

2015 Community Benefits Plan

Adopted by the Lodi Health
Board of Directors, April 29, 2015

lodihealth.org

LODI HEALTH

2015 COMMUNITY-BENEFITS PLAN

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I. OVERVIEW

Why Lodi Health reports its community benefits

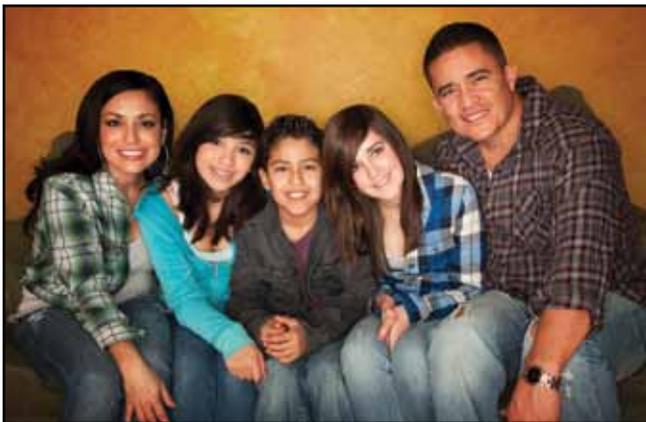
For Lodi Health it is a privilege to provide health-care services to community members throughout the system's five-county service area.

Some of the care and services provided are considered by the state and federal governments to be community benefits. Both the state and federal government require that nonprofit health systems and hospitals prepare and distribute a report describing that care and how community-benefit care came to be provided. Lodi Health, falling into that classification, has prepared this report.

It's with pride that Lodi Health does that.

A word about our name

For 62 years, Lodi Health was known as Lodi Memorial Hospital. In its first four decades, Lodi Health provided services mostly related to inpatient care such as surgery, maternity, intensive care, medical care and emergency services. However in the last 22 years, Lodi Health began providing many programs and services that were beyond the scope of inpatient care. Services like a home health agency, a durable-medical-equipment company, an adult day care program, child care and several medical practices. In 2013, Lodi Memorial Hospital became Lodi Health to better reflect the scope of its work which is carried out by an integrated health system.



What is a community benefit?

Community benefits are programs and services designed to improve health in communities and to increase access to health care. They are integral to the Lodi Health mission and support the system's tax-exempt status. Community-benefit services provided by Lodi Health often involve working collaboratively with others in the community and address specific needs and improve health.

Beyond direct community benefits

As the sole health system, acute-medical and supportive care, along with many outpatient services are the primary health benefits provided by Lodi Health. Were it not for Lodi Health, Lodi and several of its surrounding communities would have to travel out of the area for health care. In addition, the system is the second-largest year-round employer in the Lodi community. With an operating budget of \$175 million, much of that is reinvested in this community in a variety of ways. About two-thirds of the system's annual budget is salary and benefits related.

What are the principles for determining what programs and activities are community benefits?

Health systems and hospitals report costs as community benefits if a service or program addresses a health need - identified by health data and community members - that meets one of the following criteria:

- Improves access to health-care services

- Enhances health of the community
- Advances medical or health knowledge
- Relieves or reduces the burden of government or other community effort

II. MISSION-BASED PLANNING

In its 63 years of service Lodi Health has held to mission-based planning. The mission, vision and values of our system, after reflection and discussion are reaffirmed annually by our board of directors. They were updated on April 30, 2014. They are as follows:

Lodi Health Mission, Vision and Values

Lodi Health staff, board, volunteers and community members have been assessing Lodi Health's mission, vision and values over the past year to ensure they fully reflect and guide in decisions made relative to wellness and health care.

Lodi Health Mission

To enhance the health and wellness of the community and patients we serve through a commitment to compassion and distinction in health-care services.

Lodi Health Vision

To be the first choice for health care by providing the highest level of quality, care access, wellness and affordability through partnerships with patients, staff, physicians and the community we serve.

Lodi Health Values

The staff, physicians, governing board, and volunteers of Lodi Health are committed to:

- Compassion - We care for our patients and treat one another with kindness, dignity and respect;
- Excellence - We strive to be the first choice for healthcare by exceeding expectations through collaboration and innovation;
- Integrity and Trust - Our relationships are based upon honesty, reliability and transparent communication;
- Community - We serve our community's diverse needs through understanding and caring; and
- Stewardship - We manage our resources responsibly while serving and reinvesting in our community.

Planning guidelines

Historically, the following assumptions have been, and continue to be, the basis for Lodi Health's planning efforts:

- Lodi Health's health and community services are driven by its mission;
- Lodi Health is committed to prudent and careful stewardship of its resources;
- Lodi Health embraces and fosters the concept of community, internally and externally; and
- Lodi Health seeks opportunities whenever and wherever possible to collaborate with

other agencies in the provision of health and human services that help improve the health status and quality of life in the community it serves.

