

**REPORT  
ON THE  
COST REPORT REVIEW**

**MARK TWAIN ST. JOSEPH'S HOSPITAL  
SAN ANDREAS, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1508968819**

**FISCAL PERIOD ENDED  
JUNE 30, 2010**

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

**Section Chief: Robert G. Kwick  
Audit Supervisor: Delia Valencia  
Auditor: Olga Barajas**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

June 19, 2013

Eric S. Carino  
Reimbursement Manager  
Mark Twain St. Joseph's Hospital  
768 Mountain Ranch Road  
San Andreas, CA 95249

MARK TWAIN ST. JOSEPH'S HOSPITAL  
NATIONAL PROVIDER IDENTIFIER (NPI) 1508968819  
FISCAL PERIOD ENDED JUNE 30, 2010

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 combined settlement for the fiscal period due the provider in the amount of \$169,733, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement 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:

John Melton, 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. Kvick, Chief  
Audits Section—Sacramento  
Financial Audits Branch

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**MARK TWAIN ST. JOSEPH'S HOSPITAL**

**Fiscal Period Ended:**  
**JUNE 30, 2010**

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1508968819</b>		
Reported	\$ 271,611	
Net Change	\$ (101,879)	
Audited Amount Due Provider (State)	\$ 169,733	
<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 Due Provider (State) - (Lines 1 through 7)</b>	\$ 169,733	
<b>9. Total Medi-Cal Cost</b>		\$ 0

**SUMMARY OF FINDINGS**

**Provider Name:**  
**MARK TWAIN ST. JOSEPH'S HOSPITAL**

**Fiscal Period Ended:**  
**JUNE 30, 2010**

	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: 1508968819</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 Due Provider - (Lines 10 through 15)</b>	\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>	\$ 169,733	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

Provider NPI:  
1508968819

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ 1,672,948	\$ 1,731,502
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ 32,706	N/A
4. \$	\$	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ 1,705,654	\$ 1,731,502
6. Interim Payments (Adj 14,17)	\$ (1,267,776)	\$ (1,397,284)
7. Balance Due Provider (State)	\$ 437,878	\$ 334,218
8. Medi-Cal Credit Balances (Adj 19)	\$ 0	\$ (29,146)
9. AB 5 Cost Reduction (Adj 1)	\$ (166,267)	\$ (135,339)
10.	\$	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 271,611	\$ 169,733
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT  
AB 5 and AB 1183 - SUMMARY OF REDUCTIONSProvider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITALFiscal Period Ended:  
June 30, 2010Provider No.  
1508968819

1. 10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3. 10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3)	<u>0</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	<u>0</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>0</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/24/10 (SCHEDULE A-6)	<u>135,339</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u><u>135,339</u></u> (To Schedule 1, Line 9)

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

## AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2009 THROUGH FEBRUARY 24, 2010 - SMALL RURAL HOSPITALS

Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
June 30, 2010

Provider No.  
1508968819

**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>1,744,982</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>17,914</u>
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)	<u>1,760</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 - Lines 2 and 3)	\$ <u><u>1,725,308</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)	<u><u>600.75</u></u>
6. Audited Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>2,871.92</u></u>

**AB 5 - 10% Cost Reduction For Services From 07/01/09 Through 02/24/10**

7. Audited Medi-Cal Days of Service from 07/1/09 Through 02/24/10 (exclude Administrative Days)	<u>471.25</u>
8. Audited Medi-Cal Cost Per Day For 07/01/09 Through 02/24/10 (Line 6 * Line 7)	\$ <u>1,353,394</u>
9. AB 5 - 10% Cost Reduction for 07/01/09 Through 02/24/10 (Line 8 * 10%)	\$ <u><u>135,339</u></u> (To Schedule A, Line 6)



COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITALFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1508968819

	REPORTED	AUDITED
<b>REASONABLE COST OF MEDI-CAL INPATIENT SERVICES</b>		
1. Cost of Covered Services (Schedule 3)	\$ <u>1,680,585</u>	\$ <u>1,744,982</u>
<b>CHARGES FOR MEDI-CAL INPATIENT SERVICES</b>		
2. Inpatient Routine Service Charges (Adj 12,16)	\$ <u>1,372,785</u>	\$ <u>2,060,783</u>
3. Inpatient Ancillary Service Charges (Adj 12,16)	\$ <u>2,466,753</u>	\$ <u>2,687,311</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>3,839,538</u>	\$ <u>4,748,094</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>2,158,953</u>	\$ <u>3,003,112</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF  
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

