

**REPORT
ON THE
COST REPORT REVIEW**

**SAN ANTONIO COMMUNITY HOSPITAL
UPLAND, CALIFORNIA
PROVIDER NUMBER: ZZT 30099F
NPI: 1780681189**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

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

**Section Chief: Julio M. Cueto
Audit Supervisor: Bina Matani
Auditor: Teresa Zapata**



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

September 9, 2010

Steven C. Moreau, President
San Antonio Community Hospital
999 San Bernardino Road
Upland, CA 91786

PROVIDER: SAN ANTONIO COMMUNITY HOSPITAL
PROVIDER NO. ZZT 30099F
NPI: 1780681189
FISCAL PERIOD ENDED DECEMBER 31, 2008

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

In our opinion, the audited settlement for the fiscal period due the State in the amount of \$296,932 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

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

Steven C. Moreau
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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:

Chief
Office of Administrative Appeals and Hearings
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 95899-7413

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 95814-5005
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Rancho Cucamonga at (909) 481-3420.

Original Signed By

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

Certified

cc: Sharon Simmons
Director of Finance

SUMMARY OF FINDINGS

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZT 30099F		
Reported	\$ 1,283,349	
Net Change	\$ (1,580,281)	
Audited Amount Due Provider (State)	\$ (296,932)	
2. Subprovider I (SCHEDULE 1-1) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.		
Reported		\$ 0
Net Change		\$ 0
Audited Cost		\$ 0
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (296,932)	
9. Total Medi-Cal Cost		\$ 0

SUMMARY OF FINDINGS

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement	Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Audited Settlement Due	Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (296,932)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZT 30099F

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>9,349,701</u>	\$ <u>11,235,114</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>9,349,701</u>	\$ <u>11,235,114</u>
6. Medi-Cal Interim Payments (Adj 18)	\$ <u>(8,066,352)</u>	\$ <u>(9,381,974)</u>
7. Balance Due Provider (State)	\$ <u>1,283,349</u>	\$ <u>1,853,140</u>
8. Credit Balances (Adj 19)	\$ <u>0</u>	\$ <u>(385)</u>
9. AB 5 and AB 1183 Reductions (Schedule A)	\$ <u>0</u>	\$ <u>(2,035,846)</u>
10. Reduction for Late Billing (Adj 20)	\$ <u>0</u>	\$ <u>(113,841)</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>1,283,349</u></u>	\$ <u><u>(296,932)</u></u>
		(To Summary of Findings)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 AND AB 1183
SUMMARY OF REDUCTIONS

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZT 30099F

1.	10% Reduction for Noncontract Services from 07/01/08 - 09/30/08 (AB 5 Schedule A-1)	\$	<u>251,008</u>
2.	Reduction for Noncontract Services from 10/01/08 - 12/31/08 (AB 1183 Schedule A-2)		<u>1,784,838</u>
3.	10% Reduction for Noncontract Services from 04/06/09 - MM/DD/YY (AB 5 Schedule A-3)		<u>0</u>
4.	10% Reduction for HFPAs from 07/01/08 - MM/DD/YY (AB 5 Schedule A-4)		<u>0</u>
5.	10% Reduction for Rural Health Hospitals from 07/01/08 - 10/31/08 (AB 5 Schedule A-5)		<u>0</u>
6.	Total Noncontract AB 5 and AB 1183 Reductions	\$	<u><u>2,035,846</u></u> (To Schedule 1, Ln 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
NONCONTRACT HOSPITALS

AB 5

10% REDUCTION FOR SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008

Provider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30099F**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>12,444,710</u>
2 a. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
2 b. Less: Late Billing Related to Routine Services	<u>113,841</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$ <u><u>12,330,869</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)	<u><u>5,448</u></u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$ <u><u>2,263.38</u></u>

10% Cost Reduction For Services From 07/01/08 Through 09/30/08

6. Audited Medi-Cal Days of Service from 07/1/08 - 09/30/08 (excludes Administrative Days)	<u>1,109</u>
7. Audited Medi-Cal Cost Per Day for 07/01/08 - 09/30/08 (Line 5 X Line 6)	\$ <u>2,510,083</u>
8. 10% Cost Reduction for 07/01/08 - 09/30/08 (Line 7 X 10%)	\$ <u><u>251,008</u></u> (To Schedule A, Ln 1)

**COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
NONCONTRACT HOSPITALS
AB 1183
REDUCTION FOR SERVICES FROM OCTOBER 1, 2008 THROUGH DECEMBER 31, 2008**

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZT 30099F

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>12,444,710</u>
2 a. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
2 b. Less: Late Billing Related to Routine Services	<u>113,841</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2a & 2b)	\$ <u><u>12,330,869</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)	<u>5,448</u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$ <u><u>2,263.38</u></u>

Audited Cost For Services From 10/01/08 Through 12/31/08

6. Audited Medi-Cal Days of Service from 10/01/08 - 12/31/08 (excludes Administrative Days)	<u>1,709</u>
7. Audited Medi-Cal Cost for 10/01/08 - 12/31/08 (Line 5 X Line 6)	\$ <u><u>3,868,109</u></u>
8. Audited Medi-Cal Cost for 10/01/08 - 12/31/08 with 10% Reduction (Line 7 X 90%)	\$ <u><u>3,481,298</u></u>

Audited Cost For Services From 10/01/08 Through 12/31/08 Using the Regional Average Per Diem Contract Rate

9. Regional Average Per Diem Contract Rate Reduced to 95%	\$ <u>1,219</u>
10. Audited Medi-Cal Days of Service from 10/01/08 - 12/31/08 (excludes Administrative Days)	<u>1,709</u>
11. Audited Medi-Cal Cost Using the Regional Avg per Diem Contract Rate at 95% (Ln 9 X Ln 10)	\$ <u><u>2,083,271</u></u>

Reduction For 10/01/08 Through 12/31/08

12. If Line 8 is less than Line 11, then the reduction is Line 7 X 10%	\$ <u>0</u> (To Schedule A, Ln 2)
12. If Line 11 is less than Line 8, then the reduction is Line 7 less Line 11	\$ <u><u>1,784,838</u></u> (To Schedule A, Ln 2)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30099F

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 10,189,911 \$ 12,444,710

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 16) \$ 16,126,782 \$ 20,583,2443. Inpatient Ancillary Service Charges (Adj 16) \$ 25,742,289 \$ 31,122,8444. Total Charges - Medi-Cal Inpatient Services \$ 41,869,071 \$ 51,706,0885. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 31,679,160 \$ 39,261,3786. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30099F

