

**REPORT
ON THE
COST REPORT REVIEW**

**SAN ANTONIO COMMUNITY HOSPITAL
UPLAND, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1780681189**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

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

**Section Chief: Julio M. Cueto
Audit Supervisor: Bina Matani
Auditor: James Cheng**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

December 6, 2013

Sharon Simmons
Director of Finance
San Antonio Community Hospital
1148 San Bernardino Road, Suite B103
Upland, CA 91786

SAN ANTONIO COMMUNITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1780681189
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 State in the amount of \$2,204,900 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.

Sharon Simmons
Page 2

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—Rancho Cucamonga at (909) 481-3420.

Original Signed By

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

Certified

SUMMARY OF FINDINGS

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1780681189	Reported	\$ (1,417,481)	
	Net Change	\$ (787,419)	
	Audited Amount Due Provider (State)	\$ (2,204,900)	
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)		\$ (2,204,900)	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

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)		\$ (2,204,900)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1780681189

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ <u>9,364,693</u>	\$ <u>9,841,818</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>9,364,693</u>	\$ <u>9,841,818</u>
6. Interim Payments (Adj 11)		\$ <u>(10,782,174)</u>	\$ <u>(12,043,570)</u>
7. Balance Due Provider (State)		\$ <u>(1,417,481)</u>	\$ <u>(2,201,752)</u>
8. Medi-Cal Overpayments (Adjs 13, 14)		\$ <u>0</u>	\$ <u>(3,148)</u>
9.	\$	\$ <u>0</u>	<u>0</u>
10.	\$	<u>0</u>	<u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ <u><u>(1,417,481)</u></u>	\$ <u><u>(2,204,900)</u></u>

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1780681189

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 10,118,170 \$ 10,826,068

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9) \$ 17,866,378 \$ 20,431,4713. Inpatient Ancillary Service Charges (Adj 9) \$ 28,266,499 \$ 31,763,0604. Total Charges - Medi-Cal Inpatient Services \$ 46,132,877 \$ 52,194,5315. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 36,014,707 \$ 41,368,4636. 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:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1780681189

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 4,647,819	\$ 5,061,689
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 5,470,351	\$ 5,764,379
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4. \$ \$	0	0
5. \$ \$	0	0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 10,118,170	\$ 10,826,068
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 10,118,170	\$ 10,826,068
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj 10)	\$ (65,564)	\$ (74,425)
10. Medi-Cal Coinsurance (Adj 10)	\$ (687,913)	\$ (909,825)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 9,364,693	\$ 9,841,818
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1780681189

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 5)	49,002	53,439
2. Inpatient Days (include private, exclude swing-bed)	49,002	53,439
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 5)	49,002	53,439
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) (Adjs 6, 12)	2,710.00	3,028.75

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)	\$ 54,539,596	\$ 53,668,656
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)	\$ 54,539,596	\$ 53,668,656

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 153,621,752	\$ 153,621,752
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 153,621,752	\$ 153,621,752
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.355025	\$ 0.349356
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)	\$ 3,135.01	\$ 2,874.71
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)	\$ 54,539,596	\$ 53,668,656

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,113.01	\$ 1,004.30
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 3,016,257	\$ 3,041,774
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 2,454,094	\$ 2,722,605
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 5,470,351	\$ 5,764,379

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1780681189

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, 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)	0.00	0.00
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 6,392,408	\$ 6,318,738
7. Total Inpatient Days (Adj)	3,593	3,593
8. Average Per Diem Cost	\$ 1,779.13	\$ 1,758.62
9. Medi-Cal Inpatient Days (Adjs 6, 12)	871.00	500.75
10. Cost Applicable to Medi-Cal	\$ 1,549,622	\$ 880,629
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 6,824,241	\$ 6,750,790
12. Total Inpatient Days (Adj)	3,548	3,548
13. Average Per Diem Cost	\$ 1,923.41	\$ 1,902.70
14. Medi-Cal Inpatient Days (Adjs 6, 12)	303.00	334.75
15. Cost Applicable to Medi-Cal	\$ 582,793	\$ 636,929
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 32.01, Col 26)	\$ 6,891,160	\$ 6,828,799
17. Total Inpatient Days (Adj)	4,006	4,006
18. Average Per Diem Cost	\$ 1,720.21	\$ 1,704.64
19. Medi-Cal Inpatient Days (Adj 6)	187.00	705.00
20. Cost Applicable to Medi-Cal	\$ 321,679	\$ 1,201,771
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)	0.00	0.00
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)	0.00	0.00
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
31. Per Diem Rate (Adj 7)	\$ 0.00	\$ 409.48
32. Medi-Cal Inpatient Days (Adj 7)	0	8.00
33. Cost Applicable to Medi-Cal	\$ 0	\$ 3,276
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0.00	0.00
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 2,454,094	\$ 2,722,605

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1780681189

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
26. Total Inpatient Routine Cost (Sch 8, Line ____, 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
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:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1780681189

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	\$ 21,230,670	\$ 146,294,815	0.145123	\$ 2,870,909	\$ 416,634
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	6,994,318	20,614,447	0.339292	73,393	24,902
53.00	Anesthesiology	0	0	0.000000	0	0
54.01	Radiology - Diag / Therapy	17,193,718	110,539,562	0.155544	2,131,646	331,564
55.01	Hemodialysis	1,499,128	2,738,902	0.547346	265,606	145,378
56.01	Nuclear Medicine	888,351	7,590,304	0.117038	218,435	25,565
57.00	Computed Tomography (CT) Scan	2,033,948	91,984,465	0.022112	2,609,327	57,697
58.00	Magnetic Resonance Imaging (MRI)	1,560,590	24,127,866	0.064680	499,507	32,308
59.00	Cardiac Catheterization	5,681,249	50,974,026	0.111454	1,664,317	185,494
60.01	Laboratory - Clinical/Path	15,094,800	169,743,782	0.088927	6,609,773	587,787
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	2,915,115	2,786,587	1.046124	144,528	151,194
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	6,538,271	38,109,710	0.171564	4,597,428	788,755
66.00	Physical Therapy	5,224,226	21,271,275	0.245600	517,485	127,094
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	241,420	775,786	0.311194	30,586	9,518
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	23,183,891	25,700,881	0.902066	538,056	485,362
72.00	Implantable Devices Charged to Patients	13,671,866	21,209,265	0.644618	571,017	368,088
73.00	Drugs Charged to Patients	14,237,136	91,342,567	0.155865	5,885,574	917,357
74.00	Renal Dialysis	0	0	0.000000	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	0	0
76.97	Cardiac Rehabilitation	389,909	1,109,237	0.351511	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	0	0	0.000000	0	0
91.00	Emergency	19,420,063	120,982,732	0.160519	2,535,473	406,992
91.01	Urgent Care	804,332	935,127	0.860132	0	0
92.00	Observation Beds (Non-Distinct Part)	0	13,824,161	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 158,803,002	\$ 962,655,497		\$ 31,763,060	\$ 5,061,689

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1780681189

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
50.00	Operating Room	\$ 2,671,970	\$ 198,939	\$ 2,870,909
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room	316,891	(243,498)	73,393
53.00	Anesthesiology			0
54.01	Radiology - Diag / Therapy	1,380,884	750,762	2,131,646
55.01	Hemodialysis	237,553	28,053	265,606
56.01	Nuclear Medicine	193,789	24,646	218,435
57.00	Computed Tomography (CT) Scan	2,324,273	285,054	2,609,327
58.00	Magnetic Resonance Imaging (MRI)	429,373	70,134	499,507
59.00	Cardiac Catheterization	7,993,865	(6,329,548)	1,664,317
60.01	Laboratory - Clinical/Path	209,013	6,400,760	6,609,773
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells	145,840	(1,312)	144,528
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	4,002,195	595,233	4,597,428
66.00	Physical Therapy	366,629	150,856	517,485
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology	35,907	(5,321)	30,586
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	466,842	71,214	538,056
72.00	Implantable Devices Charged to Patients	528,778	42,239	571,017
73.00	Drugs Charged to Patients	4,557,204	1,328,370	5,885,574
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
76.97	Cardiac Rehabilitation			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
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency	2,405,493	129,980	2,535,473
91.01	Urgent Care			0
92.00	Observation Beds (Non-Distinct Part)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 28,266,499	\$ 3,496,561	\$ 31,763,060

(To Schedule 5)

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
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
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	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	0	0	13,728	2,505
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01 Rancho San Antonio Leased Space	0	0	0	0	0	0	0	0	0	0	76,791	14,011
193.02 Medicare Non Allowable	0	0	0	0	0	0	0	0	0	0	3,289	600
193.03 San Antonio Foundation	0	122,042	0	0	0	0	0	0	0	0	920,676	167,982
193.04 Marketing	0	192,442	0	0	0	0	0	0	0	0	3,003,000	547,914
193.05 Community Service	0	25,140	0	0	0	0	0	0	0	0	390,402	71,231
193.06 Perinatal Services	0	44,148	0	0	0	0	0	0	0	0	291,410	53,169
TOTAL	0	<u>33,701,563</u>	0	0	0	0	0	0	0	0	<u>238,650,659</u>	<u>36,824,356</u>

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

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
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	13,379	19,003	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
193.01 Rancho San Antonio Leased Space	74,838	106,296	0	0	0	0	0	0	0	0	0	0
193.02 Medicare Non Allowable	3,205	4,553	0	0	0	0	0	0	0	0	0	0
193.03 San Antonio Foundation	24,628	34,980	0	0	0	0	0	0	0	0	0	0
193.04 Marketing	104,662	148,656	0	0	0	8,255	0	0	0	0	0	0
193.05 Community Service	58,612	83,250	0	0	0	1,771	0	0	0	0	0	0
193.06 Perinatal Services	14,613	20,756	0	0	0	2,510	0	0	0	0	1	0
	0											
TOTAL	<u>5,852,029</u>	<u>8,041,397</u>	<u>1,513,669</u>	<u>4,550,874</u>	<u>3,823,838</u>	<u>1,498,986</u>	<u>0</u>	<u>3,004,380</u>	<u>2,268,632</u>	<u>5,507,122</u>	<u>4,622,491</u>	<u>0</u>

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

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)				COSTS	PROGRAM	23.01	23.02	24.00	ADJUSTMENT	26.00
	18.00	19.00	20.00	21.00	22.00	23.00				25.00	
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
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	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	48,614	0	48,614
191.00 Research	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
193.01 Rancho San Antonio Leased Space	0	0	0	0	0	0	0	0	271,936	0	271,936
193.02 Medicare Non Allowable	0	0	0	0	0	0	0	0	11,647	0	11,647
193.03 San Antonio Foundation	0	0	0	0	0	0	0	0	1,148,265	0	1,148,265
193.04 Marketing	0	0	0	0	0	0	0	0	3,812,487	0	3,812,487
193.05 Community Service	0	0	0	0	0	0	0	0	605,266	0	605,266
193.06 Perinatal Services	0	0	0	0	0	0	0	0	382,459	0	382,459
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>238,650,659</u>	<u>0</u>	<u>238,650,659</u>

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES) 4.00	STAT 5.01	STAT 5.02	STAT 5.03	STAT 5.04	STAT 5.05	STAT 5.06	STAT 5.07	STAT 5.08	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS 6.00
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	
112.00	Other Organ Acquisition (specify)										0	
113.00	Interest Expense										0	
114.00	Utilization Review-SNF										0	
115.00	Ambulatory Surgical Center (Distinct Part)										0	
190.00	Gift, Flower, Coffee Shop, & Canteen										13,728	672
191.00	Research										0	
192.00	Physicians' Private Offices										0	
193.00	Nonpaid Workers										0	
193.01	Rancho San Antonio Leased Space										76,791	3,759
193.02	Medicare Non Allowable										3,289	161
193.03	San Antonio Foundation	398,548									920,676	1,237
193.04	Marketing	628,448									3,003,000	5,257
193.05	Community Service	82,100									390,402	2,944
193.06	Perinatal Services	144,173									291,410	734
	TOTAL	110,057,495	0	0	0	0	0	0	0		201,826,302	293,938
	COST TO BE ALLOCATED	33,701,563	0	0	0	0	0	0	0		36,824,357	5,852,029
	UNIT COST MULTIPLIER - SCH 8	0.306218	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.182456	19.909061