Provider NPI:  
1508968819

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 629,608	\$ 659,816
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 1,050,977	\$ 1,085,166
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)	\$ 1,680,585	\$ 1,744,982
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 1,680,585	\$ 1,744,982 (To Schedule 2)
9. Coinsurance (Adj 13)	\$ (7,637)	\$ (6,483)
10. Patient and Third Party Liability (Adj 13)	\$ 0	\$ (6,997)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 1,672,948	\$ 1,731,502 (To Schedule 1)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITALFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1508968819

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj )	4,979	4,979
2. Inpatient Days (include private, exclude swing-bed)	4,907	4,907
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	4,907	4,907
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	25	25
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	23	23
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	7	7
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	17	17
9. Medi-Cal Days (excluding swing-bed) (Adj 10,18)	437.00	465.25

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj 20)	\$ 0.00	\$ 202.81
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj 20)	\$ 0.00	\$ 206.90
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj 21)	\$ 0.00	\$ 305.15
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj 21)	\$ 0.00	\$ 305.15
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 7,134,699	\$ 6,842,366
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 5,070
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 4,759
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 2,136
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 5,188
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 17,153
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 7,134,699	\$ 6,825,213

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 16,399,447	\$ 16,399,447
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 16,399,447	\$ 16,399,447
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.435057	\$ 0.416186
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 3,342.05	\$ 3,342.05
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)	\$ 7,134,699	\$ 6,825,213

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,453.98	\$ 1,390.91
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 635,389	\$ 647,121
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 415,588	\$ 438,045
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,050,977	\$ 1,085,166

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITALFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1508968819

	REPORTED	AUDITED
<b>SPECIAL CARE AND/OR NURSERY UNITS</b>		
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, 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
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 2,722,284	\$ 2,610,702
7. Total Inpatient Days (Adj )	842	842
8. Average Per Diem Cost	\$ 3,233.12	\$ 3,100.60
9. Medi-Cal Inpatient Days (Adj 10,18)	123.00	135.50
10. Cost Applicable to Medi-Cal	\$ 397,674	\$ 420,131
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, 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
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 28, 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 29, 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>ADMINISTRATIVE DAYS</b>		
26. Per Diem Rate (Adj )	\$ 351.25	\$ 351.25
27. Medi-Cal Inpatient Days (Adj )	51	51
28. Cost Applicable to Medi-Cal	\$ 17,914	\$ 17,914
<b>ADMINISTRATIVE DAYS</b>		
29. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj )	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 415,588	\$ 438,045

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITALFiscal Period Ended:  
JUNE 30, 2010Provider NPI:  
1508968819

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
0		
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

Provider NPI:  
1508968819

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
37.00	Operating Room	\$ 5,195,096	\$ 25,336,791	0.205042	\$ 309,987	\$ 63,560
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	0	0	0.000000	0	0
40.00	Anesthesiology	0	0	0.000000	0	0
41.00	Radiology - Diagnostic	4,264,655	32,360,472	0.131786	528,302	69,623
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
42.00	Radiology - Therapeutic	0	0	0.000000	0	0
43.00	Radioisotope	0	0	0.000000	0	0
44.00	Laboratory	3,146,453	14,419,792	0.218204	407,286	88,871
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood & Packed Red Blood	286,402	220,725	1.297552	19,303	25,047
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	760,401	1,790,025	0.424799	111,595	47,405
50.00	Physical Therapy	1,051,047	2,351,243	0.447018	55,498	24,809
51.00	Occupational Therapy	201,018	495,815	0.405430	25,991	10,538
52.00	Speech Pathology	20,946	59,861	0.349908	175	61
53.00	Electrocardiology	141,367	1,624,890	0.087001	113,871	9,907
53.01	Cardiac Rehab	316,392	370,211	0.854625	0	0
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	687,581	4,057,350	0.169466	130,937	22,189
55.30	Impl. Dev. Charged To Patient	944,714	1,815,221	0.520440	20,104	10,463
56.00	Drugs Charged to Patients	1,812,357	6,595,580	0.274784	677,166	186,074
57.00	Renal Dialysis	0	0	0.000000	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	20,526	0	0.000000	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	3,568,628	10,116,975	0.352737	287,096	101,269
62.00	Observation Beds	0	398,096	0.000000	0	0
63.50	Rural Health Clinic	980,684	388,322	2.525440	0	0
63.51	Rural Health Clinic 2	1,978,971	1,372,073	1.442322	0	0
63.52	Rural Health Clinic 3	2,360,196	1,802,007	1.309760	0	0
63.53	Rural Health Clinic 4	1,085,061	669,556	1.620569	0	0
63.54	Rural Health Clinic V	828,820	416,792	1.988569	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 29,651,316	\$ 106,661,797		\$ 2,687,311	\$ 659,816

(To Schedule 3)