	<u>REPORTED</u>	<u>AUDITED</u>
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>4,746,338</u>	\$ <u>5,659,769</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>5,443,573</u>	\$ <u>6,784,941</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>10,189,911</u>	\$ <u>12,444,710</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>(See Schedule 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>10,189,911</u>	\$ <u>12,444,710</u>
	(To Schedule 2)	
9. Coinsurance (Adj 17)	\$ <u>(840,210)</u>	\$ <u>(1,074,985)</u>
10. Patient and Third Party Liability (Adj 17)	\$ <u>0</u>	\$ <u>(134,611)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>9,349,701</u>	\$ <u>11,235,114</u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30099F

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 12)	55,121	55,090
2. Inpatient Days (include private, exclude swing-bed)	55,121	55,090
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 12)	55,121	55,090
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 14)	2,836	3,728

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 25, Col 27)	\$ 58,319,550	\$ 54,372,207
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)	\$ 58,319,550	\$ 54,372,207

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 150,493,777	\$ 150,493,777
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 150,493,777	\$ 150,493,777
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.387521	\$ 0.361292
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 2,730.24	\$ 2,731.78
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)	\$ 58,319,550	\$ 54,372,207

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,058.03	\$ 986.97
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 3,000,573	\$ 3,679,424
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 2,443,000	\$ 3,105,517
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 5,443,573	\$ 6,784,941

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30099F

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
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
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 6,612,925	\$ 6,589,680
7. Total Inpatient Days (Adj)	3,698	3,698
8. Average Per Diem Cost	\$ 1,788.24	\$ 1,781.96
9. Medi-Cal Inpatient Days (Adj 14)	409	1,125
10. Cost Applicable to Medi-Cal	\$ 731,390	\$ 2,004,705
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 6,827,315	\$ 6,806,043
12. Total Inpatient Days (Adj)	3,515	3,515
13. Average Per Diem Cost	\$ 1,942.34	\$ 1,936.29
14. Medi-Cal Inpatient Days (Adj 14)	288	353
15. Cost Applicable to Medi-Cal	\$ 559,394	\$ 683,510
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 6,522,886	\$ 6,511,312
17. Total Inpatient Days (Adj)	3,776	3,776
18. Average Per Diem Cost	\$ 1,727.46	\$ 1,724.39
19. Medi-Cal Inpatient Days (Adj 14)	667	242
20. Cost Applicable to Medi-Cal	\$ 1,152,216	\$ 417,302
SURGICAL INTENSIVE CARE UNIT		
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
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
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)	\$ 2,443,000	\$ 3,105,517

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SAN ANTONIO COMMUNITY HOSPITALFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZT 30099F

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
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:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZT 30099F

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj 13)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 29,737,524	\$ 122,990,846	0.241786	\$ 3,115,624	\$ 753,316
38.00	Recovery Room	0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	6,744,684	17,643,353	0.382279	293,884	112,346
40.00	Anesthesiology	0	0	0.000000	0	0
41.01	Radiology - Diagnostic / Therapy	19,277,031	184,289,420	0.104602	4,597,139	480,870
41.01		0	0	0.000000	0	0
41.03		0	0	0.000000	0	0
42.01	Hemodialysis	1,258,358	2,124,188	0.592395	228,777	135,526
43.01	Nuclear Medicine	875,702	6,746,412	0.129803	193,938	25,174
44.00	Laboratory	0	0	0.000000	0	0
44.01	Laboratory - Clinical / Pathology	14,944,677	140,119,014	0.106657	5,798,792	618,482
46.00	Whole Blood and Packed Red Blood Cells	3,075,022	2,406,313	1.277898	266,168	340,136
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	6,496,069	34,553,202	0.188002	4,095,419	769,947
50.00	Physical Therapy	3,825,350	14,151,375	0.270316	493,782	133,477
51.00	Occupational Therapy	0	0	0.000000	0	0
52.01	Cardiac Rehab	581,881	826,983	0.703619	0	0
53.00	Electrocardiology	9,494,787	47,768,421	0.198767	1,759,565	349,744
54.00	Electroencephalography	382,733	1,526,490	0.250728	51,343	12,873
55.00	Medical Supplies Charged to Patients	21,822,819	48,264,975	0.452146	1,148,184	519,147
56.00	Drugs Charged to Patients	11,982,157	87,799,895	0.136471	6,640,369	906,219
57.00	Renal Dialysis	0	0	0.000000	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00		0	0	0.000000	0	0
59.01		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	0	0	0.000000	0	0
60.01	Other Clinic Services	0	0	0.000000	0	0
61.00	Emergency	18,443,914	89,551,261	0.205959	2,439,860	502,512
62.00	Observation Beds	1,784,610	7,874,972	0.226618	0	0
71.00		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
TOTAL		\$ 150,727,318	\$ 808,637,120		\$ 31,122,844	\$ 5,659,769

(To Schedule 3)

