

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**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

May 15, 2014

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

In the Matter of:

SAN ANTONIO COMMUNITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1780681189
FISCAL PERIOD ENDED DECEMBER 31, 2011
CASE NUMBER HA14-1211-618J-CH

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated May 14, 2014, the following revision is made to the Medi-Cal audit report dated December 6, 2013.

SUMMARY OF REVISIONS

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>	
Audited Amount Due Provider (State)	\$ (2,204,900)
Revision	<u>2,510</u>
Revised Amount Due Provider (State)	\$ <u>(2,202,390)</u>

Enclosed are the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary.

Sharon Simmons
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Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Original Signed By

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

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	Audited	\$ (2,204,900)	
	Net Change	\$ 2,510	
	Revised Amount Due Provider (State)	\$ (2,202,390)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI:	Audited		\$ 0
	Net Change		\$ 0
	Revised Cost		\$ 0
	Revised Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ (2,202,390)	
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:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (2,202,390)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1780681189

		AUDITED	REVISED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>9,841,818</u>	\$ <u>9,844,328</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>9,841,818</u>	\$ <u>9,844,328</u>
6.	Interim Payments (Rev)	\$ <u>(12,043,570)</u>	\$ <u>(12,043,570)</u>
7.	Balance Due Provider (State)	\$ <u>(2,201,752)</u>	\$ <u>(2,199,242)</u>
8.	Medi-Cal Overpayments (Rev)	\$ <u>(3,148)</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>(2,204,900)</u></u>	\$ <u><u>(2,202,390)</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

AUDITED

REVISED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 10,826,068 \$ 10,828,578

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Rev) \$ 20,431,471 \$ 20,431,4713. Inpatient Ancillary Service Charges (Rev) \$ 31,763,060 \$ 31,763,0604. Total Charges - Medi-Cal Inpatient Services \$ 52,194,531 \$ 52,194,5315. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 41,368,463 \$ 41,365,9536. 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 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

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	53,439	53,439
2. Inpatient Days (include private, exclude swing-bed)	53,439	53,439
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	53,439	53,439
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev 1)	3,028.75	3,031.25

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 30, Col 26)	\$ 53,668,656	\$ 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)	\$ 53,668,656	\$ 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)	\$ 0.349356	\$ 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)	\$ 2,874.71	\$ 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)	\$ 53,668,656	\$ 53,668,656

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,004.30	\$ 1,004.30
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 3,041,774	\$ 3,044,284
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 2,722,605	\$ 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)	\$ 5,764,379	\$ 5,766,889

(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	AUDITED	REVISED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	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)	\$ 6,318,738	\$ 6,318,738
7. Total Inpatient Days (Rev)	3,593	3,593
8. Average Per Diem Cost	\$ 1,758.62	\$ 1,758.62
9. Medi-Cal Inpatient Days (Rev)	500.75	500.75
10. Cost Applicable to Medi-Cal	\$ 880,629	\$ 880,629
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 6,750,790	\$ 6,750,790
12. Total Inpatient Days (Rev)	3,548	3,548
13. Average Per Diem Cost	\$ 1,902.70	\$ 1,902.70
14. Medi-Cal Inpatient Days (Rev)	334.75	334.75
15. Cost Applicable to Medi-Cal	\$ 636,929	\$ 636,929
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 32.01, Col 26)	\$ 6,828,799	\$ 6,828,799
17. Total Inpatient Days (Rev)	4,006	4,006
18. Average Per Diem Cost	\$ 1,704.64	\$ 1,704.64
19. Medi-Cal Inpatient Days (Rev)	705.00	705.00
20. Cost Applicable to Medi-Cal	\$ 1,201,771	\$ 1,201,771
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 0	\$ 0
22. Total Inpatient Days (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	0.00	0.00
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
31. Per Diem Rate (Rev)	\$ 409.48	\$ 409.48
32. Medi-Cal Inpatient Days (Rev)	8.00	8.00
33. Cost Applicable to Medi-Cal	\$ 3,276	\$ 3,276
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Rev)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Rev)	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)	\$ 2,722,605	\$ 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	AUDITED	REVISED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 26)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	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

