

**REPORT  
ON THE  
COST REPORT REVIEW**

**ST. JOSEPH'S MEDICAL CENTER  
STOCKTON, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1528190931**

**FISCAL PERIOD ENDED  
JUNE 30, 2012**

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

**Section Chief: Robert G. Kwick  
Audit Supervisor: Delia Valencia  
Auditor: Laura Langston**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 25, 2014

Eric S. Carino  
Reimbursement Manager  
St. Joseph's Medical Center  
1800 North California Street  
Stockton, CA 95204

ST. JOSEPH'S MEDICAL CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1528190931  
FISCAL PERIOD ENDED JUNE 30, 2012

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited settlement for the fiscal period due the provider in the amount of \$3,145,353 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 Statements of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statements of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statements of Account Status.

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

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

Lisa Alder, 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—Sacramento at (916) 650-6994.

**Original Signed By**

Robert G. Kwick, Chief  
Audits Section—Sacramento  
Financial Audits Branch

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**ST. JOSEPH'S MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1528190931</b>	Reported	\$ 3,802,866	
	Net Change	\$ (657,513)	
	Audited Amount Due Provider (State)	\$ 3,145,353	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement</b> <b>Due Provider (State) - (Lines 1 through 7)</b>		\$ 3,145,353	
<b>9. Total Medi-Cal Cost</b>			\$ 0

**SUMMARY OF FINDINGS**

**Provider Name:**  
**ST. JOSEPH'S MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2012**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement</b> <b>Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due</b> <b>Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ 3,145,353	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1528190931

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ <u>24,600,750</u>	\$ <u>26,041,592</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>24,600,750</u>	\$ <u>26,041,592</u>
6. Interim Payments (Adj 26,31)		\$ <u>(20,797,884)</u>	\$ <u>(22,866,303)</u>
7. Balance Due Provider (State)		\$ <u>3,802,866</u>	\$ <u>3,175,289</u>
8. Overpayments (Adj 32,33)		\$ <u>0</u>	\$ <u>(29,936)</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>3,802,866</u></u>	\$ <u><u>3,145,353</u></u>

(To Summary of Findings)

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
ST. JOSEPH'S MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1528190931

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 25,147,517 \$ 26,627,639

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 25,30) \$ 57,653,143 \$ 64,580,1473. Inpatient Ancillary Service Charges (Adj 25,30) \$ 63,439,622 \$ 68,165,6154. Total Charges - Medi-Cal Inpatient Services \$ 121,092,765 \$ 132,745,7625. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 95,945,248 \$ 106,118,1236. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0  
(To Schedule 1)

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

COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:  
ST. JOSEPH'S MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1528190931

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 10,388,408	\$ 10,946,387
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 14,759,109	\$ 15,681,252
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)	\$ 25,147,517	\$ 26,627,639
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 25,147,517	\$ 26,627,639
	(To Schedule 2)	
9. Medi-Cal Deductible (Adj )	\$ 0	\$ 0
10. Medi-Cal Coinsurance (Adj 26,31)	\$ (546,767)	\$ (586,047)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 24,600,750	\$ 26,041,592
	(To Schedule 1)	

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
ST. JOSEPH'S MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1528190931

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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## INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj )	60,233	60,233
2. Inpatient Days (include private, exclude swing-bed)	60,233	60,233
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	58,247	58,247
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 23,27)	5,116.00	4,951.75

## 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 27)	\$ 71,244,171	\$ 70,154,120
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)	\$ 71,244,171	\$ 70,154,120

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 0	\$ 0
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.000000	\$ 0.000000
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 0.00	\$ 0.00
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 71,244,171	\$ 70,154,120

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,182.81	\$ 1,164.71
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 6,051,256	\$ 5,767,353
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 8,707,853	\$ 9,913,899
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 14,759,109	\$ 15,681,252

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1528190931

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 2,085,236	\$ 2,050,108
2. Total Inpatient Days (Adj )	5,069	5,069
3. Average Per Diem Cost	\$ 411.37	\$ 404.44
4. Medi-Cal Inpatient Days (Adj 23,27)	712.00	714.25
5. Cost Applicable to Medi-Cal	\$ 292,895	\$ 288,871
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 21,515,296	\$ 21,223,806
7. Total Inpatient Days (Adj )	7,320	7,320
8. Average Per Diem Cost	\$ 2,939.25	\$ 2,899.43
9. Medi-Cal Inpatient Days (Adj 23,27)	933.00	1,007.75
10. Cost Applicable to Medi-Cal	\$ 2,742,320	\$ 2,921,901
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 6,225,037	\$ 6,131,506
12. Total Inpatient Days (Adj )	2,454	2,454
13. Average Per Diem Cost	\$ 2,536.69	\$ 2,498.58
14. Medi-Cal Inpatient Days (Adj 23,27)	220.00	232.25
15. Cost Applicable to Medi-Cal	\$ 558,072	\$ 580,295
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 12,440,645	\$ 12,313,898
27. Total Inpatient Days (Adj )	5,901	5,901
28. Average Per Diem Cost	\$ 2,108.23	\$ 2,086.75
29. Medi-Cal Inpatient Days (Adj 23,27)	2,426.00	2,826.00
30. Cost Applicable to Medi-Cal	\$ 5,114,566	\$ 5,897,156
<b>ADMINISTRATIVE DAYS</b>		
21. Per Diem Rate (Adj 28)	\$ 0.00	\$ 369.96
32. Medi-Cal Inpatient Days (Adj 28)	0	610
33. Cost Applicable to Medi-Cal	\$ 0	\$ 225,676
<b>ADMINISTRATIVE DAYS</b>		
21. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj )	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 8,707,853	\$ 9,913,899

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1528190931

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj )	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj )	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
25. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
26. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

Provider NPI:  
1528190931

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	\$ 17,065,722	\$ 158,896,419	0.107402	\$ 6,542,803	\$ 702,707
51.00	Recovery Room	5,158,078	24,833,809	0.207704	645,734	134,121
52.00	Delivery Room & Labor Room	10,378,707	22,996,314	0.451320	2,733,067	1,233,489
53.00	Anesthesiology	1,249,991	34,052,570	0.036708	1,036,451	38,046
54.00	Radiology-Diagnostic	14,236,590	115,491,807	0.123269	5,937,465	731,907
55.00	Radiology-Therapeutic	4,898,436	28,887,284	0.169571	154,999	26,283
56.00	Radioisotope	1,447,249	15,172,764	0.095385	428,179	40,842
57.00	Computed Tomography (CT) Scan	2,945,664	97,279,587	0.030280	4,993,287	151,199
58.00	Magnetic Resonance Imaging (MRI)	2,336,354	19,137,775	0.122081	90,744	11,078
59.00	Cardiac Catheterization	7,059,781	84,870,428	0.083183	3,614,196	300,640
60.00	Laboratory	61,693,303	477,640,607	0.129163	19,026,050	2,457,454
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	3,773,255	3,337,234	1.130653	207,712	234,850
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	7,098,481	35,816,883	0.198188	5,563,482	1,102,616
65.01	Pulmonary Function Services	182,137	578,191	0.315011	4,248	1,338
66.00	Physical Therapy	2,943,742	8,547,529	0.344397	584,963	201,459
67.00	Occupational Therapy	1,147,612	4,163,596	0.275630	293,699	80,952
68.00	Speech Pathology	550,784	2,155,445	0.255531	32,343	8,265
69.00	Electrocardiology	2,315,069	33,244,743	0.069637	367,269	25,576
70.00	Electroencephalography	171,405	737,011	0.232568	50,181	11,670
71.00	Medical Supplies Charged to Patients	15,010,560	30,536,286	0.491565	1,503,202	738,921
72.00	Implantable Devices Charged to Patients	13,500,984	41,489,703	0.325406	1,068,583	347,723
73.00	Drugs Charged to Patients	15,798,725	77,499,199	0.203857	7,521,996	1,533,409
74.00	Renal Dialysis	1,436,656	8,590,390	0.167240	1,155,694	193,278
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	778,624	777,605	1.001311	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	12,207,862	15,022,487	0.812639	2,083	1,693
91.00	Emergency	16,035,021	115,998,851	0.138234	4,607,185	636,871
92.00	Observation Beds	0	5,731,139	0.000000	0	0
92.01	Observation Beds - Distinct	3,612,421	1,763,010	2.049008	0	0
93.00	Other Outpatient Services (Specify)	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	\$ 225,033,213	\$ 1,465,248,666		\$ 68,165,615	\$ 10,946,387

(To Schedule 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
ST. JOSEPH'S MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2012Provider NPI:  
1528190931

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 24,29)	AUDITED
50.00	Operating Room	\$ 5,906,412	\$ 636,391	\$ 6,542,803
51.00	Recovery Room	633,646	12,088	645,734
52.00	Delivery Room & Labor Room	2,664,999	68,068	2,733,067
53.00	Anesthesiology	947,454	88,997	1,036,451
54.00	Radiology-Diagnostic	4,589,158	1,348,307	5,937,465
55.00	Radiology-Therapeutic	142,937	12,062	154,999
56.00	Radioisotope	420,506	7,673	428,179
57.00	Computed Tomography (CT) Scan	4,709,322	283,965	4,993,287
58.00	Magnetic Resonance Imaging (MRI)	1,044,557	(953,813)	90,744
59.00	Cardiac Catheterization	3,344,657	269,539	3,614,196
60.00	Laboratory	17,692,093	1,333,957	19,026,050
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells	170,889	36,823	207,712
63.00	Blood Storing, Processing, & Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	5,098,675	464,807	5,563,482
65.01	Pulmonary Function Services	3,983	265	4,248
66.00	Physical Therapy	531,795	53,168	584,963
67.00	Occupational Therapy	233,371	60,328	293,699
68.00	Speech Pathology	260,573	(228,230)	32,343
69.00	Electrocardiology	346,804	20,465	367,269
70.00	Electroencephalography	48,358	1,823	50,181
71.00	Medical Supplies Charged to Patients	1,392,827	110,375	1,503,202
72.00	Implantable Devices Charged to Patients	958,777	109,806	1,068,583
73.00	Drugs Charged to Patients	6,875,112	646,884	7,521,996
74.00	Renal Dialysis	1,105,988	49,706	1,155,694
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
76.97	Cardiac Rehabilitation			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	1,974	109	2,083
91.00	Emergency	4,314,755	292,430	4,607,185
92.00	Observation Beds			0
92.01	Observation Beds - Distinct			0
93.00	Other Outpatient Services (Specify)			0
93.02				0
93.03				0
93.04				0
93.05				0
<b>TOTAL MEDI-CAL ANCILLARY CHARGES</b>		<b>\$ 63,439,622</b>	<b>\$ 4,725,993</b>	<b>\$ 68,165,615</b>