* From Schedule 8, Column 27

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
ANCILLARY COST CENTERS												
37.00 Operating Room	17,764,564	34,311	228	31,738	254,644	0	0	0	0	0	0	0
38.00 Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	3,199,891	21,086	140	19,504	156,490	0	0	0	0	0	0	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.01 Radiology - Diagnostic / Therapy	10,406,655	75,562	503	69,895	560,796	0	0	0	0	0	0	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.03	0	0	0	0	0	0	0	0	0	0	0	0
42.01 Hemodialysis	843,669	954	6	883	7,083	0	0	0	0	0	0	0
43.01 Nuclear Medicine	472,022	3,159	21	2,922	23,444	0	0	0	0	0	0	0
44.00 Laboratory	0	0	0	0	0	0	0	0	0	0	0	0
44.01 Laboratory - Clinical / Pathology	9,270,719	24,371	162	22,543	180,873	0	0	0	0	0	0	0
46.00 Whole Blood and Packed Red Blood C	2,534,676	428	3	395	3,173	0	0	0	0	0	0	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	4,047,188	3,862	26	3,572	28,660	0	0	0	0	0	0	0
50.00 Physical Therapy	2,236,502	10,551	70	9,759	78,302	0	0	0	0	0	0	0
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.01 Cardiac Rehab	302,874	2,584	17	2,390	19,179	0	0	0	0	0	0	0
53.00 Electrocardiology	6,354,206	12,760	85	11,803	94,701	0	0	0	0	0	0	0
54.00 Electroencephalography	216,011	1,649	11	1,525	12,236	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	17,995,851	0	0	0	0	0	0	0	0	0	0	0
56.00 Drugs Charged to Patients	6,047,511	0	0	0	0	0	0	0	0	0	0	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
59.00	0	0	0	0	0	0	0	0	0	0	0	0
59.01	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	0	0	0	0	0	0	0
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	10,848,312	26,105	174	24,147	193,744	0	0	0	0	0	0	0
62.00 Observation Beds	1,678,192	16,501	110	15,263	122,461	0	0	0	0	0	0	0
71.00	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
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & Canteen	0	1,149	8	1,063	8,530	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Rancho San Antonio Leased Space	0	16,880	112	15,614	125,278	0	0	0	0	0	0	0
99.02 Medicare Non Allowable	0	275	2	255	2,044	0	0	0	0	0	0	0
99.03 San Antonio Foundation	588,312	2,116	14	1,957	15,701	0	0	0	0	0	0	0
99.04 Marketing	2,807,475	7,595	51	7,026	56,369	0	0	0	0	0	0	0
99.05 Community Service	233,083	5,035	34	4,657	37,368	0	0	0	0	0	0	0
99.06 Perinatal Services	238,655	1,255	8	1,161	9,317	0	0	0	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
TOTAL	231,533,438	725,651	4,829	671,222	5,385,503	0	0	0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	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	ADMINIS-TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	1,831,238	0	0	0	0	0	0	0	0	19,916,723	4,006,959
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	856,435	0	0	0	0	0	0	0	0	4,253,547	855,753
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.01	Radiology - Diagnostic / Therapy	0	2,010,137	0	0	0	0	0	0	0	0	13,123,548	2,640,269
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.03		0	0	0	0	0	0	0	0	0	0	0	0
42.01	Hemodialysis	0	154,597	0	0	0	0	0	0	0	0	1,007,192	202,633
43.01	Nuclear Medicine	0	102,641	0	0	0	0	0	0	0	0	604,209	121,558
44.00	Laboratory	0	0	0	0	0	0	0	0	0	0	0	0
44.01	Laboratory - Clinical / Pathology	0	1,542,911	0	0	0	0	0	0	0	0	11,041,580	2,221,407
46.00	Whole Blood and Packed Red Blood C	0	0	0	0	0	0	0	0	0	0	2,538,675	510,745
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	901,935	0	0	0	0	0	0	0	0	4,985,243	1,002,959
50.00	Physical Therapy	0	483,258	0	0	0	0	0	0	0	0	2,818,442	567,030
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.01	Cardiac Rehab	0	77,999	0	0	0	0	0	0	0	0	405,043	81,489
53.00	Electrocardiology	0	714,725	0	0	0	0	0	0	0	0	7,186,281	1,446,179
54.00	Electroencephalography	0	33,641	0	0	0	0	0	0	0	0	265,072	53,329
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	17,995,851	3,620,507
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	6,047,511	1,216,672
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
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		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	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	2,279,262	0	0	0	0	0	0	0	0	13,371,744	2,690,203
62.00	Observation Beds	0	447,425	0	0	0	0	0	0	0	0	2,279,951	458,693
71.00		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
NONREIMBURSABLE COST CENTE													
96.00	Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	0	0	10,750	2,163
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	Rancho San Antonio Leased Space	0	0	0	0	0	0	0	0	0	0	157,885	31,764
99.02	Medicare Non Allowable	0	0	0	0	0	0	0	0	0	0	2,575	518
99.03	San Antonio Foundation	0	94,755	0	0	0	0	0	0	0	0	702,855	141,404
99.04	Marketing	0	231,797	0	0	0	0	0	0	0	0	3,110,313	625,750
99.05	Community Service	0	5,187	0	0	0	0	0	0	0	0	285,364	57,411
99.06	Perinatal Services	0	50,205	0	0	0	0	0	0	0	0	300,602	60,477
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
	TOTAL	0	29,702,116	0	0	0	0	0	0	0	0	231,533,438	38,779,354

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	447,767	526,550	175,894	324,140	0	157,202	0	346,795	1,283,016	325,203	500,947	0
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	275,173	323,589	108,093	307,052	0	59,362	0	130,956	314,702	41,255	75,203	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
41.01	Radiology - Diagnostic / Therapy	986,106	1,159,607	135,615	237,899	0	190,021	0	0	0	18,450	785,515	0
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.03		0	0	0	0	0	0	0	0	0	0	0	0
42.01	Hemodialysis	12,454	14,645	0	2,670	0	9,328	0	0	0	362	9,054	0
43.01	Nuclear Medicine	41,224	48,477	9,008	14,952	0	7,442	0	0	0	78	28,756	0
44.00	Laboratory	0	0	0	0	0	0	0	0	0	0	0	0
44.01	Laboratory - Clinical / Pathology	318,048	374,008	6,260	213,067	0	172,805	0	0	0	257	597,243	0
46.00	Whole Blood and Packed Red Blood C	5,580	6,562	0	3,204	0	0	0	0	0	0	10,257	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	50,397	59,264	2,007	24,297	0	79,373	0	0	145,247	3	147,280	0
50.00	Physical Therapy	137,687	161,912	13,776	18,156	0	47,702	0	0	0	324	60,319	0
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.01	Cardiac Rehab	33,724	39,658	0	0	0	5,744	0	12,672	0	26	3,525	0
53.00	Electrocardiology	166,523	195,822	0	104,131	0	56,070	0	123,693	0	10,480	203,608	0
54.00	Electroencephalography	21,516	25,301	1,039	6,675	0	3,292	0	0	0	2	6,507	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	736	205,725	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	4,343,735	374,238	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
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		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	0	0	0	0	0	0	0
60.01	Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	340,680	400,621	131,070	430,407	0	197,874	0	436,521	0	63,091	381,703	0
62.00	Observation Beds	215,335	253,223	41,821	13,350	72,312	40,089	0	88,439	0	359	47,365	0
71.00		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
NONREIMBURSABLE COST CENTE													
96.00	Gift, Flower, Coffee Shop & Canteen	14,998	17,637	0	3,204	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01	Rancho San Antonio Leased Space	220,290	259,049	13,988	122,821	0	0	0	0	0	0	0	0
99.02	Medicare Non Allowable	3,593	4,226	0	0	0	0	0	0	0	0	0	0
99.03	San Antonio Foundation	27,609	32,466	0	0	0	5,281	0	0	0	0	0	0
99.04	Marketing	99,119	116,559	0	0	0	15,929	0	0	0	0	0	0
99.05	Community Service	0	0	0	40,050	0	514	0	0	0	0	0	0
99.06	Perinatal Services	16,382	19,265	0	0	0	4,064	0	0	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
TOTAL											4,843,776	4,354,538	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

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 STEP-DOWN ADJUSTMENT (Adj 5) 26.00	TOTAL COST 27.00
GENERAL SERVICE COST CENTER											
1.00 Old Cap Rel Costs-Bldg & Fixtures											
2.00 Old Cap Rel Costs-Movable Equipmer											
3.00 New Cap Rel Costs-Bldg & Fixtures											
4.00 New Cap Rel Costs-Movable Equipme											
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00 Employee Benefits											
6.01 Non-Patient Telephones											
6.02 Data Processing											
6.03 Purchasing/Receiving											
6.04 Patient Admitting											
6.05 Patient Business Office											
6.06											
6.07											
6.08											
6.00 Administrative and General											
7.00 Maintenance and Repairs											
8.00 Operation of Plant											
9.00 Laundry and Linen Service											
10.00 Housekeeping											
11.00 Dietary											
12.00 Cafeteria											
13.00 Maintenance of Personnel											
14.00 Nursing Administration											
15.00 Central Services & Supply											
16.00 Pharmacy											
17.00 Medical Records and Library											
18.00 Social Service											
19.00											
19.02	0										
19.03	0										
20.00	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						
INPATIENT ROUTINE COST CENTE											
25.00 Adults & Pediatrics (Gen Routine)	0				0				54,372,207		54,372,207
26.00 Intensive Care Unit	0				0				6,589,680		6,589,680
27.00 Coronary Care Unit	0				0				6,806,043		6,806,043
27.01 Neonatal Intensive Care Unit	0				0				6,511,312		6,511,312
29.00 Surgical Intensive Care	0				0				0		0
30.00 Subprovider I	0				0				0		0
31.00 Subprovider II	0				0				0		0
32.00	0				0				0		0
33.00 Nursery	0				0				0		0
34.00 Medicare Certified Nursing Facility	0				0				0		0
35.00 Distinct Part Nursing Facility	0				0				0		0
36.00 Adult Subacute Care Unit	0				0				0		0
36.01 Subacute Care Unit II	0				0				0		0
36.02 Transitional Care Unit	0				0				0		0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

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	STEP-DOWN ADJUSTMENT (Adj 5) 26.00	TOTAL COST	
ANCILLARY COST CENTERS												
37.00 Operating Room	0	0	0	0	0	0	0	0	28,011,196	1,726,328	29,737,524	
38.00 Recovery Room	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	6,744,684	0	6,744,684	
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	
41.01 Radiology - Diagnostic / Therapy	0	0	0	0	0	0	0	0	19,277,031	0	19,277,031	
41.01	0	0	0	0	0	0	0	0	0	0	0	
41.03	0	0	0	0	0	0	0	0	0	0	0	
42.01 Hemodialysis	0	0	0	0	0	0	0	0	1,258,358	0	1,258,358	
43.01 Nuclear Medicine	0	0	0	0	0	0	0	0	875,702	0	875,702	
44.00 Laboratory	0	0	0	0	0	0	0	0	0	0	0	
44.01 Laboratory - Clinical / Pathology	0	0	0	0	0	0	0	0	14,944,677	0	14,944,677	
46.00 Whole Blood and Packed Red Blood Ce	0	0	0	0	0	0	0	0	3,075,022	0	3,075,022	
47.00 Blood Storing and Processing	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	
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	6,496,069	0	6,496,069	
50.00 Physical Therapy	0	0	0	0	0	0	0	0	3,825,350	0	3,825,350	
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	
52.01 Cardiac Rehab	0	0	0	0	0	0	0	0	581,881	0	581,881	
53.00 Electrocardiography	0	0	0	0	0	0	0	0	9,494,787	0	9,494,787	
54.00 Electroencephalography	0	0	0	0	0	0	0	0	382,733	0	382,733	
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	21,822,819	0	21,822,819	
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	11,982,157	0	11,982,157	
57.00 Renal Dialysis	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	
59.00	0	0	0	0	0	0	0	0	0	0	0	
59.01	0	0	0	0	0	0	0	0	0	0	0	
59.02	0	0	0	0	0	0	0	0	0	0	0	
59.03	0	0	0	0	0	0	0	0	0	0	0	
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	
60.01 Other Clinic Services	0	0	0	0	0	0	0	0	0	0	0	
61.00 Emergency	0	0	0	0	0	0	0	0	18,443,914	0	18,443,914	
62.00 Observation Beds	0	0	0	0	0	0	0	0	3,510,938	(1,726,328)	1,784,610	
71.00	0	0	0	0	0	0	0	0	0	0	0	
82.00	0	0	0	0	0	0	0	0	0	0	0	
83.00	0	0	0	0	0	0	0	0	0	0	0	
84.00	0	0	0	0	0	0	0	0	0	0	0	
85.00	0	0	0	0	0	0	0	0	0	0	0	
86.00	0	0	0	0	0	0	0	0	0	0	0	
NONREIMBURSABLE COST CENTER:												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	48,752	0	48,752	
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	805,798	0	805,798	
99.01 Rancho San Antonio Leased Space	0	0	0	0	0	0	0	0	10,913	0	10,913	
99.02 Medicare Non Allowable	0	0	0	0	0	0	0	0	909,616	0	909,616	
99.03 San Antonio Foundation	0	0	0	0	0	0	0	0	3,967,671	0	3,967,671	
99.04 Marketing	0	0	0	0	0	0	0	0	383,340	0	383,340	
99.05 Community Service	0	0	0	0	0	0	0	0	400,789	0	400,789	
99.06 Perinatal Services	0	0	0	0	0	0	0	0	0	0	0	
100.01	0	0	0	0	0	0	0	0	0	0	0	
100.02	0	0	0	0	0	0	0	0	0	0	0	
100.03	0	0	0	0	0	0	0	0	0	0	0	
100.04	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	0	231,533,438	0	231,533,438	

STATE OF CALIFORNIA

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

SCHEDULE 9

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (SQ FT)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQUIP (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT		
1.00 (Adj 11)	2.00 (Adj 11)	3.00 (Adj 11)	4.00 (Adj 11)	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08

GENERAL SERVICE COST CENTERS

- 1.00 Old Cap Rel Costs-Bldg & Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg & Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08

Employee Benefits 4,793

- 5.00 Non-Patient Telephones
- 6.01 Data Processing
- 6.02 Purchasing/Receiving
- 6.03 Patient Admitting
- 6.04 Patient Business Office
- 6.05
- 6.06
- 6.07
- 6.08

Administrative and General 59,702

Maintenance and Repairs 61,282

Operation of Plant 9,566

Laundry and Linen Service 2,356

Housekeeping 3,923

Dietary 7,181

Cafeteria 6,335

Maintenance of Personnel 7,403

Nursing Administration 7,080

Central Services & Supply 5,424

Pharmacy 8,033

Medical Records and Library 8,033

Social Service 19,000

- 19.00
- 19.02
- 19.03
- 20.00
- 21.00 Nursing School
- 22.00 Intern & Res Service-Salary & Fringes
- 23.00 Intern & Res Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00 Coronary Care Unit
- 27.01 Neonatal Intensive Care Unit
- 29.00 Surgical Intensive Care
- 30.00 Subprovider I
- 31.00 Subprovider II
- 32.00
- 33.00 Nursery
- 34.00 Medicare Certified Nursing Facility
- 35.00 Distinct Part Nursing Facility
- 36.00 Adult Subacute Care Unit
- 36.01 Subacute Care Unit II
- 36.02 Transitional Care Unit

67,359

6,198

5,991

4,856

67,359

6,198

5,991

4,856

67,359

6,198

5,991

4,856

67,359

6,198

5,991

4,856

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES) (Adj 11)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCU M COST)	MAINT & REPAIRS (SQ FT) (Adj 11)
	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08		7.00
ANCILLARY COST CENTERS											
37.00	6,595,625									19,916,723	20,062
38.00										0	
39.00	3,084,649									4,253,547	12,329
40.00										0	
41.01	7,239,974									13,123,548	44,182
41.01										0	
41.03										0	
42.01	556,816									1,007,192	558
43.01	369,687									604,209	1,847
44.00										0	
44.01	5,557,151									11,041,580	14,250
46.00										2,538,675	250
47.00										0	
48.00										0	
49.00	3,248,526									4,985,243	2,258
50.00	1,740,566									2,818,442	6,169
51.00										0	
52.01	280,930									405,043	1,511
53.00	2,574,247									7,188,281	7,461
54.00	121,165									265,072	964
55.00										17,995,851	
56.00										6,047,511	
57.00										0	
58.00										0	
59.00										0	
59.01										0	
59.02										0	
59.03										0	
60.00										0	
60.01										0	
61.00	8,209,288									13,371,744	15,264
62.00	1,611,506									2,279,951	9,648
71.00										0	
82.00										0	
83.00										0	
84.00										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00										10,750	672
97.00										0	
98.00										0	
99.00										0	
99.01										157,885	9,870
99.02										2,575	161
99.03	341,283									702,855	1,237
99.04	834,872									3,110,313	4,441
99.05	18,683									285,364	
99.06	180,826									300,602	734
100.01										0	
100.02										0	
100.03										0	
100.04										0	
TOTAL	106,979,024	0	0	0	0	0	0	0	0	192,754,084	295,573
COST TO BE ALLOCATED	29,702,116	0	0	0	0	0	0	0	0	38,779,354	6,596,945
UNIT COST MULTIPLIER - SCH 8	0.277644	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.201186	22.319172

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Adj 11)	LAUNDRY & LINEN (LB LNDRY) (Adj 11)	HOUSE-KEEPING (Time Spent) (Adj 11)	DIETARY (MEALS SERVED) (Adj 11)	CAFETERIA (FTE'S) (Adj 11)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE FTE) (Adj 11)	CENT SERV & SUPPLY (CST REQ) (Adj 11)	PHARMACY (COSTS REQUIS) (Adj 11)	MED REC (GROSS REVENUE) (Adj 11)	SOC SERV (TIME SPENT)	STAT
ANCILLARY COST CENTERS												
37.00	20,062	226,998	12,140	9,168			9,168	53	452,776	117,526,929		
38.00												
39.00	12,329	139,498	11,500	3,462			3,462	13	57,439	17,643,353		
40.00												
41.01	44,182	175,017	8,910	11,082					25,688	184,289,420		
41.01												19.00
41.03												
42.01	558		100	544					532	2,124,188		
43.01	1,847	11,625	560	434					108	6,746,412		
44.00												
44.01	14,250	8,079	7,980	10,078					358	140,119,014		
46.00	250		120							2,406,313		
47.00												
48.00												
49.00	2,258	2,590	910	4,629				6	4	34,553,202		
50.00	6,169	17,779	680	2,782					451	14,151,375		
51.00												
52.01	1,511		335	335					36	826,983		
53.00	7,461	1,341	3,900	3,270					14,591	47,768,421		
54.00	964		250	192					3	1,526,490		
55.00												
55.00												
56.00									1,025	48,264,975		
57.00									6,047,733	87,799,895		
58.00												
59.00												
59.01												
59.02												
59.03												
60.00												
60.01	15,264	169,151	16,120	11,540					87,841	89,551,260		
61.00	9,648	53,972	500	4,025					500	11,112,178		
62.00												
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00	672		120									
97.00												
98.00												
99.00												
99.01	9,870	18,052	4,600									
99.02	161											
99.03	1,237											
99.04	4,441											
99.05			1,500									
99.06	734											
100.01												
100.02												
100.03												
100.04												
TOTAL	286,007	2,181,059	170,480	204,739	121,818	0	79,304	100	6,743,934	1,021,616,252	0	0
COST TO BE ALLOCATED	7,506,581	1,690,035	4,551,845	3,678,296	2,088,789	0	2,999,811	2,420,785	4,843,776	4,354,538	0	0
UNIT COST MULTIPLIER - SCH 8	26.246145	0.774869	26.700171	17.965781	17.146799	0.000000	37.826733	24207.852592	0.718242	0.004262	0.000000	0.000000

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

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

GENERAL SERVICE COST CENTERS

- Old Cap Rel Costs-Bldg & Fixtures
- Old Cap Rel Costs-Movable Equipment
- New Cap Rel Costs-Bldg & Fixtures
- New Cap Rel Costs-Movable Equipment