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
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		AUDITED	REVISIONS (Rev)	REVISED
50.00	Operating Room	\$ 2,870,909	\$	\$ 2,870,909
51.00	Recovery Room	0		0
52.00	Labor Room and Delivery Room	73,393		73,393
53.00	Anesthesiology	0		0
54.01	Radiology - Diag / Therapy	2,131,646		2,131,646
55.01	Hemodialysis	265,606		265,606
56.01	Nuclear Medicine	218,435		218,435
57.00	Computed Tomography (CT) Scan	2,609,327		2,609,327
58.00	Magnetic Resonance Imaging (MRI)	499,507		499,507
59.00	Cardiac Catheterization	1,664,317		1,664,317
60.01	Laboratory - Clinical/Path	6,609,773		6,609,773
61.00	PBP Clinical Laboratory Services-Program Only	0		0
62.00	Whole Blood & Packed Red Blood Cells	144,528		144,528
63.00	Blood Storing, Processing, & Trans.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	4,597,428		4,597,428
66.00	Physical Therapy	517,485		517,485
67.00	Occupational Therapy	0		0
68.00	Speech Pathology	0		0
69.00	Electrocardiology	30,586		30,586
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	538,056		538,056
72.00	Implantable Devices Charged to Patients	571,017		571,017
73.00	Drugs Charged to Patients	5,885,574		5,885,574
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	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
89.00	Federally Qualified Health Center (FQHC)	0		0
90.00	Clinic	0		0
91.00	Emergency	2,535,473		2,535,473
91.01	Urgent Care	0		0
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
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 31,763,060	\$ 0	\$ 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)					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
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		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		271,936
193.02 Medicare Non Allowable	0	0	0	0	0	0	0	0	11,647		11,647
193.03 San Antonio Foundation	0	0	0	0	0	0	0	0	1,148,265		1,148,265
193.04 Marketing	0	0	0	0	0	0	0	0	3,812,487		3,812,487
193.05 Community Service	0	0	0	0	0	0	0	0	605,266		605,266
193.06 Perinatal Services	0	0	0	0	0	0	0	0	382,459		382,459
TOTAL	0	0	0	0	0	0	0	0	238,650,659	0	238,650,659

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												

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												
106.00												
107.00												
108.00												
109.00												
110.00												
111.00												
112.00												
113.00												
114.00												
115.00												
190.00	672											
191.00												
192.00												
193.00												
193.01	3,759											
193.02	161											
193.03	1,237											
193.04	5,257				648							
193.05	2,944				139							
193.06	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. tchnng. prgm.)
- 101.00 Home Health Agency

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 1,294,086	\$ 0	\$ 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	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	33,603,649	0	33,603,649
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	31,047,745	0	31,047,745
6.00	Maintenance and Repairs	3,088,751	0	3,088,751
7.00	Operation of Plant	6,077,344	0	6,077,344
8.00	Laundry and Linen Service	1,092,526	0	1,092,526
9.00	Housekeeping	2,942,186	0	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	0
13.00	Nursing Administration	1,538,738	0	1,538,738
14.00	Central Services and Supply	1,166,730	0	1,166,730
15.00	Pharmacy	3,264,109	0	3,264,109
16.00	Medical Records & Library	2,817,113	0	2,817,113
17.00	Social Service	0	0	0
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	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	25,862,295	0	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	3,916,411	0	3,916,411
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	0	0	0
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	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 11,153,679	\$ 0	\$ 11,153,679
51.00	Recovery Room	0	0	0
52.00	Labor Room and Delivery Room	3,403,287	0	3,403,287
53.00	Anesthesiology	0	0	0
54.01	Radiology - Diag / Therapy	9,705,884	0	9,705,884
55.01	Hemodialysis	943,418	0	943,418
56.01	Nuclear Medicine	480,055	0	480,055
57.00	Computed Tomography (CT) Scan	1,073,750	0	1,073,750
58.00	Magnetic Resonance Imaging (MRI)	985,582	0	985,582
59.00	Cardiac Catheterization	3,113,225	0	3,113,225
60.01	Laboratory - Clinical/Path	9,569,409	0	9,569,409
61.00	PBP Clinical Laboratory Services-Program Only	0	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	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	4,151,246	0	4,151,246
66.00	Physical Therapy	3,056,088	0	3,056,088
67.00	Occupational Therapy	0	0	0
68.00	Speech Pathology	0	0	0
69.00	Electrocardiology	164,182	0	164,182
70.00	Electroencephalography	0	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	0
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Other Ancillary (specify)	0	0	0
76.97	Cardiac Rehabilitation	186,211	0	186,211
78.00		0	0	0
79.00		0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	10,945,515	0	10,945,515
91.01	Urgent Care	264,119	0	264,119
92.00	Observation Beds (Non-Distinct Part)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
	SUBTOTAL	\$ 234,636,744	\$ 0	\$ 234,636,744
	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
97.00	Durable Medical Equipment-Sold		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2011

		AUDITED	REVISIONS (From Sch 10A)	REVISED
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	2,703,165	0	2,703,165
193.05	Community Srevice	305,120	0	305,120
193.06	Perinatal Services	232,267	0	232,267
	SUBTOTAL	\$ 4,013,915	\$ 0	\$ 4,013,915
200	TOTAL	\$ 238,650,659	\$ 0	\$ 238,650,659

(To Schedule 8)

Provider Name							Fiscal Period		Provider NPI		Revisions
SAN ANTONIO COMMUNITY HOSPITAL							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1780681189		1
Report References											
Rev. No.	Revised Report	Audit Report					Explanation of Audit Revisions	As Audited	Increase (Decrease)	As Revised	
		Schedule	Part	Title	Line	Col.					
REVISION TO AUDITED MEDI-CAL SETTLEMENT DATA - NONCONTRACT											
1	4	4				9.00	Medi-Cal Days - Adults and Pediatrics	3,028.75	2.50	3,031.25	
	4A	4A				9.00	Medi-Cal Days - Intensive Care Unit	500.75	0.00	500.75	
	4A	4A				14.00	Medi-Cal Days - Coronary Care Unit	334.75	0.00	334.75	
							Revision to adjustment 12. To revise Medi-Cal patient days based on the Appeals' Report of Findings, Issue 1. Case No. HA14-1211-618J-CH				