III. HOW THE LODI HEALTH PLANNING PROCESS WORKS

Looking at the facts

Lodi Health conducted its first community- health-needs assessment in 1995 and, since then, every three years. To determine community-health needs, the needs assessment includes the gathering and review of the following data:



- Socioeconomic and geographic indicators;
- Statewide health-indicator data;
- Countywide health indicators;
- Existing regional programs and services meeting the community's health needs (asset mapping); and
- System-specific utilization data.

Results from the most recent 2013 assessment, including relevant socio-demographic data, are reviewed by year's end by several internal and external stakeholder groups, and a list of findings and opportunities is developed for consideration. The list is reviewed and evaluated to determine where Lodi Health may be able to dedicate additional resources to improve community health.

The 2015 community benefit plan was developed in the latter part of 2014 in collaboration with community groups, NGOs and health providers.

Stakeholder involvement

Those involved in the review, prioritization and planning process include the system's community-advisory board, representing a broad cross-section of the system's community; members of the San Joaquin County Healthier Communities Coalition, a countywide group of health, education and human-service providers; system staff; medical staff; and system board members.

As community needs are reviewed, the ability of the system to meet those needs within the realm of its resources and, when possible, in collaboration with community partnerships is discussed. Discussion and recommendation process is agendized at regularly scheduled meetings of the community-advisory board and the system's strategic-planning committee. Recommendations from those review groups are directed to the system's strategic-planning committee so they may make recommendations to the system's full board of directors for discussion and approval.



Currently the review groups' major focus has been to assess and recommend how Lodi Health and its related businesses may best meet the community's need relative to the current economy and in response to the Affordable Care Act. Key areas of assessment include how to better engage community members relative to wellness and prevention; aligning physician and system incentives in order to best meet the community's need; and strengthening community collaboration to improve community health.

IV. HOW THE LODI HEALTH STRATEGIC PLAN IS DEVELOPED

The framework

Lodi Health is a 190-bed, two-campus, acute-care hospital with 59 separate inpatient and outpatient programs and services. Services began in 1952. Since its opening Lodi Health has expanded and grown to its current size, which includes Lodi Memorial Hospital, located at 975 South Fairmont Ave., and Lodi Health West, located at 800 South Lower Sacramento Rd. Lodi Health West was acquired in 1990. Lodi Health also operates five primary-care medical practices; two prenatal practices; a pediatric practice; a pulmonary practice; two cardiology practices; an occupational-medicine practice; a wound-care and hyperbaric practice; a free, outreach practice; a surgery practice; and a neurology and endocrinology practice.



In addition to its inpatient acute-care services and medical practices, Lodi Health operates a home-health agency, a durable-medical-equipment company, an adult-day-care program, a child-care program, a medical-services organization for physicians and a full array of clinical-outpatient services, including laboratory, physical therapy and diagnostic services.

The Lodi Memorial Hospital Association was incorporated in 1945 and was the sole corporate member of Lodi Memorial Hospital. The association was a California public-benefit, non-profit corporation that grew to approximately 1,500 members. For nearly 70 years, membership was open to any interested member for a lifetime fee of \$100. The association and the system were successful over the past decades because of their commitment and ability to fulfill their original mission of providing quality health care to residents, while continuing to adapt to the changing health-care needs of the community.

While Lodi Memorial Hospital was built in 1952 by local farmers, housewives, teachers, bankers and other residents to be the regional health-care provider, so much has changed in the past six decades. In order for Lodi Health to take advantage of today's technological advances while offsetting costs and keeping up with unfunded mandates, such as multi-million-dollar seismic requirements for all our buildings, the Lodi Memorial Hospital Association Board of Directors made the decision to pursue an affiliation with a larger hospital system. After nearly two years of assessment, deliberation and discussions with potential partners about what they could offer the people of Lodi, the board unanimously agreed that an affiliation with Adventist Health will strengthen Lodi Health's ability to provide care and services far into the future. In December 2014 members of the Lodi

Memorial Hospital Association voted to dissolve the association in favor of affiliating with Adventist Health. An affiliation with Adventist Health, which is expected to be finalized in June 2015, was chosen because their system shows the same commitment to providing quality health care that Lodi Health was founded on.

This strategic plan is a continuing effort of that commitment and emphasizes the link between the community and the system. The plan is a collaborative work of community members, board members, medical staff, management and staff employees. It represents Lodi Health's best effort to organize its vision, mission, goals and values into a cohesive and comprehensive blueprint for the successful delivery of a wide continuum of health services to the community, with the ultimate goal of improving the quality of life in and beyond the hospital walls.



The plan is an ongoing, dynamic document, which represents a continuation of previous and current plans. The plan is open to revision, refinement and change as new information is added to our planning profile and as the internal/external environment dictate changes.

The elements of the plan are intentionally tied together to establish and maintain the alignment between the vision, mission, values, goals and projects. It is the system's sincere commitment to keep the focus on

this alignment between the plan elements to increase the chances for successful implementation. Major goals have been developed along with strategies that are designed to achