00	7	Emergency	4,278,021	4,419,895
10A	A			63.00	7	Partial Hospitalization	446,771	456,693
10A	A			98.00	7	Physicians' Private Office	130,072	130,151
10A	A			100.04	7	NRCC - Cost Recovered Depts	2,817,798	2,832,387
10A	A			56.00	7	Drugs Charged to Patients	5,473,312	4,663,185
To reclassify chargeable drug costs for proper matching of revenue and expense.								
42 CFR 413.5, 413.20, 413.24, 413.50, and 413.53								
CMS Pub. 15-1, Sections 2102, 2202.4, 2206, 2300, 2302.6, 2304, and 2306								
3	10A	A		12.00		Cafeteria	\$1,059,171	\$555,635 *
	10A	A		11.00		Dietary	696,624	1,200,160 *
To reclassify provider's cafeteria revenue abatement for proper cost determination.								
42 CFR 413.20 and 413.24								
CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
4	10A	A		11.00	7	Dietary	* \$1,200,160	\$1,092,030 *
	10A	A		12.00	7	Cafeteria	* 555,635	(9,937) 545,698
	10A	A		100.06	7	NRCC - Other	367,563	118,067 485,630
To reclassify dietary expenses to the appropriate cost center. 42 CFR 413.20, 413.24 and 413.50 CMS 15-1, Sections 2304 and 2306								
5	10A	A		11.00	7	Dietary	* \$1,092,030	\$14,751 \$1,106,781
To reverse the provider's meals revenue abatement since a nonreimbursable cost center is established. 42 CFR 413.9, 413.20 and 413.24 CMS Pub. 15-1, Sections 2105 and 2328D								
6	8	B	I	25.00	26	Adults & Pediatrics	(\$3,488,532)	\$3,488,532 \$0
	8	B	I	57.00	26	Renal Dialysis	(75,067)	75,067 0
	8	B	I	61.00	26	Emergency	(123,701)	123,701 0
	8	B	I	63.00	26	Partial Hospitalization	(10,955)	10,955 0
To reverse the provider's Medicare intern and resident adjustment. 42 CFR, Section 413.86 CMS Pub. 15-1, Sections 400, 2304 and 2306								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
7	10A	A		3.01	7	\$415,688	\$16,415	\$432,103
	10A	A		3.02	7	92,260	36,418	128,678
	10A	A		3.03	7	103,638	4,092	107,730
	10A	A		3.04	7	232,989	9,200	242,189
	10A	A		3.05	7	3,640,372	143,752	3,784,124
	10A	A		3.06	7	2,518,973	99,470	2,618,443
	10A	A		4.01	7	699,072	141,279	840,351
	10A	A		4.02	7	113,548	22,947	136,495
	10A	A		4.03	7	136,271	27,540	163,811
	10A	A		4.04	7	311,541	62,961	374,502
	10A	A		4.05	7	4,257,091	860,335	5,117,426
	10A	A		5.00	7	22,140,749	(969,390)	21,171,359
	10A	A		6.00	7	30,093,631	(2,892,468)	27,201,163
<p>To adjust reported home office costs to agree with the Catholic Healthcare West Home Office Audit Report, Filed CHW Workers' Compensation Trust Cost Report, Filed CHW HPL Trust Cost Report for fiscal period ended June 30, 2008. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304</p>								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.			
ADJUSTMENTS TO REPORTED STATISTICS									
8	9	B-1	100.08	3.01, 4.01	Nonreimbursable Vacant Area (Square Feet)	0	4,048	4,048	
	9	B-1	100.08	3.02, 4.02	Nonreimbursable Vacant Area	0	556	556	
	9	B-1	100.08	3.03, 4.03	Nonreimbursable Vacant Area	0	21,677	21,677	
	9	B-1	100.08	3.04, 4.04	Nonreimbursable Vacant Area	0	15,747	15,747	
	9	B-1	100.08	3.05, 4.05	Nonreimbursable Vacant Area	0	61,400	61,400	
	9	B-1	100.08	3.06, 8	Nonreimbursable Vacant Area	0	103,428	103,428	
	9	B-1	3.01, 4.01	3.01, 4.01	Total - Square Feet	302,289	4,048	306,337	
	9	B-1	3.02, 4.02	3.02, 4.02	Total - Square Feet	50,584	556	51,140	
	9	B-1	3.03, 4.03	3.03, 4.03	Total - Square Feet	37,929	21,677	59,606	
	9	B-1	3.04, 4.04	3.04, 4.04	Total - Square Feet	119,717	15,747	135,464	
	9	B-1	3.05, 4.05	3.05, 4.05	Total - Square Feet	625,563	61,400	686,963	
	9	B-1	3.06	3.06	Total - Square Feet	1,136,084	103,428	1,239,512	
	9	B-1	8.00	8	Total - Square Feet	505,779	103,428	609,207	
To establish vacant area into a nonreimbursable cost center in order to properly allocate the overhead cost.									
42 CFR 413.24 and 413.50									
CMS Pub. 15-1, Sections 2306 and 2328									
9	9	B-1	25.00	11	Adults & Pediatrics (Meals Served)	230,627	(55,554)	175,073	
	9	B-1	43.00	11	Radioisotope	0	607	607	
	9	B-1	100.06	11	NRCC - Other	101,382	17,277	118,659	
	9	B-1	11.00	11	Total - Meals Served	347,889	(37,670)	310,219	
To include meals served statistics for proper cost determination.									
42 CFR 413.24 and 413.50									
CMS Pub. 15-1, Sections 2102.3, 2105.2, 2304, 2306, and 2328									
10	9	B-1	25.00	12	Adults & Pediatrics (Productive Hours)	447,840	8,657	456,497	
	9	B-1	33.00	12	Nursery	31,978	(8,657)	23,321	
To reclassify productive hours statistics for proper cost determination.									
42 CFR 413.24 and 413.50									
CMS Pub. 15-1, Sections 2304 and 2306									

