

**REPORT
ON THE
COST REPORT REVIEW**

**ST. MARY MEDICAL CENTER
APPLE VALLEY, CALIFORNIA
PROVIDER NUMBER: ZZT 30300F
NPI: 1669456299**

**FISCAL PERIOD ENDED
JUNE 30, 2008**

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

**Section Chief: Julio M. Cueto
Audit Supervisor: Virat Shah
Auditor: Robert Neely**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

July 6, 2010

Shawn T. Curtis
Director of Finance
St. Mary Medical Center
18300 Highway 18
Apple Valley, CA 92307

PROVIDER: ST. MARY MEDICAL CENTER
PROVIDER NO. ZZT 30300F
NPI: 1669456299
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 settlement for the fiscal period due the provider in the amount of \$721,367 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

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

Shawn T. Curtis
Page 2

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

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

Chief
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.

If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

Julio M. Cueto, Chief
Audits Section—Rancho Cucamonga
Financial Audits Branch

Certified

cc: See next page

Shawn T. Curtis
Page 3

cc: Avie Heilgeist
Healthcare Consulting
Medicare Reimbursement Specialist
23548 Mountain Breeze Drive
Murrieta, CA 92562

SUMMARY OF FINDINGS

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT 30300F	Reported	\$ 766,084	
	Net Change	\$ (44,717)	
	Audited Amount Due Provider (State)	\$ 721,367	
2. Subprovider I (SCHEDULE 1-1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ 721,367	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
ST. 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)		\$ 721,367	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No.
ZZT 30300F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>19,533,144</u>	\$ <u>19,407,805</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</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>19,533,144</u>	\$ <u>19,407,805</u>
6. Interim Payments (Adj 24)	\$ <u>(18,767,060)</u>	\$ <u>(18,679,319)</u>
7. Balance Due Provider (State)	\$ <u>766,084</u>	\$ <u>728,486</u>
8. Duplicate Payments (Adj)	\$ <u>0</u>	\$ <u>0</u>
9. Reduction for Late Billing (Adj 25)	\$ <u>0</u>	\$ <u>(5,992)</u>
10. Medi-Cal Credit Balances (Adj 26)	\$ <u>0</u>	\$ <u>(1,127)</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>766,084</u></u>	\$ <u><u>721,367</u></u>
	(To Summary of Findings)	

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT 30300F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 19,717,643 \$ 19,620,215

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 22) \$ 18,138,251 \$ 18,125,9593. Inpatient Ancillary Service Charges (Adj 22) \$ 39,314,955 \$ 39,219,4154. Total Charges - Medi-Cal Inpatient Services \$ 57,453,206 \$ 57,345,3745. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 37,735,563 \$ 37,725,1596. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT 30300F

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>8,274,664</u>	\$ <u>8,216,360</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>11,442,979</u>	\$ <u>11,403,855</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>19,717,643</u>	\$ <u>19,620,215</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>19,717,643</u>	\$ <u>19,620,215</u>
	(To Schedule 2)	
9. Coinsurance (Adj 23)	\$ <u>(129,095)</u>	\$ <u>(160,930)</u>
10. Patient and Third Party Liability (Adj 23)	\$ <u>(55,404)</u>	\$ <u>(51,480)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>19,533,144</u>	\$ <u>19,407,805</u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT 30300F

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)	43,703	43,703
2. Inpatient Days (include private, exclude swing-bed)	43,703	43,703
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	43,703	43,703
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 20)	6,999	7,030

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)	\$ 40,378,122	\$ 40,288,017
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)	\$ 40,378,122	\$ 40,288,017

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 67,467,210	\$ 67,467,210
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.598485	\$ 0.597150
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)	\$ 0.00	\$ 0.00
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)	\$ 40,378,122	\$ 40,288,017

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 923.92	\$ 921.86
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 6,466,516	\$ 6,480,676
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 4,976,463	\$ 4,923,179
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 11,442,979	\$ 11,403,855

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT 30300F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,856,984	\$ 3,847,570
2. Total Inpatient Days (Adj)	4,471	4,471
3. Average Per Diem Cost	\$ 862.67	\$ 860.56
4. Medi-Cal Inpatient Days (Adj 20)	1,690	1,689
5. Cost Applicable to Medi-Cal	\$ 1,457,912	\$ 1,453,486
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 11,714,745	\$ 11,686,147
7. Total Inpatient Days (Adj)	6,220	6,220
8. Average Per Diem Cost	\$ 1,883.40	\$ 1,878.80
9. Medi-Cal Inpatient Days (Adj 20)	674	670
10. Cost Applicable to Medi-Cal	\$ 1,269,412	\$ 1,258,796
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 5,146,974	\$ 5,134,262
17. Total Inpatient Days (Adj)	3,142	3,142
18. Average Per Diem Cost	\$ 1,638.12	\$ 1,634.07
19. Medi-Cal Inpatient Days (Adj 20)	1,373	1,353
20. Cost Applicable to Medi-Cal	\$ 2,249,139	\$ 2,210,897
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 4,976,463	\$ 4,923,179

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No.
ZZT 30300F

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:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
ZZT 30300F

		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	\$ 16,312,920	\$ 104,469,018	0.156151	\$ 3,631,759	\$ 567,102
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	7,567,465	19,149,107	0.395186	5,709,995	2,256,512
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	5,571,760	14,414,924	0.386527	704,047	272,133
41.01	Ultrasound	1,207,177	8,047,048	0.150015	356,135	53,426
41.02	Magnetic Resonance Imaging (MRI)	505,691	5,890,461	0.085849	308,389	26,475
41.03	Cat Scan	1,548,150	44,569,272	0.034736	1,688,411	58,648
43.00	Radioisotope	1,209,392	12,105,915	0.099901	599,445	59,885
44.00	Laboratory	7,801,431	40,142,015	0.194346	3,906,896	759,289
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood and Packed Red Blood Cells	1,724,481	1,455,646	1.184684	134,162	158,940
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	4,590,703	18,331,842	0.250422	2,670,401	668,728
50.00	Physical Therapy	1,505,830	4,738,441	0.317790	227,864	72,413
51.00	Occupational Therapy	235,352	751,503	0.313175	14,178	4,440
52.00	Speech Pathology	189,692	1,476,701	0.128456	397,679	51,084
53.00	Electrocardiology	3,792,307	43,059,688	0.088071	2,446,849	215,496
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	22,988,495	70,775,390	0.324809	3,626,373	1,177,879
56.00	Drugs Charged to Patients	11,465,164	85,882,110	0.133499	10,109,576	1,349,617
57.00	Renal Dialysis	544,557	1,695,318	0.321212	265,734	85,357
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00	Cardiac Rehab	662,528	243,904	2.716348	0	0
59.01	Diabetes Center	392,354	142,486	2.753630	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	6,104,568	1,680,108	3.633438	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	15,120,395	96,624,041	0.156487	2,421,522	378,936
62.00	Observation Beds	0	516,222	0.000000	0	0
71.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 111,040,413	\$ 576,161,160		\$ 39,219,415	\$ 8,216,360

(To Schedule 3)

* From Schedule 8, Column 27

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
ST. MARY MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2008Provider No:
ZZT 30300F

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 21)	AUDITED
37.00	Operating Room	\$ 3,555,715	\$ 76,044	\$ 3,631,759
38.00	Recovery Room			0
39.00	Delivery Room and Labor Room	5,786,579	(76,584)	5,709,995
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic	706,812	(2,765)	704,047
41.01	Ultrasound	354,284	1,851	356,135
41.02	Magnetic Resonance Imaging (MRI)	304,455	3,934	308,389
41.03	Cat Scan	1,677,876	10,535	1,688,411
43.00	Radioisotope	601,105	(1,660)	599,445
44.00	Laboratory	3,925,533	(18,637)	3,906,896
44.01	Pathological Lab			0
46.00	Whole Blood and Packed Red Blood Cells	133,797	365	134,162
47.00	Blood Storing and Processing			0
48.00	Intravenous Therapy			0
49.00	Respiratory Therapy	2,684,767	(14,366)	2,670,401
50.00	Physical Therapy	225,700	2,164	227,864
51.00	Occupational Therapy	14,391	(213)	14,178
52.00	Speech Pathology	402,214	(4,535)	397,679
53.00	Electrocardiology	2,449,254	(2,405)	2,446,849
54.00	Electroencephalography			0
55.00	Medical Supplies Charged to Patients	3,654,432	(28,059)	3,626,373
56.00	Drugs Charged to Patients	10,143,397	(33,821)	10,109,576
57.00	Renal Dialysis	269,729	(3,995)	265,734
58.00	ASC (Non-Distinct Part)			0
59.00	Cardiac Rehab			0
59.01	Diabetes Center			0
59.02				0
59.03				0
60.00	Clinic			0
60.01	Other Clinic Services			0
61.00	Emergency	2,424,915	(3,393)	2,421,522
62.00	Observation Beds			0
71.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 39,314,955	\$ (95,540)	\$ 39,219,415

(To Schedule 5)

**COMPUTATION OF PROFESSIONAL
COMPONENT OF HOSPITAL BASED
PHYSICIAN'S REMUNERATION**

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
ZZT 30300F

	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
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	\$ 0	\$ 0		\$ 0	\$ 0

(To Schedule 3)

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10)	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures	0											
2.00 Old Cap Rel Costs-Movable Equipmer	0											
3.00 New Cap Rel Costs-Bldg & Fixtures	2,979,460	0	0	0	0	0	0	0	0	0	0	0
4.00 New Cap Rel Costs-Movable Equipme	5,897,041	0	0	0	0	0	0	0	0	0	0	0
4.01	0											
4.02	0											
4.03	0											
4.04	0											
4.05	0											
4.06	0											
4.07	0											
4.08	0											
5.00 Employee Benefits	18,764,612			33,568	66,439							
6.01 Non-Patient Telephones	0			0	0							
6.02 Data Processing	0			0	0							
6.03 Purchasing/Receiving	0			0	0							
6.04 Patient Admitting	0			0	0							
6.05 Patient Business Office	0			0	0							
6.06	0			0	0							
6.07	0			0	0							
6.08	0			0	0							
7.00 Administrative and General Maintenance and Repairs	23,380,248			395,172	782,137							
8.00 Operation of Plant	5,003,956			516,714	1,022,696							
9.00 Laundry and Linen Service	0			0	0							
10.00 Housekeeping	579,922			46,063	4,507							
11.00 Dietary	1,773,870			33,120	91,170							
12.00 Cafeteria	0			20,105	65,552							
13.00 Maintenance of Personnel	0			0	39,793							
14.00 Nursing Administration	2,774,674			37,710	74,636							
15.00 Central Services & Supply	471,992			39,302	77,789							
16.00 Pharmacy	3,502,175			23,610	46,729							
17.00 Medical Records and Library	2,576,092			49,603	98,176							
18.00 Social Service	151,762			4,920	9,738							
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	0			0	0							
24.00 Paramedical Ed Program	0			0	0							
INPATIENT ROUTINE COST CENTERS												
25.00 Adults & Pediatrics (Gen Routine)	22,397,754			544,311	1,077,318							
26.00 Intensive Care Unit	6,784,526			113,353	224,352							
27.00 Coronary Care Unit	0			0	0							
28.00 Neonatal Intensive Care Unit	3,307,441			16,271	32,204							
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	2,529,602			4,153	8,220							
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 II	0			0	0							
36.02 Transitional Care Unit	0			0	0							

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

TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10)	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
ANCILLARY COST CENTERS												
37.00 Operating Room	8,957,208	0	0	307,989	609,582	0	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	4,233,882	0	0	146,449	289,857	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	3,297,325	0	0	78,062	154,503	0	0	0	0	0	0	0
41.01 Ultrasound	788,192	0	0	2,254	4,460	0	0	0	0	0	0	0
41.02 Magnetic Resonance Imaging (MRI)	282,061	0	0	9,439	18,682	0	0	0	0	0	0	0
41.03 Cat Scan	836,919	0	0	13,026	25,782	0	0	0	0	0	0	0
43.00 Radioisotope	748,370	0	0	16,035	31,737	0	0	0	0	0	0	0
44.00 Laboratory	5,099,600	0	0	62,016	122,743	0	0	0	0	0	0	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood and Packed Red Blood C	1,429,163	0	0	3,728	7,380	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	3,113,225	0	0	11,634	23,026	0	0	0	0	0	0	0
50.00 Physical Therapy	947,912	0	0	10,029	19,850	0	0	0	0	0	0	0
51.00 Occupational Therapy	121,862	0	0	5,900	11,676	0	0	0	0	0	0	0
52.00 Speech Pathology	86,410	0	0	5,900	11,676	0	0	0	0	0	0	0
53.00 Electrocardiology	2,275,822	0	0	30,052	59,480	0	0	0	0	0	0	0
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	18,257,947	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	5,094,996	0	0	0	0	0	0	0	0	0	0	0
57.00 Renal Dialysis	454,724	0	0	0	0	0	0	0	0	0	0	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiac Rehab	394,483	0	0	6,525	12,914	0	0	0	0	0	0	0
59.01 Diabetes Center	173,599	0	0	14,159	28,024	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	3,113,242	0	0	177,610	351,532	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	9,251,885	0	0	103,395	204,642	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	9,947	19,687	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Marketing	2,059,187	0	0	13,321	26,365	0	0	0	0	0	0	0
99.02 Non-Reimbursable Cost Center	491,468	0	0	46,028	91,100	0	0	0	0	0	0	0
99.03 Medical Office Building (MOB)	7,473	0	0	25,710	50,886	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	177,067,887	0	0	2,979,460	5,897,041	0	0	0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

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

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures												
2.00 Old Cap Rel Costs-Movable Equipmer												
3.00 New Cap Rel Costs-Bldg & Fixtures												
4.00 New Cap Rel Costs-Movable Equipme												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00 Employee Benefits	0	0										
6.01 Non-Patient Telephones	0	0										
6.02 Data Processing	0	0										
6.03 Purchasing/Receiving	0	0		0								
6.04 Patient Admitting	0	0		0								
6.05 Patient Business Office	0	0		0								
6.06	0	0		0								
6.07	0	0		0								
6.08	0	0		0								
7.00 Administrative and General	0	1,971,112		0						0	26,528,670	1,210,438
7.00 Maintenance and Repairs	0	325,366		0						0	6,868,732	0
8.00 Operation of Plant	0	0		0						0	0	0
9.00 Laundry and Linen Service	0	0		0						0	586,706	103,392
10.00 Housekeeping	0	319,025		0						0	3,132,064	551,946
11.00 Dietary	0	378,316		0						0	2,250,858	396,656
12.00 Cafeteria	0	0		0						0	59,899	10,556
13.00 Maintenance of Personnel	0	0		0						0	0	0
14.00 Nursing Administration	0	444,450		0						0	3,331,470	587,086
15.00 Central Services & Supply	0	124,849		0						0	713,932	125,812
16.00 Pharmacy	0	502,440		0						0	4,074,954	718,106
17.00 Medical Records and Library	0	249,855		0						0	2,973,726	524,043
18.00 Social Service	0	34,427		0						0	200,847	35,394
19.00	0	0		0						0	0	0
19.02	0	0		0						0	0	0
19.03	0	0		0						0	0	0
20.00	0	0		0						0	0	0
21.00 Nursing School	0	0		0						0	0	0
22.00 Intern & Res Service-Salary & Fringes	0	0		0						0	0	0
23.00 Intern & Res Other Program	0	0		0						0	0	0
24.00 Paramedical Ed Program	0	0		0						0	0	0
INPATIENT ROUTINE COST CENTE												
25.00 Adults & Pediatrics (Gen Routine)	0	4,325,295		0						0	28,344,679	4,995,022
26.00 Intensive Care Unit	0	1,480,887		0						0	8,603,117	1,516,078
27.00 Coronary Care Unit	0	0		0						0	0	0
28.00 Neonatal Intensive Care Unit	0	652,391		0						0	4,008,306	706,361
29.00 Surgical Intensive Care	0	0		0						0	0	0
30.00 Subprovider I	0	0		0						0	0	0
31.00 Subprovider II	0	0		0						0	0	0
32.00	0	0		0						0	0	0
33.00 Nursery	0	451,454		0						0	2,993,430	527,515
34.00 Medicare Certified Nursing Facility	0	0		0						0	0	0
35.00 Distinct Part Nursing Facility	0	0		0						0	0	0
36.00 Adult Subacute Care Unit	0	0		0						0	0	0
36.01 Subacute Care Unit II	0	0		0						0	0	0
36.02 Transitional Care Unit	0	0		0						0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	1,262,591	0	0	0	0	0	0	0	0	11,137,370	1,962,675
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	701,475	0	0	0	0	0	0	0	0	5,371,663	946,618
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	617,870	0	0	0	0	0	0	0	0	4,147,760	730,936
41.01 Ultrasound	0	166,695	0	0	0	0	0	0	0	0	961,601	169,457
41.02 Magnetic Resonance Imaging (MRI)	0	41,080	0	0	0	0	0	0	0	0	351,263	61,901
41.03 Cat Scan	0	146,463	0	0	0	0	0	0	0	0	1,022,190	180,135
43.00 Radioisotope	0	82,026	0	0	0	0	0	0	0	0	878,168	154,755
44.00 Laboratory	0	725,338	0	0	0	0	0	0	0	0	6,009,697	1,059,055
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	1,440,271	253,811
46.00 Whole Blood and Packed Red Blood C	0	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	529,283	0	0	0	0	0	0	0	0	3,677,168	648,006
50.00 Physical Therapy	0	207,972	0	0	0	0	0	0	0	0	1,185,763	208,960
51.00 Occupational Therapy	0	25,279	0	0	0	0	0	0	0	0	164,717	29,027
52.00 Speech Pathology	0	18,989	0	0	0	0	0	0	0	0	122,975	21,671
53.00 Electrocardiology	0	411,727	0	0	0	0	0	0	0	0	2,777,081	489,389
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	18,257,947	3,217,494
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	5,094,996	897,862
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	454,724	80,133
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiac Rehab	0	87,841	0	0	0	0	0	0	0	0	501,763	88,423
59.01 Diabetes Center	0	36,403	0	0	0	0	0	0	0	0	252,184	44,441
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	560,371	0	0	0	0	0	0	0	0	4,202,756	740,628
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	1,684,229	0	0	0	0	0	0	0	0	11,244,151	1,981,493
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	29,633	5,222
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Marketing	0	109,753	0	0	0	0	0	0	0	0	2,208,626	389,214
99.02 Non-Reimbursable Cost Center	0	189,366	0	0	0	0	0	0	0	0	817,962	144,145
99.03 Medical Office Building (MOB)	0	0	0	0	0	0	0	0	0	0	84,069	14,815
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	18,864,619	0	0	0	0	0	0	0	0	177,067,887	26,528,670