1.00
 2.00
 3.00
 4.00
 4.01
 4.02
 4.03
 4.04
 4.05
 4.06
 4.07
 4.08

- Employee Benefits
- Non-Patient Telephones
- Data Processing
- Purchasing/Receiving
- Patient Admitting
- Patient Business Office

5.00
 6.01
 6.02
 6.03
 6.04
 6.05
 6.06
 6.07
 6.08

- Administrative and General
- Maintenance and Repairs
- Operation of Plant
- Laundry and Linen Service
- Housekeeping
- Dietary
- Cafeteria

7.00
 8.00
 9.00
 10.00
 11.00
 12.00

- Maintenance of Personnel
- Nursing Administration
- Central Services & Supply
- Pharmacy
- Medical Records and Library
- Social Service

13.00
 14.00
 15.00
 16.00
 17.00
 18.00
 19.00

- Nursing School
- Intern & Res Service-Salary & Fringes
- Intern & Res Other Program
- Paramedical Ed Program

20.00
 21.00
 22.00
 23.00
 24.00

INPATIENT ROUTINE COST CENTERS

- Adults & Pediatrics (Gen Routine)
- Intensive Care Unit
- Coronary Care Unit
- Neonatal Intensive Care Unit
- Surgical Intensive Care
- Subprovider I
- Subprovider II

25.00
 26.00
 27.00
 27.01
 29.00
 30.00
 31.00
 32.00

- Nursery
- Medicare Certified Nursing Facility
- Distinct Part Nursing Facility
- Adult Subacute Care Unit
- Subacute Care Unit II
- Transitional Care Unit

33.00
 34.00
 35.00
 36.00
 36.01
 36.02

TRIAL BALANCE OF EXPENSES

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$ 725,651	\$ 0	\$ 725,651
2.00	Old Cap Rel Costs-Movable Equipment	4,829	0	4,829
3.00	New Cap Rel Costs-Bldg & Fixtures	1,452,096	(780,874)	671,222
4.00	New Cap Rel Costs-Movable Equipment	6,268,065	(882,562)	5,385,503
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	29,529,496	95,949	29,625,445
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	33,102,735	722,314	33,825,049
7.00	Maintenance and Repairs	4,254,484	(330,784)	3,923,700
8.00	Operation of Plant	5,653,749	(99,348)	5,554,401
9.00	Laundry and Linen Service	1,230,213	0	1,230,213
10.00	Housekeeping	3,004,095	14,861	3,018,956
11.00	Dietary	1,983,761	429	1,984,190
12.00	Cafeteria	1,132,501	0	1,132,501
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,550,777	2,497	1,553,274
15.00	Central Services & Supply	1,023,515	236,188	1,259,703
16.00	Pharmacy	2,863,430	0	2,863,430
17.00	Medical Records and Library	2,582,606	107,962	2,690,568
18.00	Social Service		0	0
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
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	28,507,494	(1,677,295)	26,830,199
26.00	Intensive Care Unit	3,645,566	10	3,645,576
27.00	Coronary Care Unit	3,758,322	65	3,758,387
27.01	Neonatal Intensive Care Unit	3,758,549	5,724	3,764,273
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:
SAN ANTONIO COMMUNITY HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 17,568,190	\$ 196,374	\$ 17,764,564
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	3,199,891	0	3,199,891
40.00	Anesthesiology		0	0
41.00	Radiology - Diagnostic / Therapy	10,226,771	179,884	10,406,655
41.01			0	0
41.03			0	0
42.01	Hemodialysis	842,169	1,500	843,669
43.01	Nuclear Medicine	471,292	730	472,022
44.00	Laboratory		0	0
44.01	Laboratory - Clinical / Pathology	9,277,838	(7,119)	9,270,719
46.00	Whole Blood and Packed Red Blood Cells	2,534,676	0	2,534,676
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	4,003,148	44,040	4,047,188
50.00	Physical Therapy	2,236,502	0	2,236,502
51.00	Occupational Therapy		0	0
52.01	Cardiac Rehab	302,874	0	302,874
53.00	Electrocardiology	6,344,759	9,447	6,354,206
54.00	Electroencephalography	214,581	1,430	216,011
55.00	Medical Supplies Charged to Patients	17,995,851	0	17,995,851
56.00	Drugs Charged to Patients	6,047,511	0	6,047,511
57.00	Renal Dialysis		0	0
58.00	ASC (Non-Distinct Part)		0	0
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Other Clinic Services		0	0
61.00	Emergency	10,848,218	94	10,848,312
62.00	Observation Beds	0	1,678,192	1,678,192
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 228,146,205	\$ (480,292)	\$ 227,665,913
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01	Rancho San Antonio Leased Space		0	0
99.02	Medicare Non Allowable		0	0
99.03	San Antonio Foundation	588,312	0	588,312
99.04	Marketing	2,807,475	0	2,807,475
99.05	Community Service	233,083	0	233,083
99.06	Perinatal Services	238,655	0	238,655
100.01			0	0
100.02			0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 3,867,525	\$ 0	\$ 3,867,525
101	TOTAL	\$ 232,013,730	\$ (480,292)	\$ 231,533,438

(To Schedule 8)