(To Schedule 5)











Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

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 5.06
<b>ANCILLARY COST CENTERS</b>												
50.00 Operating Room	0	2,424,252	44,395	441,298	57,703	264,750	854,423	0	0	0	13,272,899	1,305,836
51.00 Recovery Room	0	1,010,353	9,043	73,550	16,421	41,378	133,537	0	0	0	4,185,379	411,773
52.00 Delivery Room & Labor Room	0	1,904,709	51,794	257,424	8,782	38,316	123,656	0	0	0	7,915,323	778,738
53.00 Anesthesiology	0	0	0	12,258	10,148	56,738	183,109	0	0	0	821,427	80,815
54.00 Radiology-Diagnostic	0	2,112,324	117,565	833,563	31,748	192,430	621,026	0	0	0	11,130,556	1,095,065
55.00 Radiology-Therapeutic	0	565,993	19,731	367,748	2,988	48,131	155,334	0	0	0	3,662,035	360,284
56.00 Radioisotope	0	114,900	15,620	61,291	4,384	25,281	81,587	0	0	0	918,901	90,405
57.00 Computed Tomography (CT) Scan	0	301,895	4,933	61,291	13,743	162,085	523,095	0	0	0	2,190,509	215,510
58.00 Magnetic Resonance Imaging (MRI)	0	288,346	3,289	12,258	7,045	31,887	102,908	0	0	0	2,036,191	200,328
59.00 Cardiac Catheterization	0	899,845	34,529	380,006	11,322	141,409	456,368	0	0	0	5,370,736	528,392
60.00 Laboratory	0	8,255,934	151,272	2,745,853	876,466	795,834	0	0	0	0	51,296,971	5,046,782
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Whole Blood & Packed Red Blood Cells	0	147	4,933	12,258	0	5,560	17,945	0	0	0	3,401,958	334,697
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Respiratory Therapy	0	1,527,447	18,909	159,358	1,066	59,677	192,596	0	0	0	6,123,592	602,461
65.01 Pulmonary Function Services	0	31,426	1,644	24,517	327	963	3,109	0	0	0	151,058	14,862
66.00 Physical Therapy	0	527,578	18,087	269,682	708	14,242	45,962	0	0	0	2,304,576	226,733
67.00 Occupational Therapy	0	208,065	5,755	61,291	1,142	6,937	22,389	0	0	0	884,322	87,003
68.00 Speech Pathology	0	7,141	4,933	73,550	0	3,591	11,590	0	0	0	435,639	42,860
69.00 Electrocardiology	0	275,673	23,020	12,258	897	55,392	178,765	0	0	0	1,713,232	168,554
70.00 Electroencephalography	0	23,895	1,644	12,258	114	1,228	3,963	0	0	0	128,786	12,670
71.00 Medical Supplies Charged to Patients	0	0	0	0	834,333	50,879	164,201	0	0	0	12,065,781	1,187,075
72.00 Implantable Devices Charged to Patients	0	0	0	0	739,339	69,129	223,100	0	0	0	10,833,006	1,065,790
73.00 Drugs Charged to Patients	0	0	0	0	0	129,127	416,731	0	0	0	8,511,024	837,345
74.00 Renal Dialysis	0	287,200	7,399	24,517	1,238	14,313	46,193	0	0	0	1,186,651	116,747
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00 Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
76.97 Cardiac Rehabilitation	0	151,457	7,399	12,258	1,632	1,296	4,181	0	0	0	608,027	59,820
79.00	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
87.00	0	0	0	0	0	0	0	0	0	0	0	0
87.01	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00 Clinic	0	2,123,579	88,790	281,940	16,570	25,030	80,779	0	0	0	10,872,353	1,069,662
91.00 Emergency	0	2,693,054	60,015	858,079	33,906	193,275	623,753	0	0	0	12,299,017	1,210,022
92.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
92.01 Observation Beds - Distinct	0	665,534	21,375	98,066	7,172	2,937	9,480	0	0	0	2,682,660	263,930
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	0	1,327,182	72,347	220,649	4,047	0	35,278	0	0	0	5,375,904	528,901
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop & Canteen	0	22,824	9,043	0	3	0	0	0	0	0	96,083	9,453

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

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 5.06
192.00 Physician's Private Offices	0	108,603	5,755	527,106	558	0	0	0	0	0	1,976,249	194,431
194.00 Mark Twain St. Joseph's Hospital	0	148,469	0	0	0	0	666,045	0	0	0	814,514	80,135
194.01 Depreciation For Nonreimbursable	0	0	0	0	0	0	0	0	0	0	177,212	17,435
194.02 Auxiliary Services	0	52,833	4,933	134,841	548	0	0	0	0	0	351,018	34,534
194.03 Care For The Poor	0	0	0	0	0	0	0	0	0	0	0	0
194.04 Fundraising	0	13	12,332	576,139	0	0	0	0	0	0	610,128	60,027
194.05 Public Relations / Marketing	0	126,905	7,399	61,291	295	0	0	0	0	0	1,031,390	101,472
194.06 Community Home Care	0	86,720	5,755	0	400	0	0	0	0	0	365,030	35,913
194.07 Pro Fee Billing	0	0	0	0	13	10,463	33,768	0	0	0	44,743	4,402
194.08 Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0	0	0
194.09 Parish Nurse Program	0	2,193	0	0	12	0	0	0	0	0	15,972	1,571
194.10 Nurse Call Center	0	711,164	0	183,874	116	0	0	0	0	0	2,854,142	280,801
194.11 Community Health	0	172,688	3,289	110,324	1,401	0	0	0	0	0	830,405	81,698
194.12 Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0	0	0
194.13 Community Education	0	1,123	0	98,066	0	0	0	0	0	0	102,207	10,055
194.14 Lifeline	0	39,703	3,289	24,517	1,781	0	0	0	0	0	350,799	34,513
194.15 SJ Behavioral Health Center	0	96,304	0	0	9,316	0	176,694	0	0	0	2,968,703	292,072
194.16 O'Connor Woods	0	0	0	0	0	0	0	0	0	0	2,438,504	239,909
194.17 Oak Valley District Hospital	0	0	0	0	0	0	0	0	0	0	4,988,536	490,790
194.18 Retail Pharmacy (In Hospital)	0	20,651	0	12,258	18	0	0	0	0	0	227,760	22,408
194.19 St Josephs Surgery Center	0	13,706	0	85,808	0	0	0	0	0	0	227,510	22,383
<b>TOTAL</b>	<b>0</b>	<b>64,545,064</b>	<b>1,957,490</b>	<b>17,247,390</b>	<b>3,131,071</b>	<b>3,176,549</b>	<b>8,561,260</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>370,586,888</b>	<b>33,193,943</b>



Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

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
<b>ANCILLARY COST CENTERS</b>												
50.00 Operating Room	365,236	455,101	288,410	381,871	0	84,702	0	207,771	15,793	23,112	664,990	0
51.00 Recovery Room	67,693	84,348	49,720	70,776	0	31,309	0	123,549	26,524	3,077	103,931	0
52.00 Delivery Room & Labor Room	315,732	393,417	154,539	330,112	0	63,386	0	317,520	6,144	7,555	96,241	0
53.00 Anesthesiology	0	0	5,740	0	0	0	0	0	9,642	189,856	142,512	0
54.00 Radiology-Diagnostic	386,526	481,630	108,280	404,131	0	93,194	0	0	52,115	1,754	483,339	0
55.00 Radiology-Therapeutic	223,047	277,928	0	233,206	0	18,281	0	0	2,040	720	120,895	0
56.00 Radioisotope	71,735	89,385	10,340	75,002	0	3,803	0	0	3,208	120,973	63,499	0
57.00 Computed Tomography (CT) Scan	29,074	36,228	0	30,398	0	11,579	0	0	24,886	359	407,120	0
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	13,523	0	0	6,088	132	80,093	0
59.00 Cardiac Catheterization	213,183	265,636	57,096	222,892	0	29,570	0	0	15,801	1,288	355,187	0
60.00 Laboratory	877,723	1,093,684	5,809	917,699	0	412,749	0	0	39,540	3,393	1,998,952	0
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	22,634	13,967	0
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00 Respiratory Therapy	47,383	59,041	4,448	49,541	0	61,442	0	0	19	659	149,896	0
65.01 Pulmonary Function Services	3,662	4,563	0	3,829	0	1,211	0	0	487	47	2,420	0
66.00 Physical Therapy	98,527	122,770	24,791	103,015	0	26,517	0	0	688	354	35,772	0
67.00 Occupational Therapy	44,301	55,202	624	46,319	0	9,925	0	0	2,167	325	17,425	0
68.00 Speech Pathology	19,049	23,736	0	19,917	0	563	0	0	0	0	9,021	0
69.00 Electrocardiology	85,101	106,040	0	88,977	0	13,540	0	0	488	6	139,131	0
70.00 Electroencephalography	7,764	9,674	0	8,117	0	1,211	0	0	98	0	3,084	0
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	1,629,907	0	127,796	0
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	1,428,551	0	173,637	0
73.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	1,787	5,676,066	324,338	0
74.00 Renal Dialysis	23,391	29,147	6,744	24,457	0	8,970	0	0	1,921	2,677	35,951	0
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00 Other Ancillary (specify)	0	0	0	0	0	0	0	0	0	0	0	0
76.97 Cardiac Rehabilitation	31,215	38,895	0	32,637	0	4,655	0	0	120	0	3,254	0
79.00	0	0	0	0	0	0	0	0	0	0	0	0
80.00	0	0	0	0	0	0	0	0	0	0	0	0
81.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
87.00	0	0	0	0	0	0	0	0	0	0	0	0
87.01	0	0	0	0	0	0	0	0	0	0	0	0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00 Clinic	20,930	26,080	62,269	21,883	0	30,150	0	0	5,442	36,224	62,870	0
91.00 Emergency	269,410	335,697	301,060	281,680	256,087	109,463	0	432,493	39,843	14,787	485,461	0
92.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
92.01 Observation Beds - Distinct	68,693	85,595	63,185	71,822	242,157	24,829	0	90,058	10,543	1,571	7,378	0
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
93.02	0	0	0	0	0	0	0	0	0	0	0	0
93.03	0	0	0	0	0	0	0	0	0	0	0	0
93.04	0	0	0	0	0	0	0	0	0	0	0	0
93.05	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
101.00 Home Health Agency	0	0	0	0	0	0	0	117,282	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop & Canteen	13,767	17,154	0	14,394	0	2,098	0	0	0	84	0	0

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

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
192.00 Physician's Private Offices	0	0	0	0	0	0	0	0	79	639,196	0	0
194.00 Mark Twain St. Joseph's Hospital	0	0	226,855	0	0	0	0	0	0	0	0	0
194.01 Depreciation For Nonreimbursable	0	0	0	0	0	0	0	0	0	0	0	0
194.02 Auxiliary Services	31,035	38,671	0	32,448	0	2,490	0	0	22	0	0	0
194.03 Care For The Poor	0	0	0	0	0	0	0	0	0	0	0	0
194.04 Fundraising	41,840	52,135	0	43,746	0	68	0	0	0	0	0	0
194.05 Public Relations / Marketing	9,124	11,369	0	9,540	0	5,866	0	0	0	1,467	0	0
194.06 Community Home Care	0	0	0	0	0	3,666	0	0	3	6,017	0	0
194.07 Pro Fee Billing	0	0	0	0	0	0	0	0	0	0	26,282	0
194.08 Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0	0	0
194.09 Parish Nurse Program	0	0	0	0	0	102	0	0	0	0	0	0
194.10 Nurse Call Center	28,114	35,031	0	29,394	0	27,234	0	0	1	0	0	0
194.11 Community Health	0	0	0	0	0	0	0	0	272	18,043	0	0
194.12 Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0	0	0	0
194.13 Community Education	0	0	0	0	0	205	0	0	0	0	0	0
194.14 Lifeline	0	0	0	0	0	3,052	0	0	0	0	0	0
194.15 SJ Behavioral Health Center	280,595	0	128,467	0	1,148,690	0	0	0	2,711	183,203	137,519	0
194.16 O'Connor Woods	0	0	0	0	0	0	0	0	0	0	0	0
194.17 Oak Valley District Hospital	0	0	0	0	0	0	0	0	0	0	0	0
194.18 Retail Pharmacy (In Hospital)	0	0	0	0	0	801	0	0	8	93,247	0	0
194.19 St Josephs Surgery Center	302,246	376,612	0	316,012	0	54,723	0	0	0	0	0	0
	0											
TOTAL	<u>8,965,880</u>	<u>8,932,204</u>	<u>2,858,612</u>	<u>7,195,923</u>	<u>7,542,142</u>	<u>2,063,048</u>	<u>0</u>	<u>4,340,421</u>	<u>3,612,232</u>	<u>7,108,389</u>	<u>8,116,276</u>	<u>1,440,871</u>



Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST	TOTAL COST 26.00
	SVC	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION				STEP-DOWN	
	(SPECIFIC)				COSTS	PROGRAM				ADJUSTMENT	
	18.00	19.00	20.00	21.00	22.00	23.00			25.00		
<b>ANCILLARY COST CENTERS</b>											
50.00 Operating Room	0	0	0	0	1	0	0	0	17,065,722		17,065,722
51.00 Recovery Room	0	0	0	0	0	0	0	0	5,158,078		5,158,078
52.00 Delivery Room & Labor Room	0	0	0	0	0	0	0	0	10,378,707		10,378,707
53.00 Anesthesiology	0	0	0	0	0	0	0	0	1,249,991		1,249,991
54.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	14,236,590		14,236,590
55.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	4,898,436		4,898,436
56.00 Radioisotope	0	0	0	0	0	0	0	0	1,447,249		1,447,249
57.00 Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	2,945,664		2,945,664
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	2,336,354		2,336,354
59.00 Cardiac Catheterization	0	0	0	0	0	0	0	0	7,059,781		7,059,781
60.00 Laboratory	0	0	0	0	0	0	0	0	61,693,303		61,693,303
61.00 PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0		0
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	3,773,255		3,773,255
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0		0
64.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
65.00 Respiratory Therapy	0	0	0	0	0	0	0	0	7,098,481		7,098,481
65.01 Pulmonary Function Services	0	0	0	0	0	0	0	0	182,137		182,137
66.00 Physical Therapy	0	0	0	0	0	0	0	0	2,943,742		2,943,742
67.00 Occupational Therapy	0	0	0	0	0	0	0	0	1,147,612		1,147,612
68.00 Speech Pathology	0	0	0	0	0	0	0	0	550,784		550,784
69.00 Electrocardiology	0	0	0	0	0	0	0	0	2,315,069		2,315,069
70.00 Electroencephalography	0	0	0	0	0	0	0	0	171,405		171,405
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	15,010,560		15,010,560
72.00 Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	13,500,984		13,500,984
73.00 Drugs Charged to Patients	0	0	0	0	0	448,165	0	0	15,798,725		15,798,725
74.00 Renal Dialysis	0	0	0	0	0	0	0	0	1,436,656		1,436,656
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
76.00 Other Ancillary (specify)	0	0	0	0	0	0	0	0	0		0
76.97 Cardiac Rehabilitation	0	0	0	0	0	0	0	0	778,624		778,624
79.00	0	0	0	0	0	0	0	0	0		0
80.00	0	0	0	0	0	0	0	0	0		0
81.00	0	0	0	0	0	0	0	0	0		0
82.00	0	0	0	0	0	0	0	0	0		0
83.00	0	0	0	0	0	0	0	0	0		0
84.00	0	0	0	0	0	0	0	0	0		0
85.00	0	0	0	0	0	0	0	0	0		0
86.00	0	0	0	0	0	0	0	0	0		0
87.00	0	0	0	0	0	0	0	0	0		0
87.01	0	0	0	0	0	0	0	0	0		0
88.00 Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0		0
89.00 Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0		0
90.00 Clinic	0	0	0	0	0	0	0	0	12,207,862		12,207,862
91.00 Emergency	0	0	0	0	0	0	0	0	16,035,021		16,035,021
92.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
92.01 Observation Beds - Distinct	0	0	0	0	0	0	0	0	3,612,421		3,612,421
93.00 Other Outpatient Services (Specify)	0	0	0	0	0	0	0	0	0		0
93.02	0	0	0	0	0	0	0	0	0		0
93.03	0	0	0	0	0	0	0	0	0		0
93.04	0	0	0	0	0	0	0	0	0		0
93.05	0	0	0	0	0	0	0	0	0		0
<b>NONREIMBURSABLE COST CENTERS</b>											
94.00 Home Program Dialysis	0	0	0	0	0	0	0	0	0		0
95.00 Ambulance Services	0	0	0	0	0	0	0	0	0		0
96.00 Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0		0
97.00 Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0		0
101.00 Home Health Agency	0	0	0	0	0	0	0	0	6,022,086		6,022,086
	0	0	0	0	0	0	0	0	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	153,032		153,032

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST	TOTAL COST 26.00	
	SVC	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION				STEP-DOWN		
	(SPECIFIC) 18.00	19.00	20.00	21.00	COSTS 22.00	PROGRAM 23.00				ADJUSTMENT 25.00		
192.00 Physician's Private Offices	0	0	0	0	0	0	0	0	2,809,954		2,809,954	
194.00 Mark Twain St. Joseph's Hospital	0	0	0	0	0	0	0	0	1,121,504		1,121,504	
194.01 Depreciation For Nonreimbursable	0	0	0	0	0	0	0	0	194,647		194,647	
194.02 Auxiliary Services	0	0	0	0	0	0	0	0	490,218		490,218	
194.03 Care For The Poor	0	0	0	0	0	0	0	0	0		0	
194.04 Fundraising	0	0	0	0	0	0	0	0	807,944		807,944	
194.05 Public Relations / Marketing	0	0	0	0	0	0	0	0	1,170,230		1,170,230	
194.06 Community Home Care	0	0	0	0	0	0	0	0	410,631		410,631	
194.07 Pro Fee Billing	0	0	0	0	0	0	0	0	75,427		75,427	
194.08 Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0		0	
194.09 Parish Nurse Program	0	0	0	0	0	0	0	0	17,646		17,646	
194.10 Nurse Call Center	0	0	0	0	0	0	0	0	3,254,715		3,254,715	
194.11 Community Health	0	0	0	0	0	0	0	0	930,419		930,419	
194.12 Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	0		0	
194.13 Community Education	0	0	0	0	0	0	0	0	112,467		112,467	
194.14 Lifeline	0	0	0	0	0	0	0	0	388,364		388,364	
194.15 SJ Behavioral Health Center	0	0	0	0	0	0	0	0	5,141,961		5,141,961	
194.16 O'Connor Woods	0	0	0	0	0	0	0	0	2,678,413		2,678,413	
194.17 Oak Valley District Hospital	0	0	0	0	0	0	0	0	5,479,326		5,479,326	
194.18 Retail Pharmacy (In Hospital)	0	0	0	0	0	0	0	0	344,225		344,225	
194.19 St Josephs Surgery Center	0	0	0	0	0	0	0	0	1,299,486		1,299,486	
<b>TOTAL</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>448,165</u>	<u>0</u>	<u>0</u>	<u>370,586,888</u>	<u>0</u>	<u>370,586,888</u>

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	CAP REL BLDG & FIX (SQ FT) 1.00 (Adj 16) (Adj 17)	CAP REL B&F PAVILION (SQ FT) 1.01 (Adj 18) (Adj )	CAP REL MOV EQUIP (DLR VALUE) 2.00 (Adj ) (Adj )	STAT 3.00 (Adj ) (Adj )	STAT 3.02 (Adj ) (Adj )	STAT 3.03 (Adj ) (Adj )	STAT 3.04 (Adj ) (Adj )	STAT 3.05 (Adj ) (Adj )	STAT 3.06 (Adj ) (Adj )	STAT 3.07 (Adj ) (Adj )	STAT 3.08 (Adj ) (Adj )	STAT 3.09 (Adj ) (Adj )
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	Capital Related Costs-Buildings and Fixtures											
1.01	Capital Related Costs - B&F Pavilion											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits	3,775	2,740									
5.01	Nonpatient Telephones	857	96,013									
5.02	Data Processing	6,322	540	1,576,354								
5.03	Purchasing, Receiving, and Stores	1,216		6,695								
5.04	Admitting	3,117	58	2,857								
5.05	Cashiering / Accounts Receivable	24,506		4,410								
5.06												
5.07												
5.08												
5.06	Administrative and General	97,490	48,866	27,471								
6.00	Maintenance and Repairs	5,760		647,955								
7.00	Operation of Plant	57,629	18,177	212,670								
8.00	Laundry and Linen Service	9,753		20,091								
9.00	Housekeeping	4,205	334	110,536								
10.00	Dietary	13,335	1,026	17,305								
11.00	Cafeteria											
12.00	Maintenance of Personnel											
13.00	Nursing Administration	1,324		2,501								
14.00	Central Services and Supply	14,790		62,849								
15.00	Pharmacy	4,280	92	3,836								
16.00	Medical Records & Library	5,274		59,187								
17.00	Social Service	3,515		3,492								
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												
<b>INPATIENT ROUTINE COST CENTERS</b>												
30.00	Adults & Pediatrics	53,076	22,368	60,808								
31.00	Intensive Care Unit	12,564	7,478	134,198								
32.00	Coronary Care Unit	5,310		10,531								
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Neonatal Intensive Care Unit		12,853	90,282								
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	Nursery		484	3,323								
44.00	Skilled Nursing Facility	1,502		1,192								
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												





Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	EMP BENE (GROSS SALARIES) 4.00 (Adj) (Adj)	NON PATIENT TELEPHONES (PHONE EXT) 5.01 (Adj 19) (Adj)	DATA PROCESSING (COMPUTERS) 5.02 (Adj) (Adj)	PURCH, RECV, & STORES (CSTD REQUIS) 5.03 (Adj) (Adj)	ADMITTING (GROSS REVENUE) 5.04 (Adj 20) (Adj)	CASHIERING / AR (GROSS REVENUE) 5.05 (Adj 20) (Adj 21)	STAT 5.06 (Adj) (Adj)	STAT 5.07 (Adj) (Adj)	STAT 5.08 (Adj) (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS (SQ FT) 6.00 (Adj 22) (Adj)
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	Capital Related Costs-Buildings and Fixtures											
1.01	Capital Related Costs - B&F Pavilion											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	415,355											
5.02	328,878	43										
5.03	1,204,684	37	16									
5.04	1,972,600	56	23	59,257								
5.05	4,310,060	171	94	50,754								
5.06												
5.07												
5.08												
5.06	9,341,048	255	147	293,990								
6.00	2,212,320	62	18	884,624						8,162,794		
7.00	20,064	7	11	286,657						6,751,151	75,806	
8.00	1,073,387	9	1	404,887						2,203,499	9,753	
9.00	3,586,879	9	9	319,335						6,365,652	4,539	
10.00	2,848,033	28	10	279,249						6,005,438	14,361	
11.00		0								0		
12.00										0		
13.00	2,469,934	84	13	10,536						3,836,978	1,324	
14.00	985,461	6	1	382,751						2,378,538	14,790	
15.00	4,037,326	42	30	96,615						6,155,117	4,372	
16.00	3,710,112	55	55	33,446						6,993,417	5,274	
17.00	703,086	19	6	4,747						1,089,423	3,515	
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	273,115		2							401,517		
23.02										0		
<b>INPATIENT ROUTINE COST CENTERS</b>												
30.00	32,311,025	311	143	1,447,047	260,749,439	260,749,439				51,008,784	75,444	
31.00	10,292,472	86	40	605,888	92,286,435	92,286,435				16,494,156	20,042	
32.00	3,002,055	15	16	163,188	27,195,422	27,195,422				4,768,597	5,310	
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	5,943,260	56	21	345,436	49,419,371	49,419,371				9,732,281	12,853	
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	1,069,273	0	1	69,918	10,267,398	10,267,398				1,616,877	484	
44.00	387,683	8	1	6,914	772,837	772,837				579,303	1,502	
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00										0		

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	EMP BENE (GROSS SALARIES)	NON PATIENT TELEPHONES (PHONE EXT)	DATA PROCESSING (COMPUTERS)	PURCH, RECV, & STORES (CSTD REQUIS)	ADMITTING (GROSS REVENUE)	CASHIERING / AR (GROSS REVENUE)	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)
	4.00 (Adj) (Adj)	5.01 (Adj 19) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	5.04 (Adj 20) (Adj)	5.05 (Adj 20) (Adj 21)	5.06 (Adj) (Adj)	5.07 (Adj) (Adj)	5.08 (Adj) (Adj)		5.06	6.00 (Adj 22) (Adj)
<b>ANCILLARY COST CENTERS</b>												
50.00	Operating Room	6,368,024	54	36	764,972	158,896,419	158,896,419				13,272,899	18,253
51.00	Recovery Room	2,653,996	11	6	217,692	24,833,809	24,833,809				4,185,379	3,383
52.00	Delivery Room & Labor Room	5,003,288	63	21	116,418	22,996,314	22,996,314				7,915,323	15,779
53.00	Anesthesiology			1	134,537	34,052,570	34,052,570				821,427	
54.00	Radiology-Diagnostic	5,548,652	143	68	420,878	115,491,807	115,491,807				11,130,556	19,317
55.00	Radiology-Therapeutic	1,486,750	24	30	39,607	28,887,284	28,887,284				3,662,035	11,147
56.00	Radioisotope	301,818	19	5	58,123	15,172,764	15,172,764				918,901	3,585
57.00	Computed Tomography (CT) Scan	793,017	6	5	182,186	97,279,587	97,279,587				2,190,509	1,453
58.00	Magnetic Resonance Imaging (MRI)	757,428	4	1	93,400	19,137,775	19,137,775				2,036,191	
59.00	Cardiac Catheterization	2,363,713	42	31	150,090	84,870,428	84,870,428				5,370,736	10,654
60.00	Laboratory	21,686,684	184	224	11,619,324	477,640,607	0				51,296,971	43,865
61.00	PBP Clinical Laboratory Services-Program Only										0	
62.00	Whole Blood & Packed Red Blood Cells	386	6	1		3,337,234	3,337,234				3,401,958	
63.00	Blood Storing, Processing, & Trans.										0	
64.00	Intravenous Therapy										0	
65.00	Respiratory Therapy	4,012,296	23	13	14,133	35,816,883	35,816,883				6,123,592	2,368
65.01	Pulmonary Function Services	82,549	2	2	4,337	578,191	578,191				151,058	183
66.00	Physical Therapy	1,385,841	22	22	9,392	8,547,529	8,547,529				2,304,576	4,924
67.00	Occupational Therapy	546,545	7	5	15,142	4,163,596	4,163,596				884,322	2,214
68.00	Speech Pathology	18,757	6	6	2,155,445	2,155,445					435,639	952
69.00	Electrocardiology	724,137	28	1	11,894	33,244,743	33,244,743				1,713,232	4,253
70.00	Electroencephalography	62,768	2	1	1,507	737,011	737,011				128,786	388
71.00	Medical Supplies Charged to Patients				11,060,768	30,536,286	30,536,286				12,065,781	
72.00	Implantable Devices Charged to Patients				9,801,438	41,489,703	41,489,703				10,833,006	
73.00	Drugs Charged to Patients					77,499,199	77,499,199				8,511,024	
74.00	Renal Dialysis	754,418	9	2	16,406	8,590,390	8,590,390				1,186,651	1,169
75.00	ASC (Non-Distinct Part)										0	
76.00	Other Ancillary (specify)										0	
76.97	Cardiac Rehabilitation	397,848	9	1	21,632	777,605	777,605				608,027	1,560
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	5,578,217	108	23	219,663	15,022,487	15,022,487				10,872,353	1,046
91.00	Emergency	7,074,114	73	70	449,492	115,998,851	115,998,851				12,299,017	13,464
92.00	Observation Beds										0	
92.01	Observation Beds - Distinct	1,748,224	26	8	95,080	1,763,010	1,763,010				2,682,660	3,433
93.00	Other Outpatient Services (Specify)										0	
93.02											0	
93.03											0	
93.04											0	
93.05											0	
<b>NONREIMBURSABLE COST CENTERS</b>												
94.00	Home Program Dialysis										0	
95.00	Ambulance Services										0	
96.00	Durable Medical Equipment-Rented										0	
97.00	Durable Medical Equipment-Sold										0	
101.00	Home Health Agency	3,486,242	88	18	53,651	6,560,668					5,375,904	
0.00											0	
0.00											0	
190.00	Gift, Flower, Coffee Shop & Canteen	59,955	11	36							96,083	688