\* From Schedule 8, Column 27











Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMIN- TRATIVE & GENERAL 6.00
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	0	446,508	0	0	0	0	0	0	0	0	3,381,096	760,018
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	373,192	0	0	0	0	0	0	0	0	3,002,931	675,012
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	0	312,755	0	0	0	0	0	0	0	0	2,302,234	517,506
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood & Packed Red Blood	0	0	0	0	0	0	0	0	0	0	227,081	51,044
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	110,784	0	0	0	0	0	0	0	0	574,260	129,085
50.00	Physical Therapy	0	122,845	0	0	0	0	0	0	0	0	682,154	153,338
51.00	Occupational Therapy	0	27,506	0	0	0	0	0	0	0	0	145,839	32,782
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	16,650	3,743
53.00	Electrocardiology	0	19,347	0	0	0	0	0	0	0	0	95,563	21,481
53.01	Cardiac Rehab	0	29,348	0	0	0	0	0	0	0	0	193,679	43,536
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	31	0	0	0	0	0	0	0	0	408,032	91,719
55.30	Impl. Dev. Charged To Patient	0	0	0	0	0	0	0	0	0	0	685,317	154,049
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	625,396	140,579
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	2,794	0	0	0	0	0	0	0	0	15,368	3,455
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	450,675	0	0	0	0	0	0	0	0	2,373,104	533,437
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.50	Rural Health Clinic	0	102,305	0	0	0	0	0	0	0	0	709,188	159,414
63.51	Rural Health Clinic 2	0	217,068	0	0	0	0	0	0	0	0	1,451,127	326,191
63.52	Rural Health Clinic 3	0	291,547	0	0	0	0	0	0	0	0	1,801,041	404,846
63.53	Rural Health Clinic 4	0	95,308	0	0	0	0	0	0	0	0	762,197	171,330
63.54	Rural Health Clinic V	0	71,027	0	0	0	0	0	0	0	0	597,470	134,302
86.00		0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTER:</b>													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	8,717	1,960
96.01	Community Health	0	2,000	0	0	0	0	0	0	0	0	25,034	5,627
96.02	Thrift Shop	0	47,318	0	0	0	0	0	0	0	0	335,288	75,368
98.00	Physicians' Private Offices	0	16,592	0	0	0	0	0	0	0	0	124,643	28,018
99.01	Silver Service/Lifeline	0	413	0	0	0	0	0	0	0	0	13,639	3,066
99.02	Foundation	0	696	0	0	0	0	0	0	0	0	165,126	37,118
99.03	Non Reimbursable Meals	0	0	0	0	0	0	0	0	0	0	0	0
99.04	Community Relation	0	11,435	0	0	0	0	0	0	0	0	357,558	80,373
99.05	Unused Space	0	0	0	0	0	0	0	0	0	0	0	0
99.06	Community Benefits/Grants	0	1,484	0	0	0	0	0	0	0	0	17,627	3,962
100.01		0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<u>0</u>	<u>5,097,013</u>	<u>0</u>	<u>40,498,582</u>	<u>7,432,697</u>							



Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	154,407	87,254	68,211	108,116	0	81,567	0	225,126	79,118	16,031	234,152	0
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	85,039	48,055	14,401	59,545	0	72,504	0	0	4,720	3,386	299,061	0
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	51,810	29,277	0	36,277	0	69,500	0	0	6,587	0	133,261	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood & Packed Red Blood	2,748	1,553	0	1,924	0	0	0	0	0	0	2,051	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	7,950	4,492	0	5,566	0	22,505	0	0	0	0	16,543	0
50.00	Physical Therapy	47,948	27,095	17,740	33,574	0	28,564	0	38,482	423	0	21,729	0
51.00	Occupational Therapy	5,678	3,209	0	3,976	0	4,735	0	0	216	0	4,582	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	553	0
53.00	Electrocardiology	0	0	0	0	0	5,804	0	1,513	164	0	16,840	0
53.01	Cardiac Rehab	28,801	16,275	0	20,166	0	5,092	0	5,187	235	0	3,421	0
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	150,334	0	37,496	0
55.30	Impl. Dev. Charged To Patient	0	0	0	0	0	0	0	0	88,573	0	16,775	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	365	985,063	60,953	0
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	1,426	0	0	69	209	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	79,702	45,039	57,868	55,807	0	60,844	0	262,035	3,272	4,024	93,497	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.50	Rural Health Clinic	67,732	38,275	4,910	0	0	560	0	0	524	82	0	0
63.51	Rural Health Clinic 2	121,109	68,438	9,558	0	0	1,527	0	0	934	87	0	0
63.52	Rural Health Clinic 3	85,857	48,517	16,561	0	0	1,782	0	0	1,324	267	0	0
63.53	Rural Health Clinic 4	89,718	50,699	9,099	0	0	713	0	0	1,208	96	0	0
63.54	Rural Health Clinic V	52,332	29,572	0	0	0	13,849	0	0	1,197	98	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTER:</b>													
96.00	Gift, Flower, Coffee Shop & Canteen	5,451	3,080	0	3,817	0	0	0	0	0	0	0	0
96.01	Community Health	7,268	4,107	0	5,089	0	356	0	0	8	0	0	0
96.02	Thrift Shop	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Offices	0	0	0	0	0	8,401	0	5,355	20	0	0	0
99.01	Silver Service/Lifeline	0	0	0	0	0	204	0	0	0	0	0	0
99.02	Foundation	1,545	873	0	1,081	0	6,466	0	0	0	0	0	0
99.03	Non Reimbursable Meals	0	0	0	0	50,083	0	0	0	0	0	0	0
99.04	Community Relation	1,681	950	0	1,177	0	3,004	0	0	28	0	0	0
99.05	Unused Space	0	0	0	0	0	0	0	0	0	0	0	0
99.06	Community Benefits/Grants	0	0	0	0	0	356	0	672	0	0	0	0
100.01		0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>1,374,214</b>	<b>776,559</b>	<b>323,380</b>	<b>655,614</b>	<b>968,693</b>	<b>656,305</b>	<b>0</b>	<b>1,242,686</b>	<b>352,193</b>	<b>1,017,886</b>	<b>1,096,152</b>	<b>521,280</b>



Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON- PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST	TOTAL COST 27.00
										STEP-DOWN ADJUSTMENT 26.00	
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	0	0	0	5,195,096		5,195,096
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	0		0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0		0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	4,264,655		4,264,655
41.01	0	0	0	0	0	0	0	0	0		0
41.02	0	0	0	0	0	0	0	0	0		0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	0		0
44.00 Laboratory	0	0	0	0	0	0	0	0	3,146,453		3,146,453
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00 Whole Blood & Packed Red Blood	0	0	0	0	0	0	0	0	286,402		286,402
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0		0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	760,401		760,401
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,051,047		1,051,047
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	201,018		201,018
52.00 Speech Pathology	0	0	0	0	0	0	0	0	20,946		20,946
53.00 Electrocardiology	0	0	0	0	0	0	0	0	141,367		141,367
53.01 Cardiac Rehab	0	0	0	0	0	0	0	0	316,392		316,392
54.00 Electroencephalography	0	0	0	0	0	0	0	0	0		0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	687,581		687,581
55.30 Impl. Dev. Charged To Patient	0	0	0	0	0	0	0	0	944,714		944,714
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	1,812,357		1,812,357
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0		0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.02	0	0	0	0	0	0	0	0	0		0
59.03	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	20,526		20,526
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0		0
61.00 Emergency	0	0	0	0	0	0	0	0	3,568,628		3,568,628
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
63.50 Rural Health Clinic	0	0	0	0	0	0	0	0	980,684		980,684
63.51 Rural Health Clinic 2	0	0	0	0	0	0	0	0	1,978,971		1,978,971
63.52 Rural Health Clinic 3	0	0	0	0	0	0	0	0	2,360,196		2,360,196
63.53 Rural Health Clinic 4	0	0	0	0	0	0	0	0	1,085,061		1,085,061
63.54 Rural Health Clinic V	0	0	0	0	0	0	0	0	828,820		828,820
86.00	0	0	0	0	0	0	0	0	0		0
<b>NONREIMBURSABLE COST CENTER:</b>											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	23,026		23,026
96.01 Community Health	0	0	0	0	0	0	0	0	47,491		47,491
96.02 Thrift Shop	0	0	0	0	0	0	0	0	410,656		410,656
98.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	166,437		166,437
99.01 Silver Service/Lifeline	0	0	0	0	0	0	0	0	16,908		16,908
99.02 Foundation	0	0	0	0	0	0	0	0	212,209		212,209
99.03 Non Reimbursable Meals	0	0	0	0	0	0	0	0	50,083		50,083
99.04 Community Relation	0	0	0	0	0	0	0	0	444,771		444,771
99.05 Unused Space	0	0	0	0	0	0	0	0	0		0
99.06 Community Benefits/Grants	0	0	0	0	0	0	0	0	22,618		22,618
100.01	0	0	0	0	0	0	0	0	0		0
100.02	0	0	0	0	0	0	0	0	0		0
100.03	0	0	0	0	0	0	0	0	0		0
100.04	0	0	0	0	0	0	0	0	0		0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40,498,582</b>	<b>0</b>	<b>40,498,582</b>







STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

	EMP BENE (GROSS SALARIES)	STAT 6.01 (Adj) (Adj)	STAT 6.02 (Adj) (Adj)	STAT 6.03 (Adj) (Adj)	STAT 6.04 (Adj) (Adj)	STAT 6.05 (Adj) (Adj)	STAT 6.06 (Adj) (Adj)	STAT 6.07 (Adj) (Adj)	STAT 6.08 (Adj) (Adj)	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00 (Adj) (Adj)
<b>ANCILLARY COST CENTERS</b>											
37.00	Operating Room	1,699,570								3,381,096	6,798
38.00	Recovery Room									0	
39.00	Delivery Room and Labor Room									0	
40.00	Anesthesiology									0	
41.00	Radiology - Diagnostic	1,420,502								3,002,931	3,744
41.01										0	
41.02										0	
42.00	Radiology - Therapeutic									0	
43.00	Radioisotope									0	
44.00	Laboratory	1,190,458								2,302,234	2,281
44.01	Pathological Lab									0	
46.00	Whole Blood & Packed Red Blood									227,081	121
47.00	Blood Storing and Processing									0	
48.00	Intravenous Therapy									0	
49.00	Respiratory Therapy	421,682								574,260	350
50.00	Physical Therapy	467,593								682,154	2,111
51.00	Occupational Therapy	104,696								145,839	250
52.00	Speech Pathology									16,650	
53.00	Electrocardiology	73,643								95,563	
53.01	Cardiac Rehab	111,710								193,679	1,268
54.00	Electroencephalography									0	
55.00	Medical Supplies Charged to Patients	117								408,032	
55.30	Impl. Dev. Charged To Patient									685,317	
56.00	Drugs Charged to Patients									625,396	
57.00	Renal Dialysis									0	
58.00	ASC (Non-Distinct Part)									0	
59.02										0	
59.03										0	
60.00	Clinic	10,636								15,368	
60.01	Other Clinic Services									0	
61.00	Emergency	1,715,432								2,373,104	3,509
62.00	Observation Beds									0	
63.50	Rural Health Clinic	389,411								709,188	2,982
63.51	Rural Health Clinic 2	826,238								1,451,127	5,332
63.52	Rural Health Clinic 3	1,109,732								1,801,041	3,780
63.53	Rural Health Clinic 4	362,777								762,197	3,950
63.54	Rural Health Clinic V	270,354								597,470	2,304
86.00										0	
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00	Gift, Flower, Coffee Shop & Canteen									8,717	240
96.01	Community Health	7,613								25,034	320
96.02	Thrift Shop	180,110								335,288	
98.00	Physicians' Private Offices	63,154								124,643	
99.01	Silver Service/Lifeline	1,571								13,639	
99.02	Foundation	2,651								165,126	68
99.03	Non Reimbursable Meals									0	
99.04	Community Relation	43,526								357,558	74
99.05	Unused Space									0	
99.06	Community Benefits/Grants	5,647								17,627	
100.01										0	
100.02										0	
100.03										0	
100.04										0	
TOTAL		19,401,058	0	0	0	0	0	0	0	33,065,885	60,502
COST TO BE ALLOCATED		5,097,013	0	0	0	0	0	0	0	7,432,697	1,374,214
UNIT COST MULTIPLIER - SCH 8		0.262718	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.224784	22.713527



Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (PATIENT DAYS)	STAT	
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00	
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	6,798	39,972	6,798		1,602	18,750	748,054	10,993	25,336,791			
38.00	Recovery Room												
39.00	Delivery Room and Labor Room												
40.00	Anesthesiology												
41.00	Radiology - Diagnostic	3,744	8,439	3,744		1,424		44,627	2,322	32,360,472			
41.01													
41.02													
42.00	Radiology - Therapeutic												
43.00	Radioisotope												
44.00	Laboratory	2,281		2,281		1,365		62,283		14,419,792			
44.01	Pathological Lab												
46.00	Whole Blood & Packed Red Blood	121		121						221,936			
47.00	Blood Storing and Processing												
48.00	Intravenous Therapy												
49.00	Respiratory Therapy	350		350		442				1,790,025			
50.00	Physical Therapy	2,111	10,396	2,111		561	3,205	4,002		2,351,243			
51.00	Occupational Therapy	250		250		93		2,045		495,815			
52.00	Speech Pathology									59,861			
53.00	Electrocardiology					114		126	1,554	1,822,244			
53.01	Cardiac Rehab	1,268		1,268		100		432	2,221	370,211			
54.00	Electroencephalography												
55.00	Medical Supplies Charged to Patients							1,421,402		4,057,350			
55.30	Impl. Dev. Charged To Patient							837,452		1,815,221			
56.00	Drugs Charged to Patients							3,454	675,479	6,595,580			
57.00	Renal Dialysis												
58.00	ASC (Non-Distinct Part)												
59.02													
59.03													
60.00	Clinic					28		654	143				
60.01	Other Clinic Services												
61.00	Emergency	3,509	33,911	3,509		1,195	21,824	30,933	2,759	10,116,975			
62.00	Observation Beds												
63.50	Rural Health Clinic	2,982	2,877			11		4,952	56				
63.51	Rural Health Clinic 2	5,332	5,601			30		8,830	60				
63.52	Rural Health Clinic 3	3,780	9,705			35		12,522	183				
63.53	Rural Health Clinic 4	3,950	5,332			14		11,426	66				
63.54	Rural Health Clinic V	2,304				272		11,313	67				
86.00													
<b>NONREIMBURSABLE COST CENTERS</b>													
96.00	Gift, Flower, Coffee Shop & Canteen	240		240									
96.01	Community Health	320		320		7		77					
96.02	Thrift Shop												
98.00	Physicians' Private Offices					165	446	191					
99.01	Silver Service/Lifeline					4							
99.02	Foundation	68		68		127							
99.03	Non Reimbursable Meals											3,135	
99.04	Community Relation	74		74		59		261					
99.05	Unused Space												
99.06	Community Benefits/Grants					7	56						
100.01													
100.02													
100.03													
100.04													
	<b>TOTAL</b>	60,502	189,502	41,223	60,636	12,890	0	103,499	3,329,974	697,986	118,611,059	5,635	0
	<b>COST TO BE ALLOCATED</b>	776,559	323,380	655,614	968,693	656,305	0	1,242,686	352,193	1,017,886	1,096,152	521,280	0
	<b>UNIT COST MULTIPLIER - SCH 8</b>	12.835256	1.706473	15.904081	15.975539	50.915808	0.000000	12.006741	0.105765	1.458318	0.009242	92.507527	0.000000