Provider Name:
SAN ANTONIO COMMUNITY HOSPITAL

Page 1
Fiscal Period Ended:
DECEMBER 31, 2008

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 2	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ 10	AUDIT ADJ	AUDIT ADJ
ANCILLARY COST CENTERS											
37.00 Operating Room	196,374	807	195,567								
38.00 Recovery Room	0										
39.00 Delivery Room and Labor Room	0										
40.00 Anesthesiology	0										
41.01 Radiology - Diagnostic / Therapy	179,884	178,999	885								
41.01	0										
41.03	0										
42.01 Hemodialysis	1,500		1,500								
43.01 Nuclear Medicine	730	730									
44.00 Laboratory	0										
44.01 Laboratory - Clinical / Pathology	(7,119)	23,941	(31,060)								
46.00 Whole Blood and Packed Red Blood Cells	0										
47.00 Blood Storing and Processing	0										
48.00 Intravenous Therapy	0										
49.00 Respiratory Therapy	44,040	317	43,723								
50.00 Physical Therapy	0										
51.00 Occupational Therapy	0										
52.01 Cardiac Rehab	0										
53.00 Electrocardiology	9,447	9,447									
54.00 Electroencephalography	1,430	1,430									
55.00 Medical Supplies Charged to Patients	0										
56.00 Drugs Charged to Patients	0										
57.00 Renal Dialysis	0										
58.00 ASC (Non-Distinct Part)	0										
59.01	0										
59.02	0										
59.03	0										
60.00 Clinic	0										
60.01 Other Clinic Services	0										
61.00 Emergency	94	94									
62.00 Observation Beds	1,678,192		1,678,192								
71.00	0										
82.00	0										
83.00	0										
84.00	0										
85.00	0										
86.00	0										
NONREIMBURSABLE COST CENTERS											
96.00 Gift, Flower, Coffee Shop & Canteen	0										
97.00 Research	0										
98.00 Physicians' Private Office	0										
99.00 Nonpaid Workers	0										
99.01 Rancho San Antonio Leased Space	0										
99.02 Medicare Non Allowable	0										
99.03 San Antonio Foundation	0										
99.04 Marketing	0										
99.05 Community Service	0										
99.06 Perinatal Services	0										
100.01	0										
100.02	0										
100.03	0										
100.04	0										
101.00 TOTAL	(\$480,292)	0	0	0	10,000	(50,483)	(259,622)	(72,766)	(107,421)	0	0

(To Sch 10)

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
1			<p><u>MEMORANDUM ADJUSTMENT</u></p> <p>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 on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W & I Code, Section 14105.245</p>					

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
RECLASSIFICATIONS OF REPORTED COSTS								
2	10A	A		3.00	7	\$1,452,096	(\$780,874)	\$671,222
	10A	A		5.00	7	29,529,496	85,949	29,615,445 *
	10A	A		6.00	7	33,102,735	347,750	33,450,485 *
	10A	A		7.00	7	4,254,484	1,005	4,255,489 *
	10A	A		8.00	7	5,653,749	4,004	5,657,753 *
	10A	A		10.00	7	3,004,095	14,861	3,018,956
	10A	A		11.00	7	1,983,761	429	1,984,190
	10A	A		14.00	7	1,550,777	2,497	1,553,274
	10A	A		17.00	7	2,582,606	107,962	2,690,568
	10A	A		25.00	7	28,507,494	567	28,508,061 *
	10A	A		26.00	7	3,645,566	10	3,645,576
	10A	A		27.00	7	3,758,322	65	3,758,387
	10A	A		27.01	7	3,758,549	10	3,758,559 *
	10A	A		37.00	7	17,568,190	807	17,568,997 *
	10A	A		41.01	7	10,226,771	178,999	10,405,770 *
	10A	A		43.01	7	471,292	730	472,022
	10A	A		44.01	7	9,277,838	23,941	9,301,779 *
	10A	A		49.00	7	4,003,148	317	4,003,465 *
	10A	A		53.00	7	6,344,759	9,447	6,354,206
	10A	A		54.00	7	214,581	1,430	216,011
	10A	A		61.00	7	10,848,218	94	10,848,312
<p>To reverse the provider's reclassification of building rental expense in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
RECLASSIFICATIONS OF REPORTED COSTS								
3	10A	A		4.00	7	\$6,268,065	\$5,385,503	
	10A	A		44.01	7	9,301,779	9,270,719	
	10A	A		6.00	7	33,450,485	33,875,532 *	
	10A	A		7.00	7	4,255,489	4,256,088 *	
	10A	A		8.00	7	5,657,753	5,661,822 *	
	10A	A		15.00	7	1,023,515	1,259,703	
	10A	A		25.00	7	28,508,061	28,508,391 *	
	10A	A		27.01	7	3,758,559	3,764,273	
	10A	A		37.00	7	17,568,997	17,764,564	
	10A	A		41.01	7	10,405,770	10,406,655	
	10A	A		42.01	7	842,169	843,669	
	10A	A		49.00	7	4,003,465	4,047,188	
7 New Capital Related Costs - Movable Equipment 7 Laboratory - Clinical / Pathology 7 Administrative and General 7 Maintenance and Repairs 7 Operation of Plant 7 Central Services and Supply 7 Adults and Pediatrics 7 Neonatal Intensive Care Unit 7 Operating Room 7 Radiology - Diagnostic / Therapy 7 Hemodialysis 7 Respiratory Therapy To reverse the provider's reclassification of departmental equipment rental expense in order to directly assign the costs. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2304, and 2307A								
4	10A	A		25.00	7	\$28,508,391	\$26,830,199	
	10A	A		62.00	7	0	1,678,192	
7 Adults and Pediatrics 7 Observation Beds (Non-Distinct Part) To reclassify the ambulatory care unit's cost for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304 CMS Pub. 15-2, Section 3610 Office of Statewide Health Planning and Development, Section 2420.2								

