

**REPORT
ON THE
COST REPORT REVIEW**

**SAINT JOHN'S HOSPITAL AND HEALTH CENTER
SANTA MONICA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1124026273**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Allen Dervi
Audit Supervisor: Debra K. Blake
Auditor: Tatevik Parsamyan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

March 20, 2014

Barry Harding
Chief Financial Officer
Saint John's Hospital and Health Center
2020 Santa Monica Boulevard
Santa Monica, CA 90404

SAINT JOHN'S HOSPITAL AND HEALTH CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1124026273
FISCAL PERIOD ENDED DECEMBER 31, 2011

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 \$284,003 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.

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.

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

Allen Dervi, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1124026273	Reported	\$ 115,642	
	Net Change	\$ <u>168,361</u>	
	Audited Amount Due Provider (State)	\$ 284,003	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI:	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ 284,003	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ 284,003	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1124026273

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>1,680,904</u>	\$ <u>1,144,999</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. Other Adjustments (Adj 14)	\$ <u>(46,973)</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>1,633,931</u>	\$ <u>1,144,999</u>
6. Interim Payments (Adj 11)	\$ <u>(1,568,289)</u>	\$ <u>(827,767)</u>
7. Balance Due Provider (State)	\$ <u>65,642</u>	\$ <u>317,232</u>
8. Credit Balances (Adj 15)	\$ <u>0</u>	\$ <u>(1,803)</u>
9. Total Noncontract AB 5 and AB 1183 Reductions (From Schedule A Line 7)	\$ <u>0</u>	\$ <u>(31,426)</u>
10. Protested Amounts (Adj 13)	\$ <u>50,000</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>115,642</u></u>	\$ <u><u>284,003</u></u>
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONSProvider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider No.
1124026273

1. 10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE N/A)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE N/A)	<u>0</u>
3. 10% Reduction to Noncontract Services for 01/01/11 Through 04/12/11 (SCHEDULE A-1)	<u>31,426</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE N/A)	<u>0</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE N/A)	<u>0</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE N/A)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>31,426</u></u> (To Schedule 1, Line 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM APRIL 6, 2009 THROUGH APRIL 12, 2011 - NONCONTRACT HOSPITALS

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider No.
1124026273

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>1,181,875</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u>0</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u><u>1,181,875</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>346</u></u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>3,415.82</u></u>

AB 5 - 10 % Cost Reduction For Services From 04/06/09 Through 04/12/11

7. Audited Medi-Cal Days of Service from 01/01/11 Through 04/12/11(excludes Administrative Days)	<u>92</u>
8. Audited Medi-Cal Cost Per Day For 01/01/11 Through 04/12/11(Line 6 * Line 7)	\$ <u>314,255</u>
9. AB 5 - 10% Cost Reduction for 01/01/11 Through 04/12/11 (Line 8 * 10%)	\$ <u><u>31,426</u></u> (To Schedule A, Line 3)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1124026273

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 1,680,904 \$ 1,181,875

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9) \$ 2,158,065 \$ 1,606,0583. Inpatient Ancillary Service Charges (Adj 9) \$ 4,115,093 \$ 3,279,8684. Total Charges - Medi-Cal Inpatient Services \$ 6,273,158 \$ 4,885,9265. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 4,592,254 \$ 3,704,0526. 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 SERVICES

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1124026273

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>844,489</u>	\$ <u>681,431</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>836,415</u>	\$ <u>500,444</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>1,680,904</u>	\$ <u>1,181,875</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>1,680,904</u>	\$ <u>1,181,875</u>
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj)	\$ <u>0</u>	\$ <u>0</u>
10. Medi-Cal Coinsurance (Adj 10)	\$ <u>0</u>	\$ <u>(36,876)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>1,680,904</u>	\$ <u>1,144,999</u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1124026273

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)	43,365	43,365
2. Inpatient Days (include private, exclude swing-bed)	43,365	43,365
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	43,365	43,365
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 7)	463	270

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 30, Col 26)	\$ 61,115,500	\$ 59,789,372
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)	\$ 61,115,500	\$ 59,789,372

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 137,670,220	\$ 137,670,220
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)	\$ 0.443927	\$ 0.434294
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)	\$ 61,115,500	\$ 59,789,372

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,409.33	\$ 1,378.75
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 652,520	\$ 372,263
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 183,895	\$ 128,181
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 836,415	\$ 500,444

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1124026273

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 2,340,215	\$ 2,303,454
2. Total Inpatient Days (Adj)	3,774	3,774
3. Average Per Diem Cost	\$ 620.09	\$ 610.35
4. Medi-Cal Inpatient Days (Adjs 7, 12)	12	13
5. Cost Applicable to Medi-Cal	\$ 7,441	\$ 7,935
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 11,735,208	\$ 11,551,286
7. Total Inpatient Days (Adj)	6,052	6,052
8. Average Per Diem Cost	\$ 1,939.06	\$ 1,908.67
9. Medi-Cal Inpatient Days (Adj 7)	91	63
10. Cost Applicable to Medi-Cal	\$ 176,454	\$ 120,246
NICU		
11. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 26)	\$ 5,001,329	\$ 4,920,948
12. Total Inpatient Days (Adj)	1,873	1,873
13. Average Per Diem Cost	\$ 2,670.22	\$ 2,627.31
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 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
ADMINISTRATIVE DAYS		
31. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj)	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
31. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj)	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 183,895	\$ 128,181

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1124026273

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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 26)	\$ 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
25. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
26. 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 JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1124026273

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
50.00	Operating Room	\$ 36,666,904	\$ 152,712,281	0.240104	\$ 237,609	\$ 57,051
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	6,538,787	11,451,399	0.571003	6,600	3,769
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	13,289,667	82,039,144	0.161992	302,498	49,002
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	2,027,737	6,833,475	0.296736	26,859	7,970
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	1,953,730	13,208,117	0.147919	29,090	4,303
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	16,902,360	88,294,469	0.191432	646,610	123,782
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	2,751,240	8,329,566	0.330298	29,537	9,756
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	3,489,092	34,302,532	0.101715	466,909	47,492
66.00	Physical Therapy	1,958,402	5,644,772	0.346941	8,604	2,985
67.00	Occupational Therapy	427,797	1,692,025	0.252831	4,000	1,011
68.00	Speech Pathology	168,455	671,831	0.250739	3,565	894
69.00	Electrocardiology	1,678,603	23,402,830	0.071727	55,561	3,985
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	18,144,633	49,157,247	0.369114	281,453	103,888
72.00	Implantable Devices Charged to Patients	27,901,949	63,595,253	0.438743	0	0
73.00	Drugs Charged to Patients	14,901,314	79,027,621	0.188558	541,832	102,167
74.00	Renal Dialysis	304,113	1,486,379	0.204600	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Nutritional Counseling	264,922	186,431	1.421020	0	0
77.00		0	0	0.000000	0	0
78.00		0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		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
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	1,621,882	2,022,326	0.801988	0	0
90.10	Cardiac Cath Lab	4,942,649	25,933,747	0.190588	353,201	67,316
90.20	Ambulatory Medicine	39,115	178,794	0.218769	0	0
90.30	Breast Center	3,730,514	5,358,670	0.696164	9,355	6,513
90.40	Ambulatory Cancer	3,010,152	1,511,038	1.992109	0	0
90.50	Deaf Program	321,044	270,578	1.186510	0	0
90.90	Cleft Palate	240,938	83,151	2.897601	0	0
91.00	Emergency	11,875,919	36,681,393	0.323759	276,585	89,547
92.00	Observation Beds	0	0	0.000000	0	0
	TOTAL	\$ 175,151,919	\$ 694,075,069		\$ 3,279,868	\$ 681,431

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTERFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1124026273

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
50.00	Operating Room	\$ 616,105	\$ (378,496)	\$ 237,609
51.00	Recovery Room	0		0
52.00	Labor Room and Delivery Room	34,328	(27,728)	6,600
53.00	Anesthesiology	0		0
54.00	Radiology-Diagnostic	403,904	(101,406)	302,498
55.00	Radiology-Therapeutic	0		0
56.00	Radioisotope	67,716	(40,857)	26,859
57.00	Computed Tomography (CT) Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	105,063	(75,973)	29,090
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	642,032	4,578	646,610
61.00	PBP Clinical Laboratory Services-Program Only	0		0
62.00	Whole Blood & Packed Red Blood Cells	0		0
63.00	Blood Storing, Processing, & Trans.	72,104	(42,567)	29,537
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	365,322	101,587	466,909
66.00	Physical Therapy	29,452	(20,848)	8,604
67.00	Occupational Therapy	12,980	(8,980)	4,000
68.00	Speech Pathology	5,069	(1,504)	3,565
69.00	Electrocardiology	238,428	(182,867)	55,561
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	65,295	216,158	281,453
72.00	Implantable Devices Charged to Patients	0		0
73.00	Drugs Charged to Patients	713,802	(171,970)	541,832
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Nutritional Counseling	0		0
77.00				0
78.00				0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)	0		0
89.00	Federally Qualified Health Center (FQHC)	0		0
90.00	Clinic	0		0
90.10	Cardiac Cath Lab	402,771	(49,570)	353,201
90.20	Ambulatory Medicine	0		0
90.30	Breast Center	3,262	6,093	9,355
90.40	Ambulatory Cancer	0		0
90.50	Deaf Program	0		0
90.90	Cleft Palate	0		0
91.00	Emergency	337,460	(60,875)	276,585
92.00	Observation Beds	0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 4,115,093	\$ (835,225)	\$ 3,279,868

(To Schedule 5)

Provider Name:

Fiscal Period Ended:

SAINT JOHN'S HOSPITAL AND HEALTH CENTER

DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	9,634	0	0	0	0	0	0	0	0	344,402	70,462
191.20 Positive Appearance Center	0	1,504	0	0	0	0	0	0	0	0	34,756	7,111
191.30 Cardiac Research	0	4,748	0	0	0	0	0	0	0	0	35,485	7,260
192.01 St. John's Health Center Clinic	0	0	0	0	0	0	0	0	0	0	982,162	200,943
194.00 Pathology Outreach	0	61,441	0	0	0	0	0	0	0	0	808,460	165,405
194.03 MOB	0	0	0	0	0	0	0	0	0	0	22,844	4,674
194.04 Marketing	0	40,790	0	0	0	0	0	0	0	0	3,052,540	624,526
194.06 Clinic Child Family	0	463,836	0	0	0	0	0	0	0	0	5,597,070	1,145,118
194.07 Women's Community Education	0	14,994	0	0	0	0	0	0	0	0	184,589	37,766
194.08 Convent	0	0	0	0	0	0	0	0	0	0	420,464	86,024
194.10 Patient/ Consumer Health	0	14,320	0	0	0	0	0	0	0	0	201,272	41,179
194.11 Community Benefit	0	31,197	0	0	0	0	0	0	0	0	1,326,754	271,444
194.12 Planned Giving	0	130	0	0	0	0	0	0	0	0	1,023	209
194.91 At Rist Youth	0	39,970	0	0	0	0	0	0	0	0	577,128	118,076
TOTAL	0	<u>14,963,961</u>	0	0	0	0	0	0	0	0	<u>271,570,807</u>	<u>46,124,575</u>

Provider Name:

SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:

DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	40,554	0	13,260	0	2,144	0	0	1,411	0	0	0
191.20 Positive Appearance Center	0	10,755	0	3,517	0	335	0	0	1	0	0	0
191.30 Cardiac Research	0	0	0	0	0	1,057	0	0	1	0	0	0
192.01 St. John's Health Center Clinic	0	15,360	0	5,022	0	0	0	0	0	0	0	0
194.00 Pathology Outreach	0	0	0	0	0	13,672	0	9	400	0	0	0
194.03 MOB	0	0	0	0	0	0	0	0	0	0	0	0
194.04 Marketing	0	0	0	0	0	9,077	0	0	657	0	0	0
194.06 Clinic Child Family	0	555,819	0	181,741	0	103,216	0	0	361	0	0	0
194.07 Women's Community Education	0	0	0	0	0	3,337	0	1,105	64	0	0	0
194.08 Convent	0	200,006	0	65,398	0	0	0	0	0	0	0	0
194.10 Patient/ Consumer Health	0	0	0	0	0	3,187	0	0	358	0	0	0
194.11 Community Benefit	0	62,654	0	20,486	0	6,942	0	4,806	110	0	0	0
194.12 Planned Giving	0	0	0	0	0	29	0	0	0	0	0	0
194.91 At Rist Youth	0	112,232	0	36,697	0	8,894	0	0	9	0	0	0
	0											
TOTAL	<u>0</u>	<u>14,632,693</u>	<u>1,497,172</u>	<u>4,727,968</u>	<u>3,364,437</u>	<u>2,730,141</u>	<u>0</u>	<u>1,693,644</u>	<u>431,441</u>	<u>5,989,348</u>	<u>5,878,509</u>	<u>895,611</u>

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION	COST	COST		STEP-DOWN	COST
	(SPECIFIC)					PROGRAM	23.01	23.02	24.00	25.00	26.00
	18.00	19.00	20.00	21.00	22.00	23.00					
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	472,232		472,232
191.20 Positive Appearance Center	0	0	0	0	0	0	0	0	56,475		56,475
191.30 Cardiac Research	0	0	0	0	0	0	0	0	43,803		43,803
192.01 St. John's Health Center Clinic	0	0	0	0	0	0	0	0	1,203,487		1,203,487
194.00 Pathology Outreach	0	0	0	0	0	0	0	0	987,947		987,947
194.03 MOB	0	0	0	0	0	0	0	0	27,518		27,518
194.04 Marketing	0	0	0	0	0	0	0	0	3,686,801		3,686,801
194.06 Clinic Child Family	0	0	0	0	0	0	0	0	7,583,324		7,583,324
194.07 Women's Community Education	0	0	0	0	0	0	0	0	226,861		226,861
194.08 Convent	0	0	0	0	0	0	0	0	771,892		771,892
194.10 Patient/ Consumer Health	0	0	0	0	0	0	0	0	245,996		245,996
194.11 Community Benefit	0	0	0	0	0	0	0	0	1,693,196		1,693,196
194.12 Planned Giving	0	0	0	0	0	0	0	0	1,261		1,261
194.91 At Rist Youth	0	0	0	0	0	0	0	0	853,037		853,037
TOTAL	0	0	0	0	0	0	0	0	271,570,807	0	271,570,807

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES)	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00							
	4.00 (Adj)	5.01 (Adj)	5.02 (Adj)	5.03 (Adj)	5.04 (Adj)	5.05 (Adj)	5.06 (Adj)	5.07 (Adj)	5.08 (Adj)			
105.00	Kidney Acquisition										0	
106.00	Heart Acquisition										0	
107.00	Liver Acquisition										0	
108.00	Lung Acquisition										0	
109.00	Pancreas Acquisition										0	
110.00	Intestinal Acquisition										0	
111.00	Islet Acquisition										0	
190.00	Gift, Flower, Coffee Shop, & Canteen	62,115									344,402	1,101
191.20	Positive Appearance Center	9,695									34,756	292
191.30	Cardiac Research	30,616									35,485	
192.01	St. John's Health Center Clinic										982,162	417
194.00	Pathology Outreach	396,152									808,460	
194.03	MOB										22,844	
194.04	Marketing	263,001									3,052,540	
194.06	Clinic Child Family	2,990,647									5,597,070	15,090
194.07	Women's Community Education	96,679									184,589	
194.08	Convent										420,464	5,430
194.10	Patient/ Consumer Health	92,333									201,272	
194.11	Community Benefit	201,145									1,326,754	1,701
194.12	Planned Giving	838									1,023	
194.91	At Rist Youth	257,709									577,128	3,047
	TOTAL	96,482,128	0	0	0	0	0	0	0		225,446,232	428,967
	COST TO BE ALLOCATED	14,963,961	0	0	0	0	0	0	0		46,124,575	0
	UNIT COST MULTIPLIER - SCH 8	0.155096	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.204592	0.000000

Provider Name:

SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:

DECEMBER 31, 2011

	OPER PLANT (SQ FT) (Adj 5)	LAUNDRY & LINEN (PAT DAYS) (Adj)	HOUSE-KEEPING (SQ FT) (Adj 6)	DIETARY (PAT DAYS) (Adj)	CAFETERIA (GROSS SALARIES) (Adj)	MANT OF PERSONNEL (Adj)	NURSING ADMIN (NURSE SAL) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) (Adj)	PHARMACY (COST REQUIS) (Adj)	MED REC (GROSS REVENUE) (Adj)	SOC SERV (PAT DAYS) (Adj)	OTHER SVC (Adj)
GENERAL SERVICE COST CENTERS												
1.00	Capital Related Costs-Buildings and Fixtures											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01												
5.02												
5.03												
5.04												
5.05												
5.06												
5.07												
5.08												
5.00	Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	1,188											
9.00	3,512											
10.00	8,110											
11.00	8,108											
12.00	Maintenance of Personnel											
13.00	2,169											
14.00	3,038											
15.00	4,282											
16.00	5,929											
17.00	Social Service											
18.00	Other General Service (specify)											
19.00	Nonphysician Anesthetists											
20.00	Nursing School											
21.00	Intern & Res. Service-Salary & Fringes (Approved)											
22.00	Intern & Res. Other Program Costs (Approved)											
23.00	Paramedical Ed. Program (specify)											
23.01												
23.02												
INPATIENT ROUTINE COST CENTERS												
30.00	118,745	42,635	118,745	42,635	21,174,715		16,752,573	684,933	315,365	139,521,079	42,635	
31.00	15,014	6,052	15,014	6,052	4,785,285		4,508,264	161,564	85,540	35,503,310	6,052	
31.01	9,989	1,873	9,989	1,873	1,892,911		1,869,833	6,963	1,899	13,204,241	1,873	
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Special Care (specify)											
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	2,730	3,774	2,730	3,774	892,242		802,379	11,072		6,268,545	3,774	
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT) 7.00 (Adj 5)	LAUNDRY & LINEN (PAT DAYS) 8.00 (Adj)	HOUSE- KEEPING (SQ FT) 9.00 (Adj 6)	DIETARY (PAT DAYS) 10.00 (Adj)	CAFETERIA (GROSS SALARIES) 11.00 (Adj)	MANT OF PERSONNEL 12.00 (Adj)	NURSING ADMIN (NURSE SAL) 13.00 (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj)	MED REC (GROSS REVENUE) 16.00 (Adj)	SOC SERV (PAT DAYS) 17.00 (Adj)	OTHER SVC 18.00 (Adj)
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
190.00 Gift, Flower, Coffee Shop, & Canteen	1,101		1,101		62,115			160,607				
191.20 Positive Appearance Center	292		292		9,695			161				
191.30 Cardiac Research					30,616			120				
192.01 St. John's Health Center Clinic	417		417									
194.00 Pathology Outreach					396,152		208	45,578				
194.03 MOB												
194.04 Marketing					263,001			74,797				
194.06 Clinic Child Family	15,090		15,090		2,990,647			41,138				
194.07 Women's Community Education					96,679		25,668	7,335				
194.08 Convent	5,430		5,430									
194.10 Patient/ Consumer Health					92,333			40,778				
194.11 Community Benefit	1,701		1,701		201,145		111,631	12,487				
194.12 Planned Giving					838							
194.91 At Rist Youth	3,047		3,047		257,709			1,006				
TOTAL	397,265	54,334	392,565	54,334	79,105,102	0	39,337,206	49,125,923	7,684,867	888,572,244	54,334	0
COST TO BE ALLOCATED	14,632,693	1,497,172	4,727,968	3,364,437	2,730,141	0	1,693,644	431,441	5,989,348	5,878,509	895,611	0
UNIT COST MULTIPLIER - SCH 8	36.833583	27.554977	12.043783	61.921400	0.034513	0.000000	0.043054	0.008782	0.779369	0.006616	16.483431	0.000000

Provider Name:

SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:

DECEMBER 31, 2011

NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
19.00	20.00	21.00	22.00	23.00	23.01	23.02
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)

GENERAL SERVICE COST CENTERS

- 1.00 Capital Related Costs-Buildings and Fixtures
- 2.00 Capital Related Costs-Movable Equipment
- 3.00 Other Capital Related Costs
- 3.01
- 3.02
- 3.03
- 3.04
- 3.05
- 3.06
- 3.07
- 3.08
- 3.09
- 4.00 Employee Benefits
- 5.01
- 5.02
- 5.03
- 5.04
- 5.05
- 5.06
- 5.07
- 5.08
- 5.00 Administrative and General
- 6.00 Maintenance and Repairs
- 7.00 Operation of Plant
- 8.00 Laundry and Linen Service
- 9.00 Housekeeping
- 10.00 Dietary
- 11.00 Cafeteria
- 12.00 Maintenance of Personnel
- 13.00 Nursing Administration
- 14.00 Central Services and Supply
- 15.00 Pharmacy
- 16.00 Medical Records & Library
- 17.00 Social Service
- 18.00 Other General Service (specify)
- 19.00 Nonphysician Anesthetists
- 20.00 Nursing School
- 21.00 Intern & Res. Service-Salary & Fringes (Approved)
- 22.00 Intern & Res. Other Program Costs (Approved)
- 23.00 Paramedical Ed. Program (specify)
- 23.01
- 23.02

INPATIENT ROUTINE COST CENTERS

- 30.00 Adults & Pediatrics (Gen Routine)
- 31.00 Intensive Care Unit
- 31.01 NICU
- 33.00 Burn Intensive Care Unit
- 34.00 Surgical Intensive Care Unit
- 35.00 Other Special Care (specify)
- 40.00 Subprovider - IPF
- 41.00 Subprovider - IRF
- 42.00 Subprovider (specify)
- 43.00 Nursery
- 44.00 Skilled Nursing Facility
- 45.00 Nursing Facility
- 46.00 Other Long Term Care
- 47.00