Provider Name:  
 MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
 JUNE 30, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
<b>GENERAL SERVICE COST CENTERS</b>							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
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9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
<b>INPATIENT ROUTINE COST CENTERS</b>							
25.00							
26.00							
27.00							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							



## TRIAL BALANCE OF EXPENSES

Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	1,272,000	(365,942)	906,058
4.00	New Cap Rel Costs-Movable Equipment	962,007	470,845	1,432,852
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	5,568,917	(499,291)	5,069,626
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	7,270,665	(734,227)	6,536,438
7.00	Maintenance and Repairs	893,234	0	893,234
8.00	Operation of Plant	634,037	0	634,037
9.00	Laundry and Linen Service	226,973	(642)	226,331
10.00	Housekeeping	422,219	0	422,219
11.00	Dietary	531,589	0	531,589
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	819,742	0	819,742
15.00	Central Services & Supply	126,773	0	126,773
16.00	Pharmacy	657,358	0	657,358
17.00	Medical Records and Library	600,101	0	600,101
18.00	Social Service	292,976	0	292,976
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern & Res Service-Salary & Fringes		0	0
23.00	Intern & Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults & Pediatrics	2,852,062	0	2,852,062
26.00	Intensive Care Unit	1,281,568	0	1,281,568
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Subprovider I		0	0
31.00	Subprovider II		0	0
32.00			0	0
33.00	Nursery		0	0
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
MARK TWAIN ST. JOSEPH'S HOSPITAL

Fiscal Period Ended:  
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 2,687,670	\$ 0	\$ 2,687,670
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room		0	0
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic	2,493,749	0	2,493,749
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope		0	0
44.00	Laboratory	1,906,628	0	1,906,628
44.01	Pathological Lab		0	0
46.00	Whole Blood & Packed Red Blood	222,686	0	222,686
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	450,764	0	450,764
50.00	Physical Therapy	482,633	0	482,633
51.00	Occupational Therapy	109,253	0	109,253
52.00	Speech Pathology	16,650	0	16,650
53.00	Electrocardiology	76,216	0	76,216
53.01	Cardiac Rehab	118,274	0	118,274
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	408,001	0	408,001
55.30	Impl. Dev. Charged To Patient	685,317	0	685,317
56.00	Drugs Charged to Patients	625,396	0	625,396
57.00	Renal Dialysis		0	0
58.00	ASC (Non-Distinct Part)		0	0
59.02			0	0
59.03			0	0
60.00	Clinic	12,574	0	12,574
60.01	Other Clinic Services		0	0
61.00	Emergency	1,794,974	0	1,794,974
62.00	Observation Beds		0	0
63.50	Rural Health Clinic	317,348	230,842	548,190
63.51	Rural Health Clinic 2	728,685	400,428	1,129,113
63.52	Rural Health Clinic 3	913,823	521,272	1,435,095
63.53	Rural Health Clinic 4	533,523	55,621	589,144
63.54	Rural Health Clinic V	349,280	131,815	481,095
86.00			0	0
	<b>SUBTOTAL</b>	\$ 39,345,665	\$ 210,721	\$ 39,556,386
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
96.01	Community Health	11,411	0	11,411
96.02	Thrift Shop	287,970	0	287,970
98.00	Physicians' Private Offices	108,051	0	108,051
99.01	Silver Service/Lifeline	13,226	0	13,226
99.02	Foundation	161,960	0	161,960
99.03	Non Reimbursable Meals		0	0
99.04	Community Relation	343,435	0	343,435
99.05	Unused Space		0	0
99.06	Community Benefits/Grants	16,143	0	16,143
100.01			0	0
100.02			0	0
100.03			0	0
100.04			0	0
100.99	<b>SUBTOTAL</b>	\$ 942,196	\$ 0	\$ 942,196
101	<b>TOTAL</b>	\$ 40,287,861	\$ 210,721	\$ 40,498,582