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
5	8	B	I	37.00	26	\$0	\$1,726,328	\$1,726,328
	8	B	I	62.00	26	0	(1,726,328)	(1,726,328)
<p align="center">RECLASSIFICATIONS OF REPORTED COSTS</p> <p>Operating Room</p> <p>Observation Beds (Non-Distinct Part)</p> <p>The reclassify inpatient ambulatory care unit costs after step-down based on the ratio of inpatient charges divided by total charges for this unit for proper cost determination.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304</p> <p>CMS Pub. 15-2, Section 3610</p> <p>Office of Statewide Health Planning and Development, Section 2420.2</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20		
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
6	10A	A	5.00	7	Employee Benefits	* \$29,615,445	\$10,000	\$29,625,445
					To include advance annuity funding expense erroneously excluded by the provider. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			
7	10A	A	6.00	7	Administrative and General	* \$33,875,532	(\$50,483)	\$33,825,049
					To adjust the employee settlement amount to agree with the provider's actual cost. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			
8	10A	A	7.00	7	Maintenance and Repairs	* \$4,256,088	(\$259,622)	
					To eliminate expense for assets that should have been capitalized. 42 CFR 413.130 CMS Pub. 15-1, Sections 104.1, 108.1, and 2300			
9					To eliminate expense for assets that should have been capitalized. 42 CFR 413.130 CMS Pub. 15-1, Sections 104.1, 108.1, and 2300		(72,766) (\$332,388)	\$3,923,700
10	10A	A	8.00	7	Operation of Plant	* \$5,661,822	(\$107,421)	\$5,554,401
					To adjust the provider's adjustment for rental utilities expense to agree with the provider's work papers and schedules. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
11	9	B-1	25.00	1-4,7,8	Adults and Pediatrics (Square Feet)	77,007	(9,648)	67,359
	9	B-1	62.00	1-4,7,8	Observation Beds (Non-Distinct Part)	0	9,648	9,648
	9	B-1	25.00	5	Adults and Pediatrics (Gross Salaries)	26,751,016	(1,611,506)	25,139,510
	9	B-1	62.00	5	Observation Beds (Non-Distinct Part)	0	1,611,506	1,611,506
	9	B-1	25.00	9	Adults and Pediatrics (Pounds of Laundry)	1,010,650	(53,972)	956,678
	9	B-1	62.00	9	Observation Beds (Non-Distinct Part)	0	53,972	53,972
	9	B-1	25.00	10	Adults and Pediatrics (Time Spent)	69,460	(500)	68,960
	9	B-1	62.00	10	Observation Beds (Non-Distinct Part)	0	500	500
	9	B-1	25.00	11	Adults and Pediatrics (Meals Served)	192,226	(4,025)	188,201
	9	B-1	62.00	11	Observation Beds (Non-Distinct Part)	0	4,025	4,025
	9	B-1	25.00	12	Adults and Pediatrics (FTE)	39,189	(2,338)	36,851
	9	B-1	62.00	12	Observation Beds (Non-Distinct Part)	0	2,338	2,338
	9	B-1	25.00	14	Adults and Pediatrics (Nurse FTE)	39,189	(2,338)	36,851
	9	B-1	62.00	14	Observation Beds (Non-Distinct Part)	0	2,338	2,338
	9	B-1	25.00	16	Adults and Pediatrics (Pharmacy Costed Requisitions)	30,564	(500)	30,064
	9	B-1	62.00	16	Observation Beds (Non-Distinct Part)	0	500	500
	9	B-1	25.00	17	Adults and Pediatrics (Gross Revenue)	163,786,216	(11,112,178)	152,674,038
	9	B-1	62.00	17	Observation Beds (Non-Distinct Part)	0	11,112,178	11,112,178

ADJUSTMENT TO REPORTED STATISTICS

To reclassify the ambulatory care unit's statistics for proper cost determination.
 42 CFR 413.20 and 413.24
 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304
 CMS Pub. 15-2, Section 3610
 Office of Statewide Health Planning and Development, Section 2420.2

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.			
12	4	D-1	I	1.00	1	Adults and Pediatrics - Total	55,121	(31)	55,090
<p>ADJUSTMENT TO REPORTED PATIENT DAYS</p> <p>To adjust total patient days to agree with the provider's patient census reports. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2205, 2300, and 2304</p>									

Provider Name		Fiscal Period		Provider Number		Adjustments			
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
13	5	C	I	37.00	8	Operating Room	\$117,526,929	\$5,463,917	\$122,990,846
	5	C	I	62.00	8	Observation Beds (Non-Distinct Part)	13,338,889	(5,463,917)	7,874,972
<p style="text-align: center;">ADJUSTMENT TO REPORTED TOTAL CHARGES</p> <p>To reclassify the inpatient total charges for the ambulatory care unit for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8, and 2304 CMS Pub. 15-2, Section 3610 Office of Statewide Health Planning and Development, Section 2420.2</p>									

Provider Name		Fiscal Period				Provider Number		Adjustments		
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				ZZT 30099F		20		
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
14	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	2,836	892	3,728
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	409	716	1,125
	4A	D-1	II	XIX	44.00	4	Medi-Cal Days - Coronary Care Unit	288	65	353
	4A	D-1	II	XIX	44.01	4	Medi-Cal Days - Neonatal Intensive Care Unit	667	(425)	242
15	6	D-4	XIX	XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$2,316,569	\$799,055	\$3,115,624
	6	D-4	XIX	XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	344,602	(50,718)	293,884
	6	D-4	XIX	XIX	41.01	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic / Therapy	3,863,708	733,431	4,597,139
	6	D-4	XIX	XIX	42.01	2	Medi-Cal Ancillary Charges - Hemodialysis	192,497	36,280	228,777
	6	D-4	XIX	XIX	43.01	2	Medi-Cal Ancillary Charges - Nuclear Medicine	234,522	(40,584)	193,938
	6	D-4	XIX	XIX	44.01	2	Medi-Cal Ancillary Charges - Laboratory - Clinical / Pathology	4,346,796	1,451,996	5,798,792
	6	D-4	XIX	XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	132,583	133,585	266,168
	6	D-4	XIX	XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	3,310,976	784,443	4,095,419
	6	D-4	XIX	XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	366,430	127,352	493,782
	6	D-4	XIX	XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,644,094	115,471	1,759,565
	6	D-4	XIX	XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	73,546	(22,203)	51,343
	6	D-4	XIX	XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	1,467,527	(319,343)	1,148,184
	6	D-4	XIX	XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	5,404,627	1,235,742	6,640,369
	6	D-4	XIX	XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	2,043,812	396,048	2,439,860
	6	D-4	XIX	XIX	101.00	2	Medi-Cal Ancillary Charges - Total	25,742,289	5,380,555	31,122,844
16	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$16,126,782	\$4,456,462	\$20,583,244
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	25,742,289	5,380,555	31,122,844
17	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$134,611	\$134,611
	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	840,210	234,775	1,074,985

-Continued on next page-

Provider Name		Fiscal Period		Provider Number		Adjustments	
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZT 30099F		20	
Report References							
Adj. No.	Audit Report	Work Sheet	Cost Report		As Reported	Increase (Decrease)	As Adjusted
			Part	Title			
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT							
18	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments
							\$8,066,352
							\$1,315,622
							\$9,381,974
<p>-Continued from previous page-</p> <p>To adjust Medi-Cal Settlement Data to agree with the following EDS Paid Claims Summary: Report Date: June 25, 2010 Payment Period: January 1, 2008 through May 31, 2010 Service Period: January 1, 2008 through December 31, 2008 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>							

Provider Name		Fiscal Period				Provider Number		Adjustments	
SAN ANTONIO COMMUNITY HOSPITAL		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				ZZT 30099F		20	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
19	1	N/A				\$0	\$385	\$385	
<p>Credit Balances 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</p>									
20	1	N/A				\$0	(\$113,841)	(\$113,841)	
<p>Reduction for Late Billing To reduce net reimbursable cost for late billing penalties. Welfare and Institutions Code, Section 14115</p>									

ADJUSTMENTS TO OTHER MATTERS