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21		
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								
11	4A 4A	D-1 Not Reported	I V	9.00	1	37 1,351	45 77	82 1,428
12	6 6 6 6 6 6 6 6 6 6	Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported			2 2 2 2 2 2 2 2 2 2	\$0 0 0 0 0 0 0 0 0 0	\$18,709 13,155 10,526 18,615 360,643 327,071 215,109 13,944 1,909,836 2,887,608	\$18,709 13,155 10,526 18,615 360,643 327,071 215,109 13,944 1,909,836 2,887,608
13	2 2	Not Reported Not Reported			1 1	\$0 0	\$2,462,002 2,887,608	\$2,462,002 2,887,608
14	1	Not Reported			1	\$0	\$2,726	\$2,726
15	1	Not Reported			1	\$906,167	\$235,105	\$1,141,272

To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:
 Report Date: December 14, 2010
 Payment Period: July 01, 2007 through November 30, 2010
 Service Period: July 01, 2007 through June 30, 2008
 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64
 CMS Pub. 15-1, Sections 2304 and 2408

Provider Name		Fiscal Period		Provider Number		Adjustments				
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT										
16	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	15,917	(1,862)	14,055
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	4,264	167	4,431
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,508	527	2,035
	Contract 4A	D-1	II	XIX	43.01	4	Medi-Cal Days - Neonatal Intensive Care Unit	2,532	102	2,634
17	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$5,188,066	\$1,483,107	\$6,671,173
	Contract 6	D-4		XIX	38.00	2	Medi-Cal Ancillary Charges - Recovery Room	467,764	(35,461)	432,303
	Contract 6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room & Labor Room	11,610,610	(4,535,506)	7,075,104
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,727,776	173,559	1,901,335
	Contract 6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges - Special Procedures	543,464	(543,464)	0
	Contract 6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges - CT Scan	4,496,131	(303,192)	4,192,939
	Contract 6	D-4		XIX	41.03	2	Medi-Cal Ancillary Charges - MRI	1,514,219	(357,772)	1,156,447
	Contract 6	D-4		XIX	41.04	2	Medi-Cal Ancillary Charges - Ultrasound	803,275	(53,129)	750,596
	Contract 6	D-4		XIX	42.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	58,856	(2,432)	56,424
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radiosotope	550,326	(105,176)	445,150
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	23,581,561	432,182	24,013,743
	Contract 6	D-4		XIX	47.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing & TRA	3,774,250	(1,875,163)	1,899,087
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	9,414,919	(2,266,645)	7,148,274
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	1,307,345	(593,757)	713,588
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	440,014	71,366	511,380
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	234,226	(4,632)	229,594
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,567,763	(956,834)	610,929
	Contract 6	D-4		XIX	53.02	2	Medi-Cal Ancillary Charges - Cardiac Cath Lab	1,593,660	(171,798)	1,421,862
	Contract 6	D-4		XIX	53.03	2	Medi-Cal Ancillary Charges - GI Lab	478,520	(138,729)	339,791
	Contract 6	D-4		XIX	54.01	2	Medi-Cal Ancillary Charges - EMG / Neurodiagnostic	77,370	(72,564)	4,806
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patient	4,916,219	716,771	5,632,990
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patient	49,446,504	1,626,780	51,073,284
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	522,323	(108,616)	413,707
	Contract 6	D-4		XIX	58.00	2	Medi-Cal Ancillary Charges - ASC (Non-Distinct Part)	10,927	(10,927)	0
	Contract 6	D-4		XIX	60.01	2	Medi-Cal Ancillary Charges - OB Clinic	3,800	(3,800)	0
	Contract 6	D-4		XIX	60.07	2	Medi-Cal Ancillary Charges - Antenatal clinic	35,698	(35,698)	0

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Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21		
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 - CONTRACT								
-Continued from previous page-								
	Contract 6	D-4	XIX	60.13	2	\$1,365	(\$1,365)	\$0
	Contract 6	D-4	XIX	60.14	2	135	(135)	0
	Contract 6	D-4	XIX	61.00	2	6,099,181	(967,339)	5,131,842
	Contract 6	D-4	XIX	101.00	2	130,466,717	(8,640,369)	121,826,348
18	Contract 2	E-3	XIX	10.00	1	\$54,677,829	(\$3,445,219)	\$51,232,610
	Contract 2	E-3	XIX	11.00	1	130,466,717	(8,640,372)	121,826,345
19	Contract 3	E-3	XIX	33.00	1	\$0	\$32,398	\$32,398
	Contract 3	E-3	XIX	36.00	1	0	379,375	379,375
<p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:</p> <p>Report Date: December 15, 2010 Payment Period: July 1, 2007 through November 20, 2010 Service Period: July 1, 2007 through June 30, 2008 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64 and 433.139 CMS Pub. 15-1, Sections 2304, 2404 and 2408</p>								
20	Contract 3	E-3	XIX	4.00	1	\$609,214	(\$609,214)	\$0
<p>Administrative Day Costs To reverse provider's reported administrative days costs for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAINT MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC30191H		21		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
21	Contract 1	Not Reported	Explanation of Audit Adjustments ADJUSTMENT TO OTHER MATTERS Medi-Cal Credit Balance To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1			\$0	\$1,156	\$1,156