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	EMP BENE (GROSS SALARIES)	NON PATIENT TELEPHONES (PHONE EXT)	DATA PROCESSING (COMPUTERS)	PURCH, RECV, & STORES (CSTD REQUIS)	ADMITTING (GROSS REVENUE)	CASHIERING / AR (GROSS REVENUE)	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.06	MANT & REPAIRS (SQ FT) 6.00 (Adj 22) (Adj)
	4.00 (Adj) (Adj)	5.01 (Adj 19) (Adj)	5.02 (Adj) (Adj)	5.03 (Adj) (Adj)	5.04 (Adj 20) (Adj)	5.05 (Adj 20) (Adj 21)	5.06 (Adj) (Adj)	5.07 (Adj) (Adj)	5.08 (Adj) (Adj)			
192.00	Physician's Private Offices	285,279	7	43	7,396						1,976,249	
194.00	Mark Twain St. Joseph's Hospital	389,999				123,863,960					814,514	
194.01	Depreciation For Nonreimbursable										177,212	
194.02	Auxiliary Services	138,783	6	11	7,269						351,018	1,551
194.03	Care For The Poor		0								0	
194.04	Fundraising	35	15	47							610,128	2,091
194.05	Public Relations / Marketing	333,354	9	5	3,907						1,031,390	456
194.06	Community Home Care	227,795	7		5,302						365,030	
194.07	Pro Fee Billing				168	6,279,890	6,279,890				44,743	
194.08	Nonreimbursable Cost Center										0	
194.09	Parish Nurse Program	5,761			159						15,972	
194.10	Nurse Call Center	1,868,084		15	1,537						2,854,142	1,405
194.11	Community Health	453,616	4	9	18,570						830,405	
194.12	Nonreimbursable Cost Center										0	
194.13	Community Education	2,949		8							102,207	
194.14	Lifeline	104,292	4	2	23,610						350,799	
194.15	SJ Behavioral Health Center	252,972			123,500	32,859,641					2,968,703	14,023
194.16	O'Connor Woods										2,438,504	
194.17	Oak Valley District Hospital										4,988,536	
194.18	Retail Pharmacy (In Hospital)	54,246		1	234						227,760	
194.19	St Josephs Surgery Center	36,003	0	7							227,510	15,105
	TOTAL	169,546,945	2,381	1,407	41,508,689	1,906,488,319	1,592,131,981	0	0	0	337,392,945	448,078
	COST TO BE ALLOCATED	64,545,064	1,957,490	17,247,390	3,131,071	3,176,549	8,561,260	0	0	0	33,193,943	8,965,880
	UNIT COST MULTIPLIER - SCH 8	0.380691	822.129524	12258.272885	0.075432	0.001666	0.005377	0.000000	0.000000	0.000000	0.098384	20.009641

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (PATIENT DAYS)	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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj 20)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	Capital Related Costs-Buildings and Fixtures											
1.01	Capital Related Costs - B&F Pavilion											
2.00	Capital Related Costs-Movable Equipment											
3.00	Other Capital Related Costs											
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Nonpatient Telephones											
5.02	Data Processing											
5.03	Purchasing, Receiving, and Stores											
5.04	Admitting											
5.05	Cashiering / Accounts Receivable											
5.06												
5.07												
5.08												
5.06	Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	9,753	Laundry and Linen Service										
9.00	4,539	Housekeeping										
10.00	14,361	Dietary										
11.00		14,361										
11.00		Cafeteria										
12.00		106,783										
12.00	Maintenance of Personnel											
13.00	1,324	Nursing Administration										
14.00	14,790	Central Services and Supply										
15.00	4,372	Pharmacy										
16.00	5,274	Medical Records & Library										
17.00	3,515	Social Service										
18.00		3,515										
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												
23.02	419											
<b>INPATIENT ROUTINE COST CENTERS</b>												
30.00	75,444	662,115	75,444	177,445	25,612		460,237	1,005,560	51,443	260,749,439	58,247	
31.00	20,042	167,200	20,042	14,940	7,415		121,796	471,449	17,394	92,286,435	7,320	
32.00	5,310	49,868	5,310	5,235	2,081		35,839	119,435	5,049	27,195,422	2,454	
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	12,853	22,676	12,853		4,122		73,091	262,553	8,484	49,419,371	5,901	
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (specify)											
43.00	484	19,457	484		740		13,711	43,047	648	10,267,398	5,069	
44.00	1,502	5,022	1,502	732	164		2,335	3,219	131	772,837	227	
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj) (Adj)	HOUSE- KEEPING (SQ FT) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj) (Adj)	CAFETERIA (MEALS SERVED) 11.00 (Adj) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS REVENUE) 16.00 (Adj 20) (Adj)	SOC SERV (PATIENT DAYS) 17.00 (Adj) (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj) (Adj)
<b>ANCILLARY COST CENTERS</b>												
50.00	Operating Room	18,253	196,411	18,253		4,967		48,135	108,357	32,287	158,896,419	
51.00	Recovery Room	3,383	33,860	3,383		1,836		28,623	181,982	4,298	24,833,809	
52.00	Delivery Room & Labor Room	15,779	105,243	15,779		3,717		73,561	42,153	10,554	22,996,314	
53.00	Anesthesiology		3,909						66,158	265,228	34,052,570	
54.00	Radiology-Diagnostic	19,317	73,740	19,317		5,465			357,567	2,450	115,491,807	
55.00	Radiology-Therapeutic	11,147		11,147		1,072			13,996	1,006	28,887,284	
56.00	Radioisotope	3,585	7,042	3,585		223			22,008	168,999	15,172,764	
57.00	Computed Tomography (CT) Scan	1,453		1,453		679			170,747	501	97,279,587	
58.00	Magnetic Resonance Imaging (MRI)					793			41,769	184	19,137,775	
59.00	Cardiac Catheterization	10,654	38,883	10,654		1,734			108,411	1,800	84,870,428	
60.00	Laboratory	43,865	3,956	43,865		24,204			271,291	4,740	477,640,607	
61.00	PBP Clinical Laboratory Services-Program Only											
62.00	Whole Blood & Packed Red Blood Cells									31,619	3,337,234	
63.00	Blood Storing, Processing, & Trans.											
64.00	Intravenous Therapy											
65.00	Respiratory Therapy	2,368	3,029	2,368		3,603			129	921	35,816,883	
65.01	Pulmonary Function Services	183		183		71			3,338	65	578,191	
66.00	Physical Therapy	4,924	16,883	4,924		1,555			4,722	494	8,547,529	
67.00	Occupational Therapy	2,214	425	2,214		582			14,869	454	4,163,596	
68.00	Speech Pathology	952		952		33					2,155,445	
69.00	Electrocardiology	4,253		4,253		794			3,349	8	33,244,743	
70.00	Electroencephalography	388		388		71			670		737,011	
71.00	Medical Supplies Charged to Patients								11,182,969		30,536,286	
72.00	Implantable Devices Charged to Patients								9,801,438		41,489,703	
73.00	Drugs Charged to Patients								12,261	7,929,455	77,499,199	
74.00	Renal Dialysis	1,169	4,593	1,169		526			13,181	3,740	8,590,390	
75.00	ASC (Non-Distinct Part)											
76.00	Other Ancillary (specify)											
76.97	Cardiac Rehabilitation	1,560		1,560		273			825		777,605	
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	1,046	42,406	1,046		1,768			37,338	50,605	15,022,487	
91.00	Emergency	13,464	205,026	13,464	13,255	6,419		100,197	273,369	20,658	115,998,851	
92.00	Observation Beds											
92.01	Observation Beds - Distinct	3,433	43,030	3,433	12,534	1,456		20,864	72,340	2,194	1,763,010	
93.00	Other Outpatient Services (Specify)											
93.02												
93.03												
93.04												
93.05												
<b>NONREIMBURSABLE COST CENTERS</b>												
94.00	Home Program Dialysis											
95.00	Ambulance Services											
96.00	Durable Medical Equipment-Rented											
97.00	Durable Medical Equipment-Sold											
101.00	Home Health Agency							27,171				
0.00												
0.00												
190.00	Gift, Flower, Coffee Shop & Canteen	688		688		123				117		

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (PATIENT DAYS)	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
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj 20)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
192.00 Physician's Private Offices								542	892,956			
194.00 Mark Twain St. Joseph's Hospital		154,491										
194.01 Depreciation For Nonreimbursable												
194.02 Auxiliary Services	1,551		1,551		146			148				
194.03 Care For The Poor												
194.04 Fundraising	2,091		2,091		4							
194.05 Public Relations / Marketing	456		456		344				2,050			
194.06 Community Home Care					215			24	8,406			
194.07 Pro Fee Billing										6,279,890		
194.08 Nonreimbursable Cost Center												
194.09 Parish Nurse Program					6							
194.10 Nurse Call Center	1,405		1,405		1,597			5				
194.11 Community Health								1,868	25,206			
194.12 Nonreimbursable Cost Center												
194.13 Community Education					12							
194.14 Lifeline					179							
194.15 SJ Behavioral Health Center		87,488		59,456				18,603	255,934	32,859,641		
194.16 O'Connor Woods												
194.17 Oak Valley District Hospital												
194.18 Retail Pharmacy (In Hospital)					47			58	130,266			
194.19 St Josephs Surgery Center	15,105		15,105		3,209							
TOTAL	358,249	1,946,753	343,957	390,380	120,979	0	1,005,560	24,783,907	9,930,408	1,939,347,960	79,218	0
COST TO BE ALLOCATED	8,932,204	2,858,612	7,195,923	7,542,142	2,063,048	0	4,340,421	3,612,232	7,108,389	8,116,275	1,440,871	0
UNIT COST MULTIPLIER - SCH 8	24.932949	1.468400	20.920995	19.320002	17.052941	0.000000	4.316422	0.145749	0.715820	0.004185	18.188681	0.000000

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	NONPHYSICIAN	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Buildings and Fixtures						
1.01	Capital Related Costs - B&F Pavilion						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01	Nonpatient Telephones						
5.02	Data Processing						
5.03	Purchasing, Receiving, and Stores						
5.04	Admitting						
5.05	Cashiering / Accounts Receivable						
5.06							
5.07							
5.08							
5.06	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							
<b>INPATIENT ROUTINE COST CENTERS</b>							
30.00	Adults & Pediatrics						
31.00	Intensive Care Unit						
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Neonatal Intensive Care Unit						
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:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>ANCILLARY COST CENTERS</b>							
50.00	Operating Room		100	100			
51.00	Recovery Room						
52.00	Delivery Room & Labor Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
61.00	PBP Clinical Laboratory Services-Program Only						
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, & Trans.						
64.00	Intravenous Therapy						
65.00	Respiratory Therapy						
65.01	Pulmonary Function Services						
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				100		
74.00	Renal Dialysis						
75.00	ASC (Non-Distinct Part)						
76.00	Other Ancillary (specify)						
76.97	Cardiac Rehabilitation						
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						
92.00	Observation Beds						
92.01	Observation Beds - Distinct						
93.00	Other Outpatient Services (Specify)						
93.02							
93.03							
93.04							
93.05							
<b>NONREIMBURSABLE COST CENTERS</b>							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
101.00	Home Health Agency						
0.00							
0.00							
190.00	Gift, Flower, Coffee Shop & Canteen						

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
192.00	Physician's Private Offices						
194.00	Mark Twain St. Joseph's Hospital						
194.01	Depreciation For Nonreimbursable						
194.02	Auxiliary Services						
194.03	Care For The Poor						
194.04	Fundraising						
194.05	Public Relations / Marketing						
194.06	Community Home Care						
194.07	Pro Fee Billing						
194.08	Nonreimbursable Cost Center						
194.09	Parish Nurse Program						
194.10	Nurse Call Center						
194.11	Community Health						
194.12	Nonreimbursable Cost Center						
194.13	Community Education						
194.14	Lifeline						
194.15	SJ Behavioral Health Center						
194.16	O'Connor Woods						
194.17	Oak Valley District Hospital						
194.18	Retail Pharmacy (In Hospital)						
194.19	St Josephs Surgery Center						
TOTAL	0	0	100	100	100	0	0
COST TO BE ALLOCATED	0	0	0	1	448,165	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.010984	4481.649686	0.000000	0.000000

## TRIAL BALANCE OF EXPENSES

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 3,293,630	\$ (9,546)	\$ 3,284,084
1.01	Capital Related Costs - B&F Pavilion	2,774,774	0	2,774,774
2.00	Capital Related Costs-Movable Equipment	7,105,355	0	7,105,355
3.00	Other Capital Related Costs		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	65,700,856	(1,181,067)	64,519,789
5.01	Nonpatient Telephones	1,790,199	(91,983)	1,698,216
5.02	Data Processing	18,293,724	(2,833,024)	15,460,700
5.03	Purchasing, Receiving, and Stores	2,432,349	(397)	2,431,952
5.04	Admitting	2,071,080	(649)	2,070,431
5.05	Cashiering / Accounts Receivable	6,547,680	(1,074,611)	5,473,069
5.06			0	0
5.07			0	0
5.08			0	0
5.06	Administrative and General	28,192,661	(2,253,018)	25,939,643
6.00	Maintenance and Repairs	6,300,468	(732)	6,299,736
7.00	Operation of Plant	5,632,123	(7)	5,632,116
8.00	Laundry and Linen Service	1,666,709	(354)	1,666,355
9.00	Housekeeping	4,716,653	(1,182)	4,715,471
10.00	Dietary	4,636,427	(940)	4,635,487
11.00	Cafeteria		0	0
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	2,657,889	(810)	2,657,079
14.00	Central Services and Supply	1,806,492	(326)	1,806,166
15.00	Pharmacy	4,178,538	(1,334)	4,177,204
16.00	Medical Records & Library	4,769,611	(1,231)	4,768,380
17.00	Social Service	707,994	(233)	707,761
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)	1	0	1
23.00	Paramedical Ed. Program (specify)	273,115	(87)	273,028
23.01			0	0
23.02			0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
30.00	Adults & Pediatrics	33,903,952	(10,614)	33,893,338
31.00	Intensive Care Unit	10,951,857	(3,386)	10,948,471
32.00	Coronary Care Unit	3,172,178	(991)	3,171,187
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Neonatal Intensive Care Unit	6,426,283	(1,952)	6,424,331
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery	1,106,534	(343)	1,106,191
44.00	Skilled Nursing Facility	396,904	(147)	396,757
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 8,565,168	\$ (2,097)	\$ 8,563,071
51.00	Recovery Room	2,880,374	(866)	2,879,508
52.00	Delivery Room & Labor Room	5,135,727	(1,640)	5,134,087
53.00	Anesthesiology	490,379	0	490,379
54.00	Radiology-Diagnostic	6,228,367	(1,837)	6,226,530
55.00	Radiology-Therapeutic	1,788,158	(490)	1,787,668
56.00	Radioisotope	542,449	(99)	542,350
57.00	Computed Tomography (CT) Scan	1,010,973	(259)	1,010,714
58.00	Magnetic Resonance Imaging (MRI)	1,391,213	(242)	1,390,971
59.00	Cardiac Catheterization	2,842,198	(779)	2,841,419
60.00	Laboratory	36,719,090	1,081,873	37,800,963
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells	3,359,823	0	3,359,823
63.00	Blood Storing, Processing, & Trans.		0	0
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	4,107,471	(1,327)	4,106,144
65.01	Pulmonary Function Services	88,007	(27)	87,980
66.00	Physical Therapy	1,398,448	(457)	1,397,991
67.00	Occupational Therapy	565,350	(181)	565,169
68.00	Speech Pathology	329,157	(6)	329,151
69.00	Electrocardiology	1,060,613	(238)	1,060,375
70.00	Electroencephalography	76,050	(21)	76,029
71.00	Medical Supplies Charged to Patients	11,016,369	0	11,016,369
72.00	Implantable Devices Charged to Patients	9,801,438	0	9,801,438
73.00	Drugs Charged to Patients	7,828,769	0	7,828,769
74.00	Renal Dialysis	781,929	(250)	781,679
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		0	0
76.97	Cardiac Rehabilitation	419,480	(130)	419,350
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	6,747,162	1,224,076	7,971,238
91.00	Emergency	7,696,169	(2,325)	7,693,844
92.00	Observation Beds		0	0
92.01	Observation Beds - Distinct	1,846,552	(578)	1,845,974
93.00	Other Outpatient Services (Specify)		0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	<b>SUBTOTAL</b>	\$ 356,222,919	\$ (5,176,864)	\$ 351,046,055
	<b>NONREIMBURSABLE COST CENTERS</b>			
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:  
ST. JOSEPH'S MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
101.00	Home Health Agency	3,717,057	(1,151)	3,715,906
			0	0
			0	0
190.00	Gift, Flower, Coffee Shop & Canteen	60,127	(21)	60,106
192.00	Physician's Private Offices	1,334,321	(94)	1,334,227
194.00	Mark Twain St. Joseph's Hospital		0	0
194.01	Depreciation For Nonreimbursable	68,091	0	68,091
194.02	Auxiliary Services	148,650	(46)	148,604
194.03	Care For The Poor		0	0
194.04	Fundraising	3,879	(1)	3,878
194.05	Public Relations / Marketing	734,413	98,365	832,778
194.06	Community Home Care	272,231	(75)	272,156
194.07	Pro Fee Billing	15,285	(15,285)	0
194.08	Nonreimbursable Cost Center		0	0
194.09	Parish Nurse Program	13,769	(2)	13,767
194.10	Nurse Call Center	1,927,087	(616)	1,926,471
194.11	Community Health	542,669	(149)	542,520
194.12	Nonreimbursable Cost Center		0	0
194.13	Community Education	3,021	(3)	3,018
194.14	Lifeline	278,138	(34)	278,104
194.15	SJ Behavioral Health Center	2,686,389	0	2,686,389
194.16	O'Connor Woods	2,438,504	0	2,438,504
194.17	Oak Valley District Hospital	4,988,536	0	4,988,536
194.18	Retail Pharmacy (In Hospital)	192,975	(19)	192,956
194.19	St Josephs Surgery Center	36,003	(1,181)	34,822
	SUBTOTAL	\$ 19,461,145	\$ 79,688	\$ 19,540,833
200	TOTAL	\$ 375,684,064	\$ (5,097,176)	\$ 370,586,888

(To Schedule 8)













Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b><u>RECLASSIFICATION OF REPORTED COSTS</u></b>												
1	10A	A			5.05	7	Cashiering/Accounts Receivable		\$6,547,680	(\$1,088,712)	\$5,458,968 *	
	10A	A			60.00	7	Laboratory		36,719,090	1,088,712	37,807,802 *	
							To reclassify laboratory billing in order to directly assign the costs in conjunction with adjustment 21. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A					

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED COSTS</b>												
	10A	A		1.00	7	Capital Related Costs-Buildings and Fixtures	\$3,293,630					
2						To eliminate property taxes not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Sections 2102.3 and 2122.2F		(\$1,819)				
3						To eliminate property tax expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304, W&I Code 14124.2(b)		(2,039)		\$3,289,772 *		
	10A	A		1.00	7	Capital Related Costs-Buildings and Fixtures	* \$3,289,772	(\$5,688)		\$3,284,084		
	10A	A		5.05	7	Cashiering/Accounts Receivable	* 5,458,968	241		5,459,209 *		
	10A	A		5.06	7	Administrative and General	28,192,661	5,931		28,198,592 *		
	10A	A		60.00	7	Laboratory	* 37,807,802	311		37,808,113 *		
	10A	A		90.00	7	Clinic	6,747,162	18,241		6,765,403 *		
						To adjust the provider's reclassification of property taxes to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304						
5	10A	A		4.00	7	Employee Benefits	\$65,700,856	(\$3,000)		\$65,697,856 *		
	10A	A		5.01	7	Nonpatient Telephones	1,790,199	(137)		1,790,062 *		
	10A	A		5.02	7	Data Processing	18,293,724	(121)		18,293,603 *		
	10A	A		5.03	7	Purchasing, Receiving and Stores	2,432,349	(397)		2,431,952		
	10A	A		5.04	7	Admitting	2,071,080	(649)		2,070,431		
	10A	A		5.05	7	Cashiering/Accounts Receivable	* 5,459,209	(1,425)		5,457,784 *		
	10A	A		5.06	7	Administrative and General	* 28,198,592	(2,786)		28,195,806 *		
	10A	A		6.00	7	Maintenance and Repairs	6,300,468	(732)		6,299,736		
	10A	A		7.00	7	Operation of Plant	5,632,123	(7)		5,632,116		
	10A	A		8.00	7	Laundry and Linen Service	1,666,709	(354)		1,666,355		
	10A	A		9.00	7	Housekeeping	4,716,653	(1,182)		4,715,471		
	10A	A		10.00	7	Dietary	4,636,427	(940)		4,635,487		
	10A	A		13.00	7	Nursing Administration	2,657,889	(810)		2,657,079		