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE FTE)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
GENERAL SERVICE COST 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	2,356											
9.00	6,465	9,000										
10.00	7,004	45,956	5,380									
11.00	6,335		1,580									
12.00	Maintenance of Personnel											
13.00	8,505		790		1,511							
14.00	7,231	11,685	2,000		2,143							
15.00	5,424		2,000		3,413							
16.00	8,034		1,250		3,596							
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	67,358	908,364	58,950	187,741	34,805		34,805	45	7,696	153,621,752		
31.00	6,198	73,916	5,400	8,559	3,733		3,733	5	807	25,134,174		
32.00	5,991	72,990	5,400	9,627	4,016		4,016	4	924	24,863,907		
32.01	4,856	33,019	4,500		4,258		4,258		1,894	24,081,095		
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												

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE FTE)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
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												
112.00 Other Organ Acquisition (specify)												
113.00 Interest Expense												
114.00 Utilization Review-SNF												
115.00 Ambulatory Surgical Center (Distinct Part)												
190.00 Gift, Flower, Coffee Shop, & Canteen	672											
191.00 Research												
192.00 Physicians' Private Offices												
193.00 Nonpaid Workers												
193.01 Rancho San Antonio Leased Space	3,759											
193.02 Medicare Non Allowable	161											
193.03 San Antonio Foundation	1,237											
193.04 Marketing	5,257				648							
193.05 Community Srevice	2,944				139							
193.06 Perinatal Services	734				197					205		
TOTAL	284,372	1,891,942	143,010	222,966	117,672	0	76,163	100	7,563,350	1,176,532,468	0	0
COST TO BE ALLOCATED	8,041,397	1,513,669	4,550,874	3,823,838	1,498,986	0	3,004,380	2,268,632	5,507,122	4,622,492	0	0
UNIT COST MULTIPLIER - SCH 8	28.277739	0.800061	31.822072	17.149871	12.738684	0.000000	39.446713	22686.323925	0.728133	0.003929	0.000000	0.000000

Provider Name:
 SAN ANTONIO COMMUNITY HOSPITAL

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

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
- 32.00 Coronary Care Unit
- 32.01 Neonatal 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:
SAN ANTONIO COMMUNITY HOSPITAL

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

ANCILLARY COST CENTERS

- 50.00 Operating Room
- 51.00 Recovery Room
- 52.00 Labor Room and Delivery Room
- 53.00 Anesthesiology
- 54.01 Radiology - Diag / Therapy
- 55.01 Hemodialysis
- 56.01 Nuclear Medicine
- 57.00 Computed Tomography (CT) Scan
- 58.00 Magnetic Resonance Imaging (MRI)
- 59.00 Cardiac Catheterization
- 60.01 Laboratory - Clinical/Path
- 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 Other Ancillary (specify)
- 76.97 Cardiac Rehabilitation
- 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
- 91.00 Emergency
- 91.01 Urgent Care
- 92.00 Observation Beds (Non-Distinct Part)
- 93.01
- 93.02
- 93.03
- 93.04
- 93.05

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. tchng. prgm.)
- 101.00 Home Health Agency

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 4,865,667	\$ (3,571,581)	\$ 1,294,086
2.00	Capital Related Costs-Movable Equipment	7,332,145	0	7,332,145
3.00	Other Capital Related Costs		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	33,497,494	106,155	33,603,649
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	30,279,976	767,769	31,047,745
6.00	Maintenance and Repairs	3,086,246	2,505	3,088,751
7.00	Operation of Plant	6,120,812	(43,468)	6,077,344
8.00	Laundry and Linen Service	1,092,526	0	1,092,526
9.00	Housekeeping	2,941,647	539	2,942,186
10.00	Dietary	2,098,139	0	2,098,139
11.00	Cafeteria	673,325	0	673,325
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	1,538,109	629	1,538,738
14.00	Central Services and Supply	906,100	260,630	1,166,730
15.00	Pharmacy	3,264,109	0	3,264,109
16.00	Medical Records & Library	2,762,811	54,302	2,817,113
17.00	Social Service		0	0
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)		0	0
22.00	Intern & Res. Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (specify)		0	0
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	25,862,101	194	25,862,295
31.00	Intensive Care Unit	3,319,303	0	3,319,303
32.00	Coronary Care Unit	3,602,617	0	3,602,617
32.01	Neonatal Intensive Care Unit	3,916,027	384	3,916,411
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 10,832,507	\$ 321,172	\$ 11,153,679
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room	3,403,287	0	3,403,287
53.00	Anesthesiology		0	0
54.01	Radiology - Diag / Therapy	8,265,922	1,439,962	9,705,884
55.01	Hemodialysis	939,648	3,770	943,418
56.01	Nuclear Medicine	479,819	236	480,055
57.00	Computed Tomography (CT) Scan	1,073,750	0	1,073,750
58.00	Magnetic Resonance Imaging (MRI)	661,582	324,000	985,582
59.00	Cardiac Catheterization	3,112,479	746	3,113,225
60.01	Laboratory - Clinical/Path	9,541,122	28,287	9,569,409
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells	2,427,054	0	2,427,054
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	4,106,361	44,885	4,151,246
66.00	Physical Therapy	3,053,561	2,527	3,056,088
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology	163,284	898	164,182
70.00	Electroencephalography		0	0
71.00	Medical Supplies Charged to Patients	19,521,167	0	19,521,167
72.00	Implantable Devices Charged to Patients	11,491,794	0	11,491,794
73.00	Drugs Charged to Patients	7,263,867	0	7,263,867
74.00	Renal Dialysis		0	0
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		0	0
76.97	Cardiac Rehabilitation	186,211	0	186,211
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
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic		0	0
91.00	Emergency	10,945,515	0	10,945,515
91.01	Urgent Care	161,271	102,848	264,119
92.00	Observation Beds (Non-Distinct Part)		0	0
93.01			0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	SUBTOTAL	\$ 234,789,355	\$ (152,611)	\$ 234,636,744
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)		0	0
99.00	Outpatient Rehabilitation Provider (specify)		0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)		0	0
101.00	Home Health Agency		0	0
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition (specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review-SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen		0	0
191.00	Research		0	0
192.00	Physicians' Private Offices		0	0
193.00	Nonpaid Workers		0	0
193.01	Rancho San Antonio Leased Space		0	0
193.02	Medicare Non Allowable		0	0
193.03	San Antonio Foundation	773,363	0	773,363
193.04	Marketing	2,668,916	34,249	2,703,165
193.05	Community Srevice	232,523	72,597	305,120
193.06	Perinatal Services	232,267	0	232,267
	SUBTOTAL	\$ 3,907,069	\$ 106,846	\$ 4,013,915
200	TOTAL	\$ 238,696,424	\$ (45,765)	\$ 238,650,659

(To Schedule 8)

Provider Name							Fiscal Period		Provider NPI		Adjustments
SAN ANTONIO COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1780681189		14
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>RECLASSIFICATIONS OF REPORTED COSTS</u>											
1	10A	A		1.00	7	Capital Related Costs-Buildings and Fixtures	\$4,865,667	(\$892,355)	\$3,973,312	*	
	10A	A		4.00	7	Employee Benefits	33,497,494	106,155	33,603,649		
	10A	A		5.00	7	Administrative and General	30,279,976	274,670	30,554,646	*	
	10A	A		7.00	7	Operation of Plant	6,120,812	1,045	6,121,857	*	
	10A	A		9.00	7	Housekeeping	2,941,647	539	2,942,186		
	10A	A		13.00	7	Nursing Administration	1,538,109	629	1,538,738		
	10A	A		16.00	7	Medical Records and Library	2,762,811	54,302	2,817,113		
	10A	A		30.00	7	Adults and Pediatrics (General Routine Care)	25,862,101	194	25,862,295		
	10A	A		50.00	7	Operating Room	10,832,507	520	10,833,027	*	
	10A	A		54.01	7	Radiology-Diagnostic/Therapy	8,265,922	240,940	8,506,862	*	
	10A	A		56.01	7	Nuclear Medicine	479,819	236	480,055		
	10A	A		59.00	7	Cardiac Catheterization	3,112,479	746	3,113,225		
	10A	A		60.01	7	Laboratory - Clinical/Pathology	9,541,122	28,287	9,569,409		
	10A	A		65.00	7	Respiratory Therapy	4,106,361	600	4,106,961	*	
	10A	A		66.00	7	Physical Therapy	3,053,561	2,527	3,056,088		
	10A	A		69.00	7	Electrocardiology	163,284	898	164,182		
	10A	A		91.01	7	Urgent Care	161,271	97,942	259,213	*	
	10A	A		193.04	7	Marketing	2,668,916	9,644	2,678,560	*	
	10A	A		193.05	7	Community Services	232,523	72,481	305,004	*	
To reverse the provider's reclassification of building rental expenses in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A											

Provider Name				Fiscal Period				Provider NPI		Adjustments
SAN ANTONIO COMMUNITY HOSPITAL				JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1780681189		14
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>RECLASSIFICATIONS OF REPORTED COSTS</u>										
2	10A	A		1.00	7	Capital Related Costs-Buildings and Fixtures	*	\$3,973,312	(\$2,682,061)	\$1,291,251 *
	10A	A		5.00	7	Administrative and General	*	30,554,646	493,099	31,047,745
	10A	A		6.00	7	Maintenance and Repairs		3,086,246	2,505	3,088,751
	10A	A		7.00	7	Operation of Plant	*	6,121,857	4,087	6,125,944 *
	10A	A		14.00	7	Central Services and Supply		906,100	260,630	1,166,730
	10A	A		32.01	7	Neonatal Intensive Care Unit		3,916,027	384	3,916,411
	10A	A		50.00	7	Operating Room	*	10,833,027	320,652	11,153,679
	10A	A		54.01	7	Radiology-Diagnostic/Therapy	*	8,506,862	1,199,022	9,705,884
	10A	A		55.01	7	Hemodialysis		939,648	3,770	943,418
	10A	A		58.00	7	Magnetic Resonance Imaging (MRI)		661,582	324,000	985,582
	10A	A		65.00	7	Respiratory Therapy	*	4,106,961	44,285	4,151,246
	10A	A		91.01	7	Urgent Care	*	259,213	4,906	264,119
	10A	A		193.04	7	Marketing	*	2,678,560	24,605	2,703,165
	10A	A		193.05	7	Community Services	*	305,004	116	305,120
							To reverse the provider's reclassification of equipment rental expenses in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A			

Provider Name			Fiscal Period				Provider NPI		Adjustments		
SAN ANTONIO COMMUNITY HOSPITAL			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1780681189		14		
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											
3	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures To include depreciation expense related to roofing membrane/coating to be capitalized in conjunction with adjustment number 4. 42 CFR 413.20, 413.50, and 413.134 CMS Pub. 15-1, Sections 108.1, 2300, and 2302.4	*	\$1,291,251	\$2,835	\$1,294,086
4	10A	A			7.00	7	Operation of Plant To eliminate roofing membrane/coating expense for assets that should have been capitalized. 42 CFR 413.20 and 413.134 CMS Pub. 15-1, Sections 108 and 2300	*	\$6,125,944	(\$48,600)	\$6,077,344

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAN ANTONIO COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1780681189		14
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>ADJUSTMENT TO REPORTED PATIENT DAYS</u>												
5	4	D-1		XIX	1.00	1	Total Inpatient Days	49,002	4,437	53,439		
	4	D-1		XIX	4.00	1	Semi-Private Room Days	49,002	4,437	53,439		
							To include nursery days to agree with the provider's census records. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304					

