

**REPORT  
ON THE AUDIT OF  
RATE DEVELOPMENT SCHEDULES**

**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 19, 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 Rate Development Schedules for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code. The data for the schedules was obtained from provider records during a field audit.

In our opinion, the audited data presented in the Rate Development Schedules represents a proper determination of audited cost, patient days, and direct labor cost in accordance with applicable programs.

This audit report includes the:

1. Rate Development Schedules
2. Audit Adjustments Schedule

The results of this examination may be used to determine the Medi-Cal Peer Grouping Inpatient Reimbursement Limitation (PIRL) rate calculations. This will be determined by the Fee-For-Service Rates Development Division pursuant to California Code of Regulations (CCR), Title 22, Sections 51545 through 51556. These regulations may be viewed at [www.oal.ca.gov](http://www.oal.ca.gov).

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

Sharon Simmons  
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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 Cucamonga  
Financial Audits Branch

Certified

## RATE DEVELOPMENT SCHEDULES

<b>PROVIDER NAME</b>	<b>SAN ANTONIO COMMUNITY HOSPITAL</b>
<b>NPI</b>	<b>1780681189</b>
<b>FISCAL PERIOD</b>	<b>JANUARY 1, 2011 THROUGH DECEMBER 31, 2011</b>
<b>CONTRACT PERIOD</b>	<b>N/A</b>

	Noncontract Cost Services	Medi-Cal For Contract Services	Medi-Cal Total For Fiscal Period
<u>ACUTE CARE ONLY*</u>			
A. Medi-Cal Net Cost of Covered** Services Plus Hospital-Based Physician Costs, Excluding Return on Equity (Schedule 1, Line 1) (Adj 1)	\$ 9,841,818	\$	\$ 9,841,818
B. Deductibles and Coinsurance (Third Party Liability) (Schedule 3, Lines 9 and 10) (Adj 2)	\$ 984,250	\$	\$ 984,250
C. Medi-Cal Inpatient Days (Adjs 3-7) (Schedules 4 and 4A)			
1. Routine (Adults and Pediatrics)	3,028.75		3,028.75
2. ICU	500.75		500.75
3. CCU	334.75		334.75
4. Nursery			
5. NICU	705.00		705.00
6. Other (Specify)			
a.			
b.			
D. Total Hospital Discharges*** (Adj 8)	N/A	N/A	15,273
E. Total Medi-Cal Discharges*** (Adj 9)	934		934
F. Total Medi-Cal Inpatient Charges (Schedule 2, Line 4) (Adj 10)	\$ 52,194,531	\$	\$ 52,194,531

\* Data for NF or Administrative Days are not included.

\*\* The Audited Net Cost of Covered Services is Net of Deductibles and Coinsurance and is from a source different than used on the filed report.

\*\*\* Data for newborns that were born in the hospital are not included.

## RATE DEVELOPMENT SCHEDULES

<b>PROVIDER NAME</b>	<b>SAN ANTONIO COMMUNITY HOSPITAL</b>
<b>NPI</b>	<b>1780681189</b>
<b>FISCAL PERIOD</b>	<b>JANUARY 1, 2011 THROUGH DECEMBER 31, 2011</b>
<b>CONTRACT PERIOD</b>	<b>N/A</b>

	<u>REFERENCE</u>	
<b>A. EXPENSE PASS-THROUGH DATA</b>		
1. Depreciation Expense:	8810 - 8813, and/or .71, .72, .73 and .74	\$ 12,060,588
2. Rent and Lease Expense:	8820-8822, and/or .75 and .76	\$ 3,574,417
3. Interest Expense:	8860, 8870	\$ 920,720
4. Property Taxes and License Fees:	8850 and/or .83	\$ 506,293
5. Utility Expense: (Adj 11)	.77, .78, .79, and .80	\$ 2,977,044
6. Malpractice Insurance Expense:	8830 and/or .81	\$ 3,146,973
<b>B. GROSS OPERATING EXPENSES</b> (Adj 12)	Sch 10, line 200, col. 3	<b>\$ 238,650,659</b>
<b>C. STUDENT AND PHYSICIANS COMPENSATION</b>		
1. Salaries and Wages (include benefits)	.07, 8210.09 - 8290.09	\$
2. Professional Fees	.20	\$ 2,977,017
<b>D. PHARMACY NONLABOR EXPENSE</b>	8390.37 and 8390.38	<b>\$ 7,453,362</b>
<b>E. FOOD SERVICES NONLABOR EXPENSE</b>	8320, 8330 and 8340 and/or .42 and .43	<b>\$ 1,516,954</b>
<b>F. DIRECT OPERATING COSTS</b>		
1. Salaries and Wages	.00 - .09, .91, .95	\$ 95,364,118
2. Employee Benefits	.10 - .19, .92, .96	\$ 49,187,454
3. Other Professional Fees	.21 - .29	\$ 3,657,677
4. Purchased Services	.61 - .69	\$ 13,002,290
5. Supplies	.31 - .36, .39 - .41, .44 - .50, .93, .97	\$ 41,902,576