Provider Name:
ST. 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
GENERAL SERVICE COST CENTER												
1.00 Old Cap Rel Costs-Bldg & Fixtures												
2.00 Old Cap Rel Costs-Movable Equipmer												
3.00 New Cap Rel Costs-Bldg & Fixtures												
4.00 New Cap Rel Costs-Movable Equipme												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00 Employee Benefits												
6.01 Non-Patient Telephones												
6.02 Data Processing												
6.03 Purchasing/Receiving												
6.04 Patient Admitting												
6.05 Patient Business Office												
6.06												
6.07												
6.08												
7.00 Administrative and General												
8.00 Maintenance and Repairs												
9.00 Operation of Plant												
10.00 Laundry and Linen Service												
11.00 Housekeeping	9,045			64,499								
11.00 Dietary	182,966				1,272,216							
12.00 Cafeteria	131,553			39,154								
13.00 Maintenance of Personnel	79,860											
14.00 Nursing Administration	149,784			73,437		32,881						
15.00 Central Services & Supply	156,111			76,539		26,385		9,343				
16.00 Pharmacy	93,779			45,979		43,256		4,870				
17.00 Medical Records and Library	197,025			96,599		42,295		35,941				
18.00 Social Service	19,543			9,582		3,331						
19.00	0			0		0		0				0
19.02	0			0		0		0				0
19.03	0			0		0		0				0
20.00	0			0		0		0				0
21.00 Nursing School	0			0		0		0				0
22.00 Intern & Res Service-Salary & Fringes	0			0		0		0				0
23.00 Intern & Res Other Program	0			0		0		0				0
24.00 Paramedical Ed Program	0			0		0		0				0
INPATIENT ROUTINE COST CENTE												
25.00 Adults & Pediatrics (Gen Routine)	2,162,031		170,942	1,060,017	717,081	415,444		1,830,142			388,957	203,702
26.00 Intensive Care Unit	450,244		29,448	220,749	69,850	112,235		537,184			118,016	29,225
27.00 Coronary Care Unit	0		0	0	0	0		0		0	0	0
28.00 Neonatal Intensive Care Unit	64,628		3,910	31,687	0	48,179		208,543		0	47,886	14,763
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	16,497		5,835	8,088	0	39,975		213,920		0	21,303	21,007
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

Provider Name: ST. 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	1,223,348		0	599,792	0	79,337	0	355,921	0	0	597,704	0
38.00 Recovery Room	0		0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	581,703		0	285,202	0	64,106	0	165,971	0	0	109,559	0
40.00 Anesthesiology	0		0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	310,067		0	152,022	0	64,702	0	64,602	0	0	82,473	0
41.01 Ultrasound	8,951		0	4,389	0	13,839	0	2,900	0	0	46,040	0
41.02 Magnetic Resonance Imaging (MRI)	37,493		0	18,382	0	2,950	0	977	0	0	33,701	0
41.03 Cat Scan	51,740		0	25,368	0	12,745	0	6,290	0	0	254,996	0
43.00 Radioisotope	63,691		0	31,227	0	6,000	0	37,749	0	0	229,667	0
44.00 Laboratory	246,329		0	120,772	0	98,164	0	0	0	0	0	0
44.01 Pathological Lab	0		0	0	0	0	0	0	0	0	8,328	0
46.00 Whole Blood and Packed Red Blood C	14,810		0	7,261	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0		0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0		0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	46,210		0	22,656	0	56,018	0	35,761	0	0	104,883	0
50.00 Physical Therapy	39,836		3,200	19,531	0	21,429	0	0	0	0	27,110	0
51.00 Occupational Therapy	23,433		0	11,489	0	2,387	0	0	0	0	4,300	0
52.00 Speech Pathology	23,433		0	11,489	0	1,641	0	34	0	0	8,449	0
53.00 Electrocardiology	119,368		0	58,525	0	34,655	0	66,930	0	0	246,360	0
54.00 Electroencephalography	0		0	0	0	0	0	0	1,108,123	0	0	0
55.00 Medical Supplies Charged to Patients	0		0	0	0	0	0	0	0	4,980,944	404,931	0
56.00 Drugs Charged to Patients	0		0	0	0	0	0	0	0	0	491,362	0
57.00 Renal Dialysis	0		0	0	0	0	0	0	0	0	9,700	0
58.00 ASC (Non-Distinct Part)	0		0	0	0	0	0	0	0	0	0	0
59.00 Cardiac Rehab	25,917		0	12,707	0	7,193	0	25,130	0	0	1,395	0
59.01 Diabetes Center	56,239		0	27,573	0	3,944	0	7,156	0	0	815	0
59.02	0		0	0	0	0	0	0	0	0	0	0
59.03	0		0	0	0	0	0	0	0	0	0	0
60.00 Clinic	705,477		0	345,886	0	47,151	0	53,058	0	0	9,612	0
60.01 Other Clinic Services	0		0	0	0	0	0	0	0	0	0	0
61.00 Emergency	410,688		0	201,355	0	150,668	0	512,024	0	0	552,820	0
62.00 Observation Beds	0		0	0	0	0	0	0	0	0	0	0
71.00	0		0	0	0	0	0	0	0	0	0	0
82.00	0		0	0	0	0	0	0	0	0	0	0
83.00	0		0	0	0	0	0	0	0	0	0	0
84.00	0		0	0	0	0	0	0	0	0	0	0
85.00	0		0	0	0	0	0	0	0	0	0	0
86.00	0		0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE												
96.00 Gift, Flower, Coffee Shop & Canteen	39,508		0	19,370	0	0	0	0	0	0	0	0
97.00 Research	0		0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0		0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0		0	0	0	0	0	0	0	0	0	0
99.01 Marketing	52,912		0	25,942	0	11,469	0	0	0	0	0	0
99.02 Non-Reimbursable Cost Center	182,825		0	89,637	784,419	19,308	0	213	0	0	0	0
99.03 Medical Office Building (MOB)	102,121		0	50,069	0	0	0	0	0	0	0	0
99.04	0		0	0	0	0	0	0	0	0	0	0
99.05	0		0	0	0	0	0	0	0	0	0	0
100.00	0		0	0	0	0	0	0	0	0	0	0
100.01	0		0	0	0	0	0	0	0	0	0	0
100.02	0		0	0	0	0	0	0	0	0	0	0
100.03	0		0	0	0	0	0	0	0	0	0	0
100.04	0		0	0	0	0	0	0	0	0	0	0
TOTAL	8,079,169		699,143	3,866,975	2,843,566	1,461,685	0	4,174,659	1,108,123	4,980,944	3,869,629	268,697