Provider Name							Fiscal Period	Provider NPI		Adjustments
SAN ANTONIO COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1780681189		14
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										
6	4	D-1	I	XIX	9.00	1.00	Medi-Cal Days - Adults and Pediatrics	2,710.00	336	3,046.00 *
	4A	D-1	II	XIX	43.00	4.00	Medi-Cal Days - Intensive Care Unit	871.00	(368)	503.00 *
	4A	D-1	II	XIX	44.00	4.00	Medi-Cal Days - Coronary Care Unit	303.00	33	336.00 *
	4A	D-1	II	XIX	44.01	4.00	Medi-Cal Days - Neonatal Intensive Care Unit	187.00	518	705.00
7	4A	Not Reported					Medi-Cal Administrative Days (January 1, 2011 through February 28, 2011)	0	8	8
	4A	Not Reported					Medi-Cal Administrative Day Rate (January 1, 2011 through Feb 28, 2011)	\$0.00	\$409.48	\$409.48
8	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$2,671,970	\$198,939	\$2,870,909
	6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	316,891	(243,498)	73,393
	6	D-3		XIX	54.01	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic/Therapy	1,380,884	750,762	2,131,646
	6	D-3		XIX	55.01	2	Medi-Cal Ancillary Charges - Hemodialysis	237,553	28,053	265,606
	6	D-3		XIX	56.01	2	Medi-Cal Ancillary Charges - Nuclear Medicine	193,789	24,646	218,435
	6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	2,324,273	285,054	2,609,327
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	429,373	70,134	499,507
	6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	7,993,865	(6,329,548)	1,664,317
	6	D-3		XIX	60.01	2	Medi-Cal Ancillary Charges - Laboratory - Clinical/Pathology	209,013	6,400,760	6,609,773
	6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood & Packed Red Blood Cells	145,840	(1,312)	144,528
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	4,002,195	595,233	4,597,428
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	366,629	150,856	517,485
	6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	35,907	(5,321)	30,586
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	466,842	71,214	538,056
	6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	528,778	42,239	571,017
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	4,557,204	1,328,370	5,885,574
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	2,405,493	129,980	2,535,473
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	28,266,499	3,496,561	31,763,060
9	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$17,866,378	\$2,565,093	\$20,431,471
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	28,266,499	3,496,561	31,763,060
10	3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$65,564	\$8,861	\$74,425
	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	687,913	221,912	909,825

-Continued on next page-

Provider Name				Fiscal Period				Provider NPI		Adjustments	
SAN ANTONIO COMMUNITY HOSPITAL				JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1780681189		14	
Report References				Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Work Sheet	Part								Title
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	\$10,782,174	\$1,261,396	\$12,043,570	
<p style="margin-left: 40px;">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 July 30, 2013 Report Date: August 1, 2013 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>											
12	4	D-1	I	XIX	9.00	1.00	Medi-Cal Days - Adults and Pediatrics	*	3,046.00	(17.25)	3,028.75
	4	D-1	II	XIX	43.00	4.00	Medi-Cal Days - Intensive Care Unit	*	503.00	(2.25)	500.75
	4	D-1	II	XIX	44.00	4.00	Medi-Cal Days - Coronary Care Unit	*	336.00	(1.25)	334.75
<p style="margin-left: 40px;">To eliminate Medi-Cal days for billed Medi-Cal days by 25% and 50%, for claims submitted during the 7th through the 9th month (RAD code 475) and 10th through the 12th month (RAD Code 476) after the month of service, respectively. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51458.1 W&I Code 14115</p>											
*Balance carried forward from prior/to subsequent adjustments											

Provider Name							Fiscal Period			Provider NPI		Adjustments
SAN ANTONIO COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1780681189		14
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>												
	1	Not Reported					Medi-Cal Overpayments	\$0				
13							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, Section 50761 and 51458.1		\$333			
14							To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1		<u>2,815</u> \$3,148	\$3,148		