**RATE DEVELOPMENT SCHEDULES**

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<b>NPI</b>	<b>1780681189</b>
<b>FISCAL PERIOD</b>	<b>JANUARY 1, 2011 THROUGH DECEMBER 31, 2011</b>
<b>CONTRACT PERIOD</b>	<b>N/A</b>

A. DIRECT PAYROLL COSTS (Totals)	<u>REFERENCE</u>		
1. Management and Supervision			
a. Productive Salaries	.00	\$	10,916,608
b. Productive Hours			221,676.00
2. Technicians and Specialists			
a. Productive Salaries	.01	\$	22,816,279
b. Productive Hours			689,673.00
3. Registered Nurses			
a. Productive Salaries	.02	\$	40,792,352
b. Productive Hours			896,930.00
4. Licensed Vocational Nurses			
a. Productive Salaries	.03	\$	640,625
b. Productive Hours			27,186.00
5. Aides and Orderlies			
a. Productive Salaries	.04	\$	3,926,060
b. Productive Hours			247,500.00
6. Physicians (Salaried)			
a. Productive Salaries	.07	\$	
b. Productive Hours			
7. Nonphysician Medical Practitioners			
a. Productive Salaries	.08	\$	
b. Productive Hours			
8. Environmental and Food Services			
a. Productive Salaries	.06	\$	4,715,325
b. Productive Hours			294,761.00
9. Clerical and Other Administrative			
a. Productive Salaries	.05	\$	10,329,915
b. Productive Hours			565,356.00
10. Other Salaries and Wages			
a. Productive Salaries	.09	\$	
b. Productive Hours			
11. All Nonproductive Salaries and Wages			
a. Nonproductive Salaries	Labor Distribution	\$	16,167,108
b. Nonproductive Hours	Report or Provider W/P		459,467.00
<b>B. SUBTOTAL DIRECT PAYROLL COST</b>			
1. Productive Salaries (lines A1a - A10a)		\$	<u>94,137,164</u>
2. Productive Hours (lines A1b - A10b)			<u>2,943,082.00</u>
<b>C. TOTAL PRODUCTIVE AND NONPRODUCTIVE SALARIES (A11a + B1)</b>		<b>\$</b>	<b><u>110,304,272</u></b>
<b>D. TOTAL PRODUCTIVE AND NONPRODUCTIVE HOURS (A11b + B2)</b>			<b><u>3,402,549.00</u></b>

Provider Name				Fiscal Period	NPI	Adjustments	
SAN ANTONIO COMMUNITY HOSPITAL				JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1780681189	12	
Report References				Explanation of Audit Adjustments	Reported	Increase (Decrease)	Adjusted
Adj. No.	Audit Report Page	RD Schedule Page Line					
<b><u>ADJUSTMENTS TO RATE DEVELOPMENT SCHEDULES</u></b>							
1	1	3	A	Medi-Cal Net Cost of Covered Services—Noncontract	\$ 10,118,170	\$ (276,352)	\$ 9,841,818
2	1	3	B	Deductibles and Coinsurance—Noncontract	\$ 753,477	\$ 230,773	\$ 984,250
3	1	3	C 1	Medi-Cal Inpatient Days—Adults and Pediatrics—Noncontract	2,625.00	403.75	3,028.75
4	1	3	C 2	Medi-Cal Inpatient Days—ICU—Noncontract	871.00	(370.25)	500.75
5	1	3	C 3	Medi-Cal Inpatient Days—CCU—Noncontract	303.00	31.75	334.75
6	1	3	C 4	Medi-Cal Inpatient Days—Nursery—Noncontract	85.00	(85.00)	0.00
7	1	3	C 5	Medi-Cal Inpatient Days—NICU—Noncontract	187.00	518.00	705.00
8	1	3	D	Total Hospital Discharges	17,438	(2,165)	15,273
9	1	3	E	Total Medi-Cal Discharges—Acute—Noncontract	848	86	934
10	1	3	F	Total Medi-Cal Inpatient Charges—Noncontract	\$ 46,132,877	\$ 6,061,654	\$ 52,194,531
11	2	4	A 5	Utility Expense	\$ 3,401,921	\$ (424,877)	\$ 2,977,044
12	2	4	B	Gross Operating Expenses	\$ 248,500,147	\$ (9,849,488)	\$ 238,650,659
<p>To adjust the Rate Development Schedules to agree with audit adjustments and/or provider records. CCR, Title 22, Section 51536</p>							