(To Schedule 8)









Provider Name							Fiscal Period		Provider NPI		Adjustments
MARK TWAIN ST. JOSEPH'S HOSPITAL							JULY 1, 2009 THROUGH JUNE 30, 2010		1508968819		21
Report References							Explanation of Audit Adjustments				
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>MEMORANDUM ADJUSTMENTS</b>											
1	1	E-3	III	XIX	50.00	1	AB 5 and AB 1183 Reductions The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5 and/or AB 1183. These limitations are addressed in Noncontract Schedule A and incorporated on Noncontract Schedule 1, Line 9. W&I Code, Section 14105.245	(\$166,267)	\$30,928	(\$135,339)	
2	1	E-3	III	XIX	50.01	1	Provider Based Physician Cost Provider Based Physician (PBP) cost was reported after step-down, Worksheet E-3, Line 50.01. Provider does not combine bill. Therefore, actual data will not be entered on schedule 7.				

Provider Name							Fiscal Period			Provider NPI		Adjustments
MARK TWAIN ST. JOSEPH'S HOSPITAL							JULY 1, 2009 THROUGH JUNE 30, 2010			1508968819		21
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>												
3	10A	A		3.00	7	New Cap Rel Costs-Bldg & Fixtures	\$1,272,000	\$25,573	\$1,297,573	*		
	10A	A		4.00	7	New Cap Rel Costs-Movable Equipment	962,007	470,845	1,432,852			
	10A	A		5.00	7	Employee Benefits	5,568,917	(473,609)	5,095,308	*		
	10A	A		6.00	7	Administrative and General	7,270,665	(647,137)	6,623,528	*		
To reconcile home office costs to agree with the Catholic Healthcare West Appeal Recomputation Home Office Audit Report for fiscal year ended June 30, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304												
4	10A	A		3.00	7	New Cap Rel Costs-Bldg & Fixtures	* \$1,297,573	(\$391,515)	\$906,058			
To eliminate interest due to insufficient documentation that the borrowing was necessary, proper, reasonable, and related to patient care. 42 CFR 413.20, 413.24, 413.134(b)(3)(G), and 413.53 CMS Pub. 15-1, Sections 104.10, 202.1, 202.2, 2300, and 2304												
5	10A	A		5.00	7	Employee Benefits	* \$5,095,308	(\$25,682)	\$5,069,626			
To adjust home office costs to agree with the filed Catholic Healthcare West, Workers' Compensation Trust Cost Report for fiscal year ended June 30, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304												
6	10A	A		6.00	7	Administrative and General	* \$6,623,528	(\$72,959)	\$6,550,569	*		
	10A	A		63.50	7	Rural Health Clinic	317,348	(7,963)	309,385	*		
	10A	A		63.51	7	Rural Health Clinic 2	728,685	(15,843)	712,842	*		
	10A	A		63.52	7	Rural Health Clinic 3	913,823	(28,723)	885,100	*		
	10A	A		63.53	7	Rural Health Clinic 4	533,523	(133)	533,390	*		
	10A	A		63.54	7	Rural Health Clinic V	349,280	(5,057)	344,223	*		
To eliminate amortization of physician office start up costs/loan forgiveness not related to patient care. 42 CFR 413.5, 413.24, and 413.9(c)(3) CMS Pub. 15-1, Sections 2102.3, 2108.10, and 2328												