-Continued on next page-

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED COSTS</b>												
-Continued from previous page-												
5	10A	A			14.00	7	Central Services and Supply	\$1,806,492	(\$326)	\$1,806,166		
	10A	A			15.00	7	Pharmacy	4,178,538	(1,334)	4,177,204		
	10A	A			16.00	7	Medical Records & Medical Records Library	4,769,611	(1,231)	4,768,380		
	10A	A			17.00	7	Social Service	707,994	(233)	707,761		
	10A	A			23.00	7	Paramed Ed. Program- (Pharmacy)	273,115	(87)	273,028		
	10A	A			30.00	7	Adults and Pediatrics	33,903,952	(10,614)	33,893,338		
	10A	A			31.00	7	Intensive Care Unit	10,951,857	(3,386)	10,948,471		
	10A	A			32.00	7	Coronary Care Unit	3,172,178	(991)	3,171,187		
	10A	A			35.00	7	Neonatal Intensive Care Unit	6,426,283	(1,952)	6,424,331		
	10A	A			43.00	7	Nursery	1,106,534	(343)	1,106,191		
	10A	A			44.00	7	Skilled Nursing Facility	396,904	(147)	396,757		
	10A	A			50.00	7	Operating Room	8,565,168	(2,097)	8,563,071		
	10A	A			51.00	7	Recovery Room	2,880,374	(866)	2,879,508		
	10A	A			52.00	7	Labor Room and Delivery Room	5,135,727	(1,640)	5,134,087		
	10A	A			54.00	7	Radiology-Diagnostic	6,228,367	(1,837)	6,226,530		
	10A	A			55.00	7	Radiology-Therapeutic	1,788,158	(490)	1,787,668		
	10A	A			56.00	7	Radioisotope	542,449	(99)	542,350		
	10A	A			57.00	7	Computed Tomography (CT) Scan	1,010,973	(259)	1,010,714		
	10A	A			58.00	7	Magnetic Resonance Imaging (MRI)	1,391,213	(242)	1,390,971		
	10A	A			59.00	7	Cardiac Catheterization	2,842,198	(779)	2,841,419		
	10A	A			60.00	7	Laboratory	* 37,808,113	(7,150)	37,800,963		
	10A	A			65.00	7	Respiratory Therapy	4,107,471	(1,327)	4,106,144		
	10A	A			65.01	7	Pulmonary Function Services	88,007	(27)	87,980		
	10A	A			66.00	7	Physical Therapy	1,398,448	(457)	1,397,991		
	10A	A			67.00	7	Occupational Therapy	565,350	(181)	565,169		
	10A	A			68.00	7	Speech Pathology	329,157	(6)	329,151		
	10A	A			69.00	7	Electrocardiology	1,060,613	(238)	1,060,375		
	10A	A			70.00	7	Electroencephalography	76,050	(21)	76,029		
	10A	A			74.00	7	Renal Dialysis	781,929	(250)	781,679		
-Continued on next page-												

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED COSTS</b>												
-Continued from previous page-												
5	10A	A		76.97	7	Cardiac Rehabilitation		\$419,480	(\$130)	\$419,350		
	10A	A		90.00	7	Clinic	*	6,765,403	(1,845)	6,763,558 *		
	10A	A		91.00	7	Emergency		7,696,169	(2,325)	7,693,844		
	10A	A		92.01	7	Observation Beds-Distinct		1,846,552	(578)	1,845,974		
	10A	A		101.00	7	Home Health Agency		3,717,057	(1,151)	3,715,906		
	10A	A		190.00	7	Gift, Flower, Coffee Shop & Canteen		60,127	(21)	60,106		
	10A	A		192.00	7	Physicians' Private Offices		1,334,321	(94)	1,334,227		
	10A	A		194.02	7	Auxiliary Services		148,650	(46)	148,604		
	10A	A		194.04	7	Fundraising		3,879	(1)	3,878		
	10A	A		194.05	7	Public Relations/Marketing		734,413	(109)	734,304 *		
	10A	A		194.06	7	Community Home Care		272,231	(75)	272,156		
	10A	A		194.09	7	Parish Nurse Program		13,769	(2)	13,767		
	10A	A		194.10	7	Nurse Call Center		1,927,087	(616)	1,926,471		
	10A	A		194.11	7	Community Health		542,669	(149)	542,520		
	10A	A		194.13	7	Community Education		3,021	(3)	3,018		
	10A	A		194.14	7	Lifeline		278,138	(34)	278,104		
	10A	A		194.18	7	Retail Pharmacy (In Hospital)		192,975	(19)	192,956		
	10A	A		194.19	7	St Josephs Surgery Center		36,003	(1,181)	34,822		
To reconcile the reported bonus expense to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304												
6	10A	A		4.00	7	Employee Benefits	*	\$65,697,856	(\$1,178,067)	\$64,519,789		
	10A	A		5.02	7	Data Processing	*	18,293,603	(2,453,916)	15,839,687 *		
	10A	A		5.06	7	Administrative and General	*	28,195,806	(1,949,941)	26,245,865 *		
To adjust reported home office costs to agree with the Dignity Health Home Office Audit Report for fiscal period ended June 30, 2012. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304												

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED COSTS</b>												
7	10A	A			5.01	7	Nonpatient Telephones To eliminate patient telephone costs. 42 CFR 413.9(c)(3), 413.24, and 413.50 CMS Pub. 15-1, Sections 2106.1 and 2304	*	\$1,790,062	(\$91,846)	\$1,698,216	
8	10A	A			5.02	7	Data Processing To offset EHR incentive payments against related costs. 42 CFR 413.5 and 413.9 / CMS Pub. 15-1, Section 2328 CMS Pub. 15-2, Section 3613	*	\$15,839,687	(\$378,987)	\$15,460,700	
9	10A	A			5.05	7	Cashiering/Accounts Receivable	*	\$5,457,784	\$15,285	\$5,473,069	
	10A	A			194.07	7	Pro Fee Billing To reverse the provider's reclassification of patient accounting expense related to professional fee billing in conjunction with adjustment 20. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2306		15,285	(15,285)	0	
10	10A	A			5.06	7	Administrative and General  To eliminate charity expense that is not recognized under the Medi-Cal program. 42 CFR 413.89(b)(2) / CMS Pub. 15-1, Section 300	*	\$26,245,865		(\$42,798)	
11							To capitalize legal expense for land zoning that is part of the historical cost of an asset. 42 CFR 413.20 and 413.134 CMS Pub. 15-1, Sections 108 and 2300				(15,221)	
12							To eliminate other expense not related to patient care. 42 CFR 413.9(c)(3) / CMS Pub. 15-1, Section 2102.3				(60,196)	
										(\$118,215)	\$26,127,650 *	

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>												
13	10A	A			5.06	7	Administrative and General To eliminate charity expense that is not recognized under the Medi-Cal program and for insufficient documentation. 42 CFR 413.20, 413.24 and 413.89(b)(2) CMS Pub. 15-1, Sections 300, 2300, and 2304	*	\$26,127,650	(\$188,007)	\$25,939,643	
14	10A	A			90.00	7	Clinic To include physician compensation costs for services that are part of the all inclusive rate at the clinics. 42 CFR 413.5 and 413.9 CMS Pub. 15-1, Section 2182.3C	*	\$6,763,558	\$1,207,680	\$7,971,238	
15	10A	A			194.05	7	Public Relations/Marketing To include advertising and marketing expense in a nonreimbursable cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2328	*	\$734,304	\$98,474	\$832,778	

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>												
16	9	B-1			5.05	1	Cashiering/Accounts Receivable (Main Hosp Sq Feet)	24,587	(81)	24,506		
	9	B-1			1.00	1	Total - Main Hosp Sq Feet	515,982	(81)	515,901 *		
							To adjust the main hospital square feet statistic to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304					
17	9	B-1			5.06	1	Administrative and General (Main Hospital Sq Feet)	96,990	500	97,490		
	9	B-1			54.00	1	Radiology - Diagnostic	19,142	10,047	29,189		
	9	B-1			60.00	1	Laboratory	43,865	10,330	54,195		
	9	B-1			90.00	1	Clinic	1,046	13,371	14,417		
	9	B-1			1.00	1	Total - Main Hosp Sq Feet	515,901	34,248	550,149		
							* To include leased building square footage in order to properly allocate indirect costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2306					
18	9	B-1			5.06	1.01	Administrative and General (Pavilion Sq Feet)	2,024	46,842	48,866		
	9	B-1			7.00	1.01	Operation of Plant	65,019	(46,842)	18,177		
							To reclassify parking square footage in order to properly allocate indirect costs. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2306					
19	9	B-1			5.02	5.01	Data Processing (Phone Extensions)	49	(6)	43		
	9	B-1			5.03	5.01	Purchasing, Receiving and Stores	23	14	37		
	9	B-1			5.04	5.01	Admitting	54	2	56		
	9	B-1			5.05	5.01	Cashiering/Accounts Receivable	121	50	171		
	9	B-1			5.06	5.01	Administrative and General	181	74	255		
	9	B-1			6.00	5.01	Maintenance and Repairs	51	11	62		
	9	B-1			7.00	5.01	Operation of Plant	0	7	7		