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
ST. 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 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
2.00 Old Cap Rel Costs-Movable Equipmer											
3.00 New Cap Rel Costs-Bldg & Fixtures											
4.00 New Cap Rel Costs-Movable Equipme											
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00 Employee Benefits											
6.01 Non-Patient Telephones											
6.02 Data Processing											
6.03 Purchasing/Receiving											
6.04 Patient Admitting											
6.05 Patient Business Office											
6.06											
6.07											
6.08											
6.00 Administrative and General											
7.00 Maintenance and Repairs											
8.00 Operation of Plant											
9.00 Laundry and Linen Service											
10.00 Housekeeping											
11.00 Dietary											
12.00 Cafeteria											
13.00 Maintenance of Personnel											
14.00 Nursing Administration											
15.00 Central Services & Supply											
16.00 Pharmacy											
17.00 Medical Records and Library											
18.00 Social Service											
19.00											
19.02	0										
19.03	0										
20.00	0	0									
21.00 Nursing School	0	0	0		0						
22.00 Intern & Res Service-Salary & Fringes	0	0	0		0						
23.00 Intern & Res Other Program	0	0	0		0						
24.00 Paramedical Ed Program	0	0	0		0		0				
INPATIENT ROUTINE COST CENTE											
25.00 Adults & Pediatrics (Gen Routine)	0	0	0		0				40,288,017		40,288,017
26.00 Intensive Care Unit	0	0	0		0				11,686,147		11,686,147
27.00 Coronary Care Unit	0	0	0		0				0		0
28.00 Neonatal Intensive Care Unit	0	0	0		0				5,134,262		5,134,262
29.00 Surgical Intensive Care	0	0	0		0				0		0
30.00 Subprovider I	0	0	0		0				0		0
31.00 Subprovider II	0	0	0		0				0		0
32.00	0	0	0		0				0		0
33.00 Nursery	0	0	0		0				3,847,570		3,847,570
34.00 Medicare Certified Nursing Facility	0	0	0		0				0		0
35.00 Distinct Part Nursing Facility	0	0	0		0				0		0
36.00 Adult Subacute Care Unit	0	0	0		0				0		0
36.01 Subacute Care Unit I	0	0	0		0				0		0
36.02 Transitional Care Unit	0	0	0		0				0		0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
ST. 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	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	16,312,920	0	16,312,920
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	7,567,465	0	7,567,465
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	5,571,760	0	5,571,760
41.01 Ultrasound	0	0	0	0	0	0	0	0	1,207,177	0	1,207,177
41.02 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	505,691	0	505,691
41.03 Cat Scan	0	0	0	0	0	0	0	0	1,548,150	0	1,548,150
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,209,392	0	1,209,392
44.00 Laboratory	0	0	0	0	0	0	0	0	7,801,431	0	7,801,431
44.01 Pathological Lab	0	0	0	0	0	0	0	0	1,724,481	0	1,724,481
46.00 Whole Blood and Packed Red Blood Ce	0	0	0	0	0	0	0	0	0	0	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	4,590,703	0	4,590,703
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,505,830	0	1,505,830
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	235,352	0	235,352
52.00 Speech Pathology	0	0	0	0	0	0	0	0	189,692	0	189,692
53.00 Electrocardiology	0	0	0	0	0	0	0	0	3,792,307	0	3,792,307
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	22,988,495	0	22,988,495
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	11,465,164	0	11,465,164
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	544,557	0	544,557
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00 Cardiac Rehab	0	0	0	0	0	0	0	0	662,528	0	662,528
59.01 Diabetes Center	0	0	0	0	0	0	0	0	392,354	0	392,354
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	6,104,568	0	6,104,568
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	15,120,395	0	15,120,395
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	93,734	0	93,734
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01 Marketing	0	0	0	0	0	0	0	0	2,688,162	0	2,688,162
99.02 Non-Reimbursable Cost Center	0	0	0	0	0	0	0	0	2,038,509	0	2,038,509
99.03 Medical Office Building (MOB)	0	0	0	0	0	0	0	0	251,074	0	251,074
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0
100.02	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	177,067,887	0	177,067,887

STATE OF CALIFORNIA

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

SCHEDULE 9

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (SQ FT)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQUIP (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT		
1.00	2.00	3.00	4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08

GENERAL SERVICE COST CENTERS

1.00 Old Cap Rel Costs-Bldg & Fixtures
 2.00 Old Cap Rel Costs-Movable Equipment
 3.00 New Cap Rel Costs-Bldg & Fixtures
 4.00 New Cap Rel Costs-Movable Equipment

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

20.00
 21.00 Nursing School
 22.00 Intern & Res Service-Salary & Fringes
 23.00 Intern & Res Other Program
 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

25.00 Adults & Pediatrics (Gen Routine)
 26.00 Intensive Care Unit
 27.00 Coronary Care Unit
 28.00 Neonatal Intensive Care Unit
 29.00 Surgical Intensive Care
 30.00 Subprovider I
 31.00 Subprovider II
 32.00
 33.00 Nursery
 34.00 Medicare Certified Nursing Facility
 35.00 Distinct Part Nursing Facility
 36.00 Adult Subacute Care Unit
 36.01 Subacute Care Unit II
 36.02 Transitional Care Unit

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STATE OF CALIFORNIA

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

SCHEDULE 9

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	OLD BLDG & FIXTURES (SQ FT)	1.00	OLD BLDG EQUIP (SQ FT)	2.00	NEW BLDG & FIXTURES (SQ FT)	3.00	NEW MOVBLE EQUIP (SQ FT)	4.00	STAT	4.01	STAT	4.02	STAT	4.03	STAT	4.04	STAT	4.05	STAT	4.06	STAT	4.07	STAT	4.08	
ANCILLARY COST CENTERS																									
37.00	Operating Room			26,103	26,103																				
38.00	Recovery Room			12,412	12,412																				
39.00	Delivery Room and Labor Room			6,616	6,616																				
40.00	Anesthesiology			191	191																				
41.00	Radiology - Diagnostic			800	800																				
41.01	Ultrasound			1,104	1,104																				
41.02	Magnetic Resonance Imaging (MRI)			1,359	1,359																				
41.03	Cat Scan			5,256	5,256																				
43.00	Radioisotope			316	316																				
44.00	Laboratory																								
44.01	Pathological Lab																								
46.00	Whole Blood and Packed Red Blood Cells																								
47.00	Blood Storing and Processing																								
48.00	Intravenous Therapy																								
49.00	Respiratory Therapy			986	986																				
50.00	Physical Therapy			850	850																				
51.00	Occupational Therapy			500	500																				
52.00	Speech Pathology			500	500																				
53.00	Electrocardiology			2,547	2,547																				
54.00	Electroencephalography																								
55.00	Medical Supplies Charged to Patients																								
56.00	Drugs Charged to Patients																								
57.00	Renal Dialysis																								
58.00	ASC (Non-Distinct Part)			553	553																				
59.00	Cardiac Rehab			1,200	1,200																				
59.01	Diabetes Center																								
59.02																									
59.03																									
60.00	Clinic			15,053	15,053																				
60.01	Other Clinic Services																								
61.00	Emergency			8,763	8,763																				
62.00	Observation Beds																								
71.00																									
82.00																									
83.00																									
84.00																									
85.00																									
86.00																									
NONREIMBURSABLE COST CENTERS																									
96.00	Gift, Flower, Coffee Shop & Canteen			843	843																				
97.00	Research																								
98.00	Physicians' Private Office																								
99.00	Nonpaid Workers																								
99.01	Marketing			1,129	1,129																				
99.02	Non-Reimbursable Cost Center			3,901	3,901																				
99.03	Medical Office Building (MOB)			2,179	2,179																				
99.04																									
99.05																									
100.00																									
100.01																									
100.02																									
100.03																									
100.04																									
TOTAL																									
COST TO BE ALLOCATED																									
UNIT COST MULTIPLIER - SCH 8																									

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ADM & GEN (ACCU M COST)	MAINT & REPAIRS (SQ FT) 7.00
ANCILLARY COST CENTERS										
37.00									11,137,370	26,103
38.00									0	
39.00									5,371,663	12,412
40.00									0	
41.00									4,147,760	6,616
41.01									961,601	191
41.02									351,263	800
41.03									1,022,190	1,104
43.00									878,168	1,359
44.00									6,009,697	5,256
44.01									0	
46.00									1,440,271	316
47.00									0	
48.00									0	
49.00									3,677,168	986
50.00									1,185,763	850
51.00									164,717	500
52.00									122,975	500
53.00									2,777,081	2,547
54.00									0	
55.00									18,257,947	
56.00									5,094,996	
57.00									454,724	
58.00									0	
59.00									501,763	553
59.01									252,184	1,200
59.02									0	
59.03									0	
60.00									4,202,756	15,053
60.01									0	
61.00									11,244,151	8,763
62.00									0	
71.00									0	
82.00									0	
83.00									0	
84.00									0	
85.00									0	
86.00									0	
NONREIMBURSABLE COST CENTERS										
96.00									29,633	843
97.00									0	
98.00									0	
99.00									0	
99.01									2,208,626	1,129
99.02									817,962	3,901
99.03									84,069	2,179
99.04									0	
99.05									0	
100.00									0	
100.01									0	
100.02									0	
100.03									0	
100.04									0	
TOTAL									150,539,217	172,388
COST TO BE ALLOCATED									26,528,670	8,079,169
UNIT COST MULTIPLIER - SCH 8									0.176224	46,866,194

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTED REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (PATIENT DAYS)	STAT
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00
ANCILLARY COST CENTERS												
37.00	26,103	1,175,567	26,103		4,787		83,463			104,469,018		
38.00	12,412	140,511	12,412		3,868		38,920			19,149,107		
39.00	6,616	63,259	6,616		3,904		15,149			14,414,924		
40.00	191	835	191		178		680			8,047,048		
41.01	800	800	800		769		229			5,890,461		
41.02	1,104	1,104	1,104		362		1,475			44,569,272		
41.03	1,359	1,359	1,359		5,923		8,852			12,105,915		
43.00	5,256	5,256	5,256							40,142,014		
44.00	316		316							1,455,646		
44.01												
46.00												
47.00												
47.00												
48.00												
49.00	986		986		3,380		8,386			18,331,842		
50.00	850	10,543	850		1,293					4,738,441		
51.00	500		500		144					751,503		
52.00	500		500		99		8			1,476,701		
53.00	2,547		2,547		2,091		15,695			43,059,688		
54.00								18,257,946	5,094,994	70,775,390		
55.00										85,882,111		
56.00										1,695,318		
57.00												
58.00	553		553		434		5,893			243,904		
59.00	1,200		1,200		238		1,678			142,486		
59.01												
59.02												
59.03												
60.00	15,053		15,053		2,845		12,442			1,680,108		
60.01												
61.00	8,763	221,407	8,763		9,091		120,069			96,624,041		
62.00												
62.00												
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00	843		843									
97.00												
98.00												
99.00												
99.01	1,129		1,129		692		50					
99.02	3,901		3,901	190,473	1,165							
99.03												
99.04												
99.05												
100.00												
100.01												
100.02												
100.03												
100.04												
TOTAL	170,209	2,303,680	168,291	690,476	88,195	0	978,952	18,257,946	5,094,994	676,348,784	57,187	0
COST TO BE ALLOCATED	0	695,143	3,866,975	2,843,566	1,461,685	0	4,174,659	1,108,123	4,980,944	3,869,629	268,697	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.303490	22.977908	4.118269	16.573328	0.000000	4.264416	0.060693	0.977615	0.005721	4.698572	0.000000

Provider Name:
ST. 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)
19.02	19.03	20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS						
1.00						
2.00						
3.00						
4.00						
4.01						
4.02						
4.03						
4.04						
4.05						
4.06						
4.07						
4.08						
5.00						
6.01						
6.02						
6.03						
6.04						
6.05						
6.06						
6.07						
6.08						
7.00						
8.00						
9.00						
10.00						
11.00						
12.00						
13.00						
14.00						
15.00						
16.00						
17.00						
18.00						
19.00						
19.02						
19.03						
20.00						
21.00						
22.00						
23.00						
24.00						
INPATIENT ROUTINE COST CENTERS						
25.00						
26.00						
27.00						
28.00						
29.00						
30.00						
31.00						
32.00						
33.00						
34.00						
35.00						
36.00						
36.01						
36.02						

TRIAL BALANCE OF EXPENSES

Provider Name:
ST. 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
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	2,981,725	(2,265)	2,979,460
4.00	New Cap Rel Costs-Movable Equipment	5,897,041	0	5,897,041
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	18,877,870	(113,258)	18,764,612
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	23,660,278	(280,030)	23,380,248
7.00	Maintenance and Repairs	5,003,956	0	5,003,956
8.00	Operation of Plant		0	0
9.00	Laundry and Linen Service	591,111	(11,189)	579,922
10.00	Housekeeping	2,664,616	11,189	2,675,805
11.00	Dietary	1,753,198	20,672	1,773,870
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	2,778,174	(3,500)	2,774,674
15.00	Central Services & Supply	471,992	0	471,992
16.00	Pharmacy	3,502,175	0	3,502,175
17.00	Medical Records and Library	2,576,092	0	2,576,092
18.00	Social Service	151,762	0	151,762
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)	22,397,754	0	22,397,754
26.00	Intensive Care Unit	6,784,526	0	6,784,526
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit	3,307,441	0	3,307,441
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery	2,529,602	0	2,529,602
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:
ST. MARY MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 8,957,208	\$ 0	\$ 8,957,208
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	4,233,882	0	4,233,882
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	3,297,325	0	3,297,325
41.01	Ultrasound	788,192	0	788,192
41.02	Magnetic Resonance Imaging (MRI)	282,061	0	282,061
41.03	Cat Scan	836,919	0	836,919
43.00	Radioisotope	748,370	0	748,370
44.00	Laboratory	5,099,600	0	5,099,600
44.01	Pathological Lab		0	0
46.00	Whole Blood and Packed Red Blood Cells	1,429,163	0	1,429,163
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	3,113,225	0	3,113,225
50.00	Physical Therapy	947,912	0	947,912
51.00	Occupational Therapy	121,862	0	121,862
52.00	Speech Pathology	86,410	0	86,410
53.00	Electrocardiology	2,275,822	0	2,275,822
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	18,257,947	0	18,257,947
56.00	Drugs Charged to Patients	5,094,996	0	5,094,996
57.00	Renal Dialysis	454,724	0	454,724
58.00	ASC (Non-Distinct Part)		0	0
59.00	Cardiac Rehab	394,483	0	394,483
59.01	Diabetes Center	173,599	0	173,599
59.02			0	0
59.03			0	0
60.00	Clinic	3,113,242	0	3,113,242
60.01	Other Clinic Services		0	0
61.00	Emergency	9,251,885	0	9,251,885
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 174,888,140	\$ (378,381)	\$ 174,509,759
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01	Marketing	2,059,187	0	2,059,187
99.02	Non-Reimbursable Cost Center	491,468	0	491,468
99.03	Medical Office Building (MOB)	7,473	0	7,473
99.04			0	0
99.05			0	0
100.00			0	0
100.01			0	0
100.02			0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 2,558,128	\$ 0	\$ 2,558,128
101	TOTAL	\$ 177,446,268	\$ (378,381)	\$ 177,067,887

(To Schedule 8)

Provider Name:
ST. MARY MEDICAL CENTER

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4-7	AUDIT ADJ 8-18	AUDIT ADJ 19
GENERAL SERVICE COST CENTER							
1.00 Old Cap Rel Costs-Bldg & Fixtures	\$0						
2.00 Old Cap Rel Costs-Movable Equipment	0						
3.00 New Cap Rel Costs-Bldg & Fixtures	(2,265)			(2,265)			
4.00 New Cap Rel Costs-Movable Equipment	0						
4.01	0						
4.02	0						
4.03	0						
4.04	0						
4.05	0						
4.06	0						
4.07	0						
4.08	0						
5.00 Employee Benefits	(113,258)			(113,258)			
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	(280,030)	(20,672)			(259,358)		
7.00 Maintenance and Repairs	0						
8.00 Operation of Plant	0						
9.00 Laundry and Linen Service	(11,189)	(11,189)					
10.00 Housekeeping	11,189	11,189					
11.00 Dietary	20,672	20,672					
12.00 Cafeteria	0						
13.00 Maintenance of Personnel	0						
14.00 Nursing Administration	(3,500)					(3,500)	
15.00 Central Services & Supply	0						
16.00 Pharmacy	0						
17.00 Medical Records and Library	0						
18.00 Social Service	0						
19.00	0						
19.02	0						
19.03	0						
20.00	0						
21.00 Nursing School	0						
22.00 Intern & Res Service-Salary & Fringes	0						
23.00 Intern & Res Other Program	0						
24.00 Paramedical Ed Program	0						
INPATIENT ROUTINE COST CENTERS							
25.00 Adults & Pediatrics (Gen Routine)	0						
26.00 Intensive Care Unit	0						
27.00 Coronary Care Unit	0						
28.00 Neonatal Intensive Care Unit	0						
29.00 Surgical Intensive Care	0						
30.00 Subprovider I	0						
31.00 Subprovider II	0						
32.00	0						
33.00 Nursery	0						
34.00 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						

Provider Name:
ST. MARY MEDICAL CENTER

Page 1
Fiscal Period Ended:
JUNE 30, 2008

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4-7	AUDIT ADJ 8-18	AUDIT ADJ 19
ANCILLARY COST CENTERS							
37.00 Operating Room	0						
38.00 Recovery Room	0						
39.00 Delivery Room and Labor Room	0						
40.00 Anesthesiology	0						
41.00 Radiology - Diagnostic	0						
41.01 Ultrasound	0						
41.02 Magnetic Resonance Imaging (MRI)	0						
41.03 Cat Scan	0						
43.00 Radioisotope	0						
44.00 Laboratory	0						
44.01 Pathological Lab	0						
46.00 Whole Blood and Packed Red Blood Cells	0						
47.00 Blood Storing and Processing	0						
48.00 Intravenous Therapy	0						
49.00 Respiratory Therapy	0						
50.00 Physical Therapy	0						
51.00 Occupational Therapy	0						
52.00 Speech Pathology	0						
53.00 Electrocardiology	0						
54.00 Electroencephalography	0						
55.00 Medical Supplies Charged to Patients	0						
56.00 Drugs Charged to Patients	0						
57.00 Renal Dialysis	0						
58.00 ASC (Non-Distinct Part)	0						
59.00 Cardiac Rehab	0						
59.01 Diabetes Center	0						
59.02	0						
59.03	0						
60.00 Clinic	0						
60.01 Other Clinic Services	0						
61.00 Emergency	0						
62.00 Observation Beds	0						
71.00	0						
82.00	0						
83.00	0						
84.00	0						
85.00	0						
86.00	0						
NONREIMBURSABLE COST CENTERS							
96.00 Gift, Flower, Coffee Shop & Canteen	0						
97.00 Research	0						
98.00 Physicians' Private Office	0						
99.00 Nonpaid Workers	0						
99.01 Marketing	0						
99.02 Non-Reimbursable Cost Center	0						
99.03 Medical Office Building (MOB)	0						
99.04	0						
99.05	0						
100.00	0						
100.01	0						
100.02	0						
100.03	0						
100.04	0						
101.00 TOTAL	(\$378,381)	0	0	(2,265)	(113,258)	(259,358)	(3,500)

(To Sch 10)

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT 30300F		26		
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	6.00	7	Administrative and General	\$23,660,278	(\$20,672)	\$23,639,606 *
	10A	A	11.00	7	Dietary To reclassify medical staff dietary expenses to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304	1,753,198	20,672	1,773,870
2	10A	A	9.00	7	Laundry and Linen Service	\$591,111	(\$11,189)	\$579,922
	10A	A	10.00	7	Housekeeping To reclassify Laundry and Linen Service expenses to the appropriate cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304	2,664,616	11,189	2,675,805

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT 30300F		26		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED COSTS								
3	10A	A	3.00	7	Employee Benefits	\$2,981,725	(\$2,265)	\$2,979,460
New Capital Related Costs - Building and Fixtures To adjust the reported property tax expense to agree with the provider's prior year working papers. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
4	10A	A	5.00	7	Employee Benefits	\$18,877,870	(\$150)	
To eliminate Victor Valley College donation costs not related to patient care. 42 CFR 413.5(c)(7) and 413.9 CMS Pub. 15-1, Sections 608, 610, and 2102.3								
5							(72,016)	
To eliminate Chili's, Red Robin, Target, and EB Meyer Charter Tour expenses not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3 and 2105.8								
6							(23,548)	
To eliminate subsequent year Southern California Events Corporation expense. 42 CFR 413.5, 413.20, 413.24, and 460.204 CMS Pub. 15-1, Sections 2300, 2302.1, and 2304								
7							(17,544)	
To eliminate AAA Travel Agency, EB Meyer Charter Tour, and Catalina Channel Express expenses not related to patient care, and subsequent year expense. 42 CFR 413.5, 413.9(c)(3), 413.24, and 460.204 CMS Pub. 15-1, Sections 2102.3, 2105.8, 2300, 2302.1, and 2304								
							(\$113,258)	\$18,764,612

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT 30300F		26		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
8	10A	A	6.00	7	Administrative and General	* \$23,639,606		
9					To eliminate employee barbecue expenses not related to patient care. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)	(50,512)		
10					To eliminate prior year Apple Valley Inn expense. 42 CFR 413.5, 413.20, 413.24, and 460.204 CMS Pub. 15-1, Sections 2300, 2302.1, and 2304	(909)		
11					To eliminate meal ticket expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3	(26,700)		
12					To eliminate Lake Arrowhead Resort and Spa expenses due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)	(68,930)		
13					To eliminate rotary club expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3	(375) (\$157,773)	\$23,481,833 *	

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT 30300F		26		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.		
		Cost Report						
							Increase (Decrease)	
							As Reported	
							As Adjusted	
14	10A	A	6.00	7	Administrative and General		* \$23,481,833	
					To eliminate Diners Club travel and luxurious hotel expenses due to insufficient documentation, and not related to patient care. 42 CFR 413.9(c)(3), 413.20, and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, and 2304			(\$31,140)
15					To eliminate J's Country Floral, Apple Valley Country Club, and rotary club expenses not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3			(10,509)
16					To eliminate catering and food allocation expenses due to insufficient documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304			(6,819)
17					To eliminate Hyatt Regency Huntington Beach expenses not related to patient care, and due to insufficient documentation. 42 CFR 413.9(c)(3), 413.20, and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, and 2304			(44,293)
18					To eliminate Wells Fargo Bank charges, administration credit card, and Apple Valley Country Club expenses due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)			(8,824) (\$101,585) \$23,380,248
19	10A	A	14.00	7	Nursing Administration To eliminate lobby fees not related to patient care. 42 CFR 413.9(c)(3) CMS Pub. 15-1, Sections 2102.2, 2104, and 2139		\$2,778,174	(\$3,500) \$2,774,674

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
ST. MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT 30300F		26		
Adj. No.	Audit Report	Work Sheet	Report References			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT								
20	4	D-1	I	XIX	9.00	1	6,999	7,030
4A	4A	D-1	II	XIX	42.00	4	1,690	1,689
4A	4A	D-1	II	XIX	43.00	4	674	670
4A	4A	D-1	II	XIX	43.01	4	1,373	1,353
Explanation of Audit Adjustments Medi-Cal Days - Adults and Pediatrics Medi-Cal Days - Nursery Medi-Cal Days - Intensive Care Unit Medi-Cal Days - Neonatal Intensive Care Unit								
21	6	D-4	XIX	XIX	37.00	2	\$3,555,715	\$3,631,759
6	6	D-4	XIX	XIX	39.00	2	5,786,579	5,709,995
6	6	D-4	XIX	XIX	41.00	2	706,812	704,047
6	6	D-4	XIX	XIX	41.01	2	354,284	356,135
6	6	D-4	XIX	XIX	41.02	2	304,455	308,389
6	6	D-4	XIX	XIX	41.03	2	1,677,876	1,688,411
6	6	D-4	XIX	XIX	43.00	2	601,105	599,445
6	6	D-4	XIX	XIX	44.00	2	3,925,533	3,906,896
6	6	D-4	XIX	XIX	46.00	2	133,797	134,162
6	6	D-4	XIX	XIX	49.00	2	2,684,767	2,670,401
6	6	D-4	XIX	XIX	50.00	2	225,700	227,864
6	6	D-4	XIX	XIX	51.00	2	14,391	14,178
6	6	D-4	XIX	XIX	52.00	2	402,214	397,679
6	6	D-4	XIX	XIX	53.00	2	2,449,254	2,446,849
6	6	D-4	XIX	XIX	55.00	2	3,654,432	3,626,373
6	6	D-4	XIX	XIX	56.00	2	10,143,397	10,109,576
6	6	D-4	XIX	XIX	57.00	2	269,729	265,734
6	6	D-4	XIX	XIX	61.00	2	2,424,915	2,421,522
6	6	D-4	XIX	XIX	101.00	2	39,314,955	39,219,415
Explanation of Audit Adjustments Medi-Cal Ancillary Charges - Operating Room Medi-Cal Ancillary Charges - Delivery Room and Labor Room Medi-Cal Ancillary Charges - Radiology - Diagnostic Medi-Cal Ancillary Charges - Ultrasound Medi-Cal Ancillary Charges - Magnetic Resonance Imaging Medi-Cal Ancillary Charges - CAT Scan Medi-Cal Ancillary Charges - Radioisotope Medi-Cal Ancillary Charges - Laboratory Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells Medi-Cal Ancillary Charges - Respiratory Therapy Medi-Cal Ancillary Charges - Physical Therapy Medi-Cal Ancillary Charges - Occupational Therapy Medi-Cal Ancillary Charges - Speech Pathology Medi-Cal Ancillary Charges - Electrocardiology Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients Medi-Cal Ancillary Charges - Drugs Charged to Patients Medi-Cal Ancillary Charges - Renal Dialysis Medi-Cal Ancillary Charges - Emergency Medi-Cal Ancillary Charges - Total								

-Continued on next page-

Provider Name		Fiscal Period		Provider Number		Adjustments				
ST. MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT 30300F		26				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
-Continued from previous page-										
22	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$18,138,251	(\$12,292)	\$18,125,959
22	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	39,314,955	(95,540)	39,219,415
23	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$55,404	(\$3,924)	\$51,480
23	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	129,095	31,835	160,930
24	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$18,767,060	(\$87,741)	\$18,679,319
<p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary:</p> <p>Report Date: March 2, 2010 Payment Period: July 1, 2007 through January 31, 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 CCR, Title 22, Section 51541</p>										
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										

Provider Name		Fiscal Period		Provider Number		Adjustments				
ST. MARY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		ZZT 30300F		26				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
25	1	Not Reported	Reduction for Late Billing To reduce net reimbursable cost for late billing penalties. Welfare and Institutions Code, Section 14115					\$0	(\$5,992)	(\$5,992)
26	1	Not Reported	Credit Balances 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	\$1,127	\$1,127
ADJUSTMENTS TO OTHER MATTERS										