\*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments		
MARK TWAIN ST. JOSEPH'S HOSPITAL			JULY 1, 2009 THROUGH JUNE 30, 2010				1508968819		21		
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			6.00	7	Administrative and General	*	\$6,550,569	(\$55,399)	\$6,495,170 *
	10A	A			9.00	7	Laundry and Linen Services		226,973	(642)	226,331
							To adjust home office costs to agree with the St. Joseph's Medical Center Home Office Amended Report for fiscal year ended June 30, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304				
8	10A	A			6.00	7	Administrative and General	*	\$6,495,170	\$41,268	\$6,536,438
							To reconcile home office costs to agree with the cost report filed by Catholic Healthcare West, HPL Trust, for fiscal year ended June 30, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304				
9	10A	A			63.50	7	Rural Health Clinic	*	\$309,385	\$238,805	\$548,190
	10A	A			63.51	7	Rural Health Clinic 2	*	712,842	416,271	1,129,113
	10A	A			63.52	7	Rural Health Clinic 3	*	885,100	549,995	1,435,095
	10A	A			63.53	7	Rural Health Clinic 4	*	533,390	55,754	589,144
	10A	A			63.54	7	Rural Health Clinic V	*	344,223	136,872	481,095
							To reverse the provider's elimination of expenses for proper cost finding. 42 CFR 413.20, 413.24, and 413.9 CMS Pub. 15-1, Sections 2300 and 2304 CMS Pub. 15-2, Sections 3613				

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPI		Adjustments
MARK TWAIN ST. JOSEPH'S HOSPITAL							JULY 1, 2009 THROUGH JUNE 30, 2010		1508968819		21
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>											
10	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	437	50	487 *	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	123	17	140 *	
11	6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$296,962	\$13,025	\$309,987	
	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	477,245	51,057	528,302	
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	366,677	38,137	404,814 *	
	6	D-4		XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood	17,825	1,478	19,303	
	6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	103,461	8,134	111,595	
	6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	46,128	9,370	55,498	
	6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	19,460	6,531	25,991	
	6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	100,652	13,219	113,871	
	6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	125,242	5,695	130,937	
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	623,274	49,449	672,723 *	
	6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	269,548	17,548	287,096	
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	2,466,753	213,643	2,680,396 *	
12	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$1,372,785	\$569,678	\$1,942,463 *	
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	2,466,753	213,643	2,680,396 *	
13	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$6,997	\$6,997	
	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	7,637	(1,154)	6,483	
14	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$1,267,776	\$111,145	\$1,378,921 *	
<p>To adjust Medi-Cal Settlement Data to agree with the following                      Fiscal Intermediary Payment Data:                      Service Period: July 1, 2009 through June 30, 2010                      Payment Period: July 1, 2009 through January 15, 2013                      Report Date: January 16, 2013                      42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139                      CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408                      CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>											

Provider Name							Fiscal Period	Provider NPI		Adjustments	
MARK TWAIN ST. JOSEPH'S HOSPITAL							JULY 1, 2009 THROUGH JUNE 30, 2010	1508968819		21	
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>											
15	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	*	\$404,814	\$2,472	\$407,286
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	*	672,723	4,443	677,166
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	*	2,680,396	6,915	2,687,311
16	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	*	\$1,942,463	\$118,320	\$2,060,783
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	*	2,680,396	6,915	2,687,311
17	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	*	\$1,378,921	\$18,363	\$1,397,284
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following                      Fiscal Intermediary Payment Data:                      Service Period: July 1, 2009 through June 30, 2010                      Payment Period: July 1, 2009 through January 15, 2013                      Report Date: January 16, 2013                      42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139                      CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408                      CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>											
18	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	*	487.00	(21.75)	465.25
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	*	140.00	(4.50)	135.50
<p style="text-align: center;">To eliminate Medi-Cal routine days for billed Medi-Cal days by                      25%, for claims submitted during the 7th through 9th                      month (RAD Code 475) after the month of service, respectively.                      W&amp;I Code 14115</p>											

Provider Name				Fiscal Period				Provider NPI		Adjustments
MARK TWAIN ST. JOSEPH'S HOSPITAL				JULY 1, 2009 THROUGH JUNE 30, 2010				1508968819		21
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>										
19	Noncontract 1	Not Reported					Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. CCR, Title 22, sections 50761 and 51458.1	\$0	\$29,146	\$29,146
20	4	D-1	I	XIX	17.00	1	Medicare NF Swing-Bed Rates through December 31	\$0.00	\$202.81	\$202.81
	4	D-1	I	XIX	18.00	1	Medicare NF Swing-Bed Rates after December 31 To include Medicare Swing-Bed rates to properly determine the hospital's general inpatient routine service cost. 42 CFR 413.53 CMS Pub. 15-1, Section 2230.5 CMS Pub. 15-2, Section 3622.1	0.00	206.90	206.90
21	4	D-1	I	XIX	19.00	1	Medi-Cal NF Swing-Bed Rates through July 31	\$0.00	\$305.15	\$305.15
	4	D-1	I	XIX	20.00	1	Medi-Cal NF Swing-Bed Rates after July 31 To adjust Medi-Cal Swing Bed rates to agree with the published swing-bed rate for proper cost determination 42 CFR 413.53 CMS Pub. 15-1, Section 2230.5 CMS Pub. 15-2, Section 4025.1 CCR, Title 22, Section 51511	0.00	305.15	305.15