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b><u>ADJUSTMENTS TO REPORTED STATISTICS</u></b>												
-Continued from previous page-												
19	9	B-1		8.00	5.01	Laundry and Linen Service	4	5	9			
	9	B-1		9.00	5.01	Housekeeping	6	3	9			
	9	B-1		10.00	5.01	Dietary	12	16	28			
	9	B-1		11.00	5.01	Cafeteria	12	(12)	0			
	9	B-1		13.00	5.01	Nursing Administration	35	49	84			
	9	B-1		15.00	5.01	Pharmacy	35	7	42			
	9	B-1		16.00	5.01	Medical Records & Library	11	44	55			
	9	B-1		17.00	5.01	Social Service	29	(10)	19			
	9	B-1		30.00	5.01	Adults and Pediatrics (General Routine Care)	114	197	311			
	9	B-1		31.00	5.01	Intensive Care Unit	32	54	86			
	9	B-1		32.00	5.01	Coronary Care Unit	4	11	15			
	9	B-1		35.00	5.01	Neonatal Intensive Care Unit	0	56	56			
	9	B-1		43.00	5.01	Nursery	8	(8)	0			
	9	B-1		44.00	5.01	Skilled Nursing Facility	11	(3)	8			
	9	B-1		50.00	5.01	Operating Room	29	25	54			
	9	B-1		51.00	5.01	Recovery Room	6	5	11			
	9	B-1		52.00	5.01	Labor Room and Delivery Room	6	57	63			
	9	B-1		54.00	5.01	Radiology-Diagnostic	63	80	143			
	9	B-1		56.00	5.01	Radioisotope	15	4	19			
	9	B-1		57.00	5.01	Computed Tomography (CT) Scan	0	6	6			
	9	B-1		58.00	5.01	Magnetic Resonance Imaging (MRI)	0	4	4			
	9	B-1		59.00	5.01	Cardiac Catheterization	8	34	42			
	9	B-1		60.00	5.01	Laboratory	125	59	184			
	9	B-1		62.00	5.01	Whole Blood & Packed Red Blood Cells	0	6	6			
	9	B-1		65.00	5.01	Respiratory Therapy	12	11	23			
	9	B-1		65.01	5.01	Pulmonary Function Services	0	2	2			
	9	B-1		66.00	5.01	Physical Therapy	12	10	22			
	9	B-1		67.00	5.01	Occupational Therapy	6	1	7			
	9	B-1		68.00	5.01	Speech Pathology	4	2	6			
	9	B-1		69.00	5.01	Electrocardiology	0	28	28			
	9	B-1		70.00	5.01	Electroencephalography	4	(2)	2			
	9	B-1		74.00	5.01	Renal Dialysis	2	7	9			

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>												
-Continued from previous page-												
19	9	B-1			76.97	5.01	Cardiac Rehabilitation	0	9	9		
	9	B-1			90.00	5.01	Clinic	63	45	108		
	9	B-1			91.00	5.01	Emergency	62	11	73		
	9	B-1			92.01	5.01	Observation Beds-Distinct	0	26	26		
	9	B-1			101.00	5.01	Home Health Agency	0	88	88		
	9	B-1			190.00	5.01	Gift, Flower, Coffee Shop & Canteen	0	11	11		
	9	B-1			192.00	5.01	Physicians' Private Offices	0	7	7		
	9	B-1			194.03	5.01	Care For The Poor	1	(1)	0		
	9	B-1			194.04	5.01	Fundraising	0	15	15		
	9	B-1			194.05	5.01	Public Relations/Marketing	0	9	9		
	9	B-1			194.06	5.01	Community Home Care	0	7	7		
	9	B-1			194.11	5.01	Community Health	0	4	4		
	9	B-1			194.14	5.01	Lifeline	0	4	4		
	9	B-1			194.19	5.01	St Josephs Surgery Center	63	(63)	0		
	9	B-1			5.01	5.01	Total - Phone Extensions	1309	1,072	2,381		
To adjust the reported telephone extension statistic to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304												
20	9	B-1			194.07	5.04	Pro Fee Billing (Gross Revenue)	0	6,279,890	6,279,890		
	9	B-1			194.07	5.05	Pro Fee Billing	0	6,279,890	6,279,890		
	9	B-1			194.07	16	Pro Fee Billing	0	6,279,890	6,279,890		
	9	B-1			5.04	5.04	Total - Gross Revenue	1,900,208,429	6,279,890	1,906,488,319		
	9	B-1			5.05	5.05	Total - Gross Revenue	2,063,492,698	6,279,890	2,069,772,588 *		
	9	B-1			16.00	16	Total - Gross Revenue	1,933,068,070	6,279,890	1,939,347,960		
To include professional fee revenue for proper allocation of indirect costs in conjunction with adjustment 9. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2306												

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>												
21	9	B-1			60.00	5.05	Laboratory (Gross Revenue)	477,640,607	(477,640,607)	0		
	9	B-1			5.05	5.05	Total - Gross Revenue	* 2,069,772,588	(477,640,607)	1,592,131,981		
							To adjust gross revenue statistics in conjunction with adjustment 1.					
							42 CFR 413.24 and 413.50					
							CMS Pub. 15-1, Sections 2304 and 2306					
22	9	B-1			7.00	6	Operation of Plant (Square Feet)	122,648	(46,842)	75,806		
	9	B-1			6.00	6	Total - Square Feet	494,920	(46,842)	448,078		
							To eliminate parking square footage in order to properly allocate indirect costs.					
							42 CFR 413.20 and 413.24					
							CMS Pub. 15-1, Sections 2300, 2304, and 2306					

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1528190931		33
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>										
23	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	5,116.00	(132.00)	4,984.00 *
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	712.00	7.00	719.00 *
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	933.00	78.00	1,011.00 *
	4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care	220.00	13.00	233.00 *
	4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	2,426.00	447.00	2,873.00 *
24	6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$5,906,412	\$636,391	\$6,542,803
	6	D-3		XIX	51.00	2	Medi-Cal Ancillary Charges - Recovery Room	633,646	12,088	645,734
	6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	2,664,999	68,068	2,733,067
	6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	947,454	88,997	1,036,451
	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	4,589,158	1,297,217	5,886,375 *
	6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	142,937	10,106	153,043 *
	6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	420,506	7,673	428,179
	6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	4,709,322	283,965	4,993,287
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	1,044,557	(984,478)	60,079 *
	6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	3,344,657	269,539	3,614,196
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	17,692,093	1,047,693	18,739,786 *
	6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood & Packed Red Blood Cells	170,889	36,823	207,712
	6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	5,098,675	464,807	5,563,482
	6	D-3		XIX	65.01	2	Medi-Cal Ancillary Charges - Pulmonary Function Services	3,983	265	4,248
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	531,795	(83,806)	447,989 *
	6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	233,371	(23,991)	209,380 *
	6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	260,573	(228,230)	32,343
	6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	346,804	20,465	367,269
	6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	48,358	1,823	50,181
	6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,392,827	110,375	1,503,202
	6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	958,777	109,806	1,068,583
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	6,875,112	239,337	7,114,449 *
	6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	1,105,988	49,706	1,155,694
	6	D-3		XIX	90.00	2	Medi-Cal Ancillary Charges - Clinic	1,974	109	2,083
	6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency Room	4,314,755	292,430	4,607,185
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	63,439,622	3,727,178	67,166,800 *

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\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>												
-Continued from previous page-												
25	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$57,653,143	\$4,305,121	\$61,958,264 *		
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	63,439,622	3,727,177	67,166,799 *		
26	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	\$546,767	\$38,770	\$585,537 *		
	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payment	20,797,884	1,663,468	22,461,352 *		
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: August 13, 2013 Payment Period: July 1, 2011 through July 31, 2013 Service Period: July 1, 2011 through June 30, 2012 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												
27	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	* 4,984.00	(32.25)	4,951.75		
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	* 719.00	(4.75)	714.25		
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	* 1,011.00	(3.25)	1,007.75		
	4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care	* 233.00	(0.75)	232.25		
	4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	* 2,873.00	(47.00)	2,826.00		
To eliminate Medi-Cal days for billed Medi-Cal Days by 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through 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												
28	4A	Not Reported					Medi-Cal Administrative Days	0	610	610		
	4A	Not Reported					Medi-Cal Administrative Days Rate	\$0	\$369.96	\$369.96		
-Continued on next page-												

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1528190931		33
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>												
-Continued from previous page-												
29	6	D-3	XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	*	\$5,886,375	\$51,090	\$5,937,465		
	6	D-3	XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	*	153,043	1,956	154,999		
	6	D-3	XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	*	60,079	30,665	90,744		
	6	D-3	XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	*	18,739,786	286,264	19,026,050		
	6	D-3	XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	*	447,989	136,974	584,963		
	6	D-3	XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	*	209,380	84,319	293,699		
	6	D-3	XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	*	7,114,449	407,547	7,521,996		
	6	D-3	XIX	200.00	2	Medi-Cal Ancillary Charges - Total	*	67,166,800	998,815	68,165,615		
30	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	*	\$61,958,264	\$2,621,883	\$64,580,147	
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	*	67,166,800	998,815	68,165,615	
31	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	*	\$585,537	\$510	\$586,047	
	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payment	*	22,461,352	404,951	22,866,303	
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: August 13, 2013 Payment Period: July 1, 2011 through July 31, 2013 Service Period: July 1, 2011 through June 30, 2012 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												

Provider Name							Fiscal Period	Provider NPI		Adjustments
ST. JOSEPH'S MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1528190931		33
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>										
	1	Not Reported					Overpayments	\$0		
32							To recover Medi-Cal overpayments for Share of Cost due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51476		\$27,258	
33							To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1		2,678 <hr/> \$29,936	\$29,936