Provider Name:

SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:

DECEMBER 31, 2011

NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
19.00	20.00	21.00	22.00	23.00	23.01	23.02
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)

ANCILLARY COST CENTERS

- 50.00 Operating Room
- 51.00 Recovery Room
- 52.00 Labor Room and Delivery Room
- 53.00 Anesthesiology
- 54.00 Radiology-Diagnostic
- 55.00 Radiology-Therapeutic
- 56.00 Radioisotope
- 57.00 Computed Tomography (CT) Scan
- 58.00 Magnetic Resonance Imaging (MRI)
- 59.00 Cardiac Catheterization
- 60.00 Laboratory
- 61.00 PBP Clinical Laboratory Services-Program Only
- 62.00 Whole Blood & Packed Red Blood Cells
- 63.00 Blood Storing, Processing, & Trans.
- 64.00 Intravenous Therapy
- 65.00 Respiratory Therapy
- 66.00 Physical Therapy
- 67.00 Occupational Therapy
- 68.00 Speech Pathology
- 69.00 Electrocardiology
- 70.00 Electroencephalography
- 71.00 Medical Supplies Charged to Patients
- 72.00 Implantable Devices Charged to Patients
- 73.00 Drugs Charged to Patients
- 74.00 Renal Dialysis
- 75.00 ASC (Non-Distinct Part)
- 76.00 Nutritional Counseling
- 77.00
- 78.00
- 79.00
- 80.00
- 81.00
- 82.00
- 83.00
- 84.00
- 85.00
- 86.00
- 87.00
- 87.01
- 88.00 Rural Health Clinic (RHC)
- 89.00 Federally Qualified Health Center (FQHC)
- 90.00 Clinic
- 90.10 Cardiac Cath Lab
- 90.20 Ambulatory Medicine
- 90.30 Breast Center
- 90.40 Ambulatory Cancer
- 90.50 Deaf Program
- 90.90 Cleft Palate
- 91.00 Emergency
- 92.00 Observation Beds

NONREIMBURSABLE COST CENTERS

- 94.00 Home Program Dialysis
- 95.00 Ambulance Services
- 96.00 Durable Medical Equipment-Rented
- 97.00 Durable Medical Equipment-Sold
- 98.00 Other Reimbursable (specify)
- 99.00 Outpatient Rehabilitation Provider (specify)
- 100.00 Intern-Resident Service (not appvd. tchn. prgm.)
- 101.00 Home Health Agency

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 23,640,780	\$ (244,526)	\$ 23,396,254
2.00	Capital Related Costs-Movable Equipment	13,317,247	0	13,317,247
3.00	Other Capital Related Costs	0	0	0
3.01			0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	14,630,177	0	14,630,177
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	44,616,628	(4,116,430)	40,500,198
6.00	Maintenance and Repairs	0	0	0
7.00	Operation of Plant	9,431,203	0	9,431,203
8.00	Laundry and Linen Service	1,096,460	0	1,096,460
9.00	Housekeeping	3,546,021	0	3,546,021
10.00	Dietary	1,836,885	0	1,836,885
11.00	Cafeteria	1,310,556	0	1,310,556
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	999,007	0	999,007
14.00	Central Services and Supply	0	0	0
15.00	Pharmacy	3,801,247	0	3,801,247
16.00	Medical Records & Library	4,005,079	0	4,005,079
17.00	Social Service	638,442	0	638,442
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	26,419,993	0	26,419,993
31.00	Intensive Care Unit	5,995,030	0	5,995,030
31.01	NICU	2,254,308	0	2,254,308
33.00	Burn Intensive Care Unit	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0
35.00	Other Special Care (specify)	0	0	0
40.00	Subprovider - IPF	0	0	0
41.00	Subprovider - IRF	0	0	0
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	1,031,269	0	1,031,269
44.00	Skilled Nursing Facility	0	0	0
45.00	Nursing Facility	0	0	0
46.00	Other Long Term Care	0	0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 20,036,250	\$ 0	\$ 20,036,250
51.00	Recovery Room	0	0	0
52.00	Labor Room and Delivery Room	3,226,314	0	3,226,314
53.00	Anesthesiology	0	0	0
54.00	Radiology-Diagnostic	6,958,218	0	6,958,218
55.00	Radiology-Therapeutic	0	0	0
56.00	Radioisotope	1,043,805	0	1,043,805
57.00	Computed Tomography (CT) Scan	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	986,836	0	986,836
59.00	Cardiac Catheterization	0	0	0
60.00	Laboratory	10,443,182	0	10,443,182
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0
63.00	Blood Storing, Processing, & Trans.	2,070,150	0	2,070,150
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	2,351,374	0	2,351,374
66.00	Physical Therapy	1,330,959	0	1,330,959
67.00	Occupational Therapy	297,478	0	297,478
68.00	Speech Pathology	107,624	0	107,624
69.00	Electrocardiology	1,105,031	0	1,105,031
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	13,916,283	0	13,916,283
72.00	Implantable Devices Charged to Patients	22,648,588	0	22,648,588
73.00	Drugs Charged to Patients	7,693,707	0	7,693,707
74.00	Renal Dialysis	244,272	0	244,272
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Nutritional Counseling	190,381	0	190,381
77.00			0	0
78.00			0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	850,318	0	850,318
90.10	Cardiac Cath Lab	2,467,444	0	2,467,444
90.20	Ambulatory Medicine	23,889	0	23,889
90.30	Breast Center	1,576,958	0	1,576,958
90.40	Ambulatory Cancer	958,384	0	958,384
90.50	Deaf Program	229,434	0	229,434
90.90	Cleft Palate	177,273	0	177,273
91.00	Emergency	5,614,527	0	5,614,527
92.00	Observation Beds	0	0	0
	SUBTOTAL	\$ 265,119,011	\$ (4,360,956)	\$ 260,758,055
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	0
95.00	Ambulance Services	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAINT JOHN'S HOSPITAL AND HEALTH CENTER

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)	0	0	0
101.00	Home Health Agency	0	0	0
105.00	Kidney Acquisition	0	0	0
106.00	Heart Acquisition	0	0	0
107.00	Liver Acquisition	0	0	0
108.00	Lung Acquisition	0	0	0
109.00	Pancreas Acquisition	0	0	0
110.00	Intestinal Acquisition	0	0	0
111.00	Islet Acquisition	0	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	249,640	0	249,640
191.20	Positive Appearance Center	10,675	0	10,675
191.30	Cardiac Research	30,737	0	30,737
192.01	St. John's Health Center Clinic	949,920	0	949,920
194.00	Pathology Outreach	747,019	0	747,019
194.03	MOB	22,844	0	22,844
194.04	Marketing	3,011,750	0	3,011,750
194.06	Clinic Child Family	3,966,496	0	3,966,496
194.07	Women's Community Education	169,595	0	169,595
194.08	Convent	624	0	624
194.10	Patient/ Consumer Health	186,952	0	186,952
194.11	Community Benefit	1,164,038	0	1,164,038
194.12	Planned Giving	893	0	893
194.91	At Rist Youth	301,569	0	301,569
	SUBTOTAL	\$ 10,812,752	\$ 0	\$ 10,812,752
200	TOTAL	\$ 275,931,763	\$ (4,360,956)	\$ 271,570,807

(To Schedule 8)

Provider Name		Fiscal Period					Provider NPI		Adjustments	
SAINT JOHN'S HOSPITAL AND HEALTH CENTER		JANUARY 1, 2011 THROUGH DECEMBER 31, 2011					1124026273		15	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>MEMORANDUM ADJUSTMENT</u>										
1							The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. Welfare and Institutions Code, Sections 14105.19 and 14166.245			

Provider Name			Fiscal Period				Provider NPI		Adjustments	
SAINT JOHN'S HOSPITAL AND HEALTH CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1124026273		15	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED COSTS										
2	10A	A			5.00	7	Administrative and General To adjust reported home office costs to agree with the Sisters of Charity Leavenworth Health System Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	\$44,616,628	(\$4,116,430)	\$40,500,198
3	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures To offset rental income against the related rental expenses. 42 CFR 413.5 and 413.9 / CMS Pub. 15-1, Section 2328	\$23,640,780	(\$244,526)	\$23,396,254

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAINT JOHN'S HOSPITAL AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1124026273		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED STATISTICS												
4	9	B-1		7.00	1, 2	Operation of Plant (Square Feet)	32,186	(484)	31,702			
	9	B-1		30.00	1, 2	Adults and Pediatrics	121,159	(2,414)	118,745			
	9	B-1		192.01	1, 2	St. John's Health Center Clinic	0	417	417			
	9	B-1		194.11	1, 2	Community Benefit	0	1,701	1,701			
	9	B-1		1.00	1	Total - Square Feet	475,614	(780)	474,834			
	9	B-1		2.00	2	Total - Square Feet	475,614	(780)	474,834			
To adjust square footage statistics to agree with the provider's supporting measurements. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												
5	9	B-1		7.00	6	Operation of Plant (Square Feet)	32,186	(484)	31,702			
	9	B-1		30.00	6, 7	Adults and Pediatrics	121,159	(2,414)	118,745			
	9	B-1		192.01	6, 7	St. John's Health Center Clinic	0	417	417			
	9	B-1		194.11	6, 7	Community Benefit	0	1,701	1,701			
	9	B-1		6.00	6	Total - Square Feet	429,747	(780)	428,967			
	9	B-1		7.00	7	Total - Square Feet	397,561	(296)	397,265			
To adjust square footage statistics to agree with the provider's supporting measurements. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												
6	9	B-1		30.00	9	Adults and Pediatrics (Square Feet)	121,159	(2,414)	118,745			
	9	B-1		192.01	9	St. John's Health Center Clinic	0	417	417			
	9	B-1		194.11	9	Community Benefit	0	1,701	1,701			
	9	B-1		9.00	9	Total - Square Feet	392,861	(296)	392,565			
To adjust square footage statistics to agree with the provider's supporting measurements. 42 CFR 413.24 and 413.50 CMS Pub. 15-1, Sections 2304 and 2306												

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAINT JOHN'S HOSPITAL AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1124026273		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT												
7	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	463	(193)	270		
	4A	D-1	I	XIX	42.00	4	Medi-Cal Days - Nursery	12	2	14 *		
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	91	(28)	63		
8	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$616,105	(\$378,496)	\$237,609		
	6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	34,328	(27,728)	6,600		
	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	403,904	(101,406)	302,498		
	6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	67,716	(40,857)	26,859		
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging	105,063	(75,973)	29,090		
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	642,032	4,578	646,610		
	6	D-3		XIX	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing, and Transfusion	72,104	(42,567)	29,537		
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	365,322	101,587	466,909		
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	29,452	(20,848)	8,604		
	6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	12,980	(8,980)	4,000		
	6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	5,069	(1,504)	3,565		
	6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	238,428	(182,867)	55,561		
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	65,295	216,158	281,453		
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	713,802	(171,970)	541,832		
	6	D-3		XIX	90.10	2	Medi-Cal Ancillary Charges - Cardiac Catheterization Laboratory	402,771	(49,570)	353,201		
	6	D-3		XIX	90.30	2	Medi-Cal Ancillary Charges - Breast Center	3,262	6,093	9,355		
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	337,460	(60,875)	276,585		
	6	D-3		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	4,115,093	(835,225)	3,279,868		
9	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$2,158,065	(\$552,007)	\$1,606,058		
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	4,115,093	(835,225)	3,279,868		
10	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	\$0	\$36,876	\$36,876		

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAINT JOHN'S HOSPITAL AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1124026273		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT												
-Continued from previous page-												
11	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payments To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through October 3, 2013 Report Date: October 4, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541	\$1,568,289	(\$740,522)	\$827,767		
12	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery To eliminate a Medi-Cal Routine day for billed Medi-Cal days by 25%, for a claim submitted during the 7th through 9th month (RAD Code 475) after the month of service. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51458.1 Welfare and Institutions Code, Section 14115	*	14	(1)	13	

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAINT JOHN'S HOSPITAL AND HEALTH CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1124026273		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO OTHER MATTERS</u>												
13	1	E-3	VII	XIX	43.00	1	Protested Amounts To eliminate protested amounts. 42 CFR 413.20, 413.24 and 413.5 CMS Pub. 15-1, Sections 2300 and 2304 CMS Pub. 15-2, Section 115.2	\$50,000	(\$50,000)	\$0		
14	1	E-3	VII	XIX	37.00	1	Other Adjustments To reverse the provider's adjustment related to AB 5 because the reimbursement limitation will be incorporated via memorandum adjustment. 42 CFR 413.20, 413.24 and 413.5 CMS Pub. 15-1 Sections 2300 and 2304 Welfare and Institutions Code, Sections 14105.19 and 14166.245	(\$46,973)	\$46,973	\$0		
15	1	Not Reported					Overpayments To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1	\$0	\$1,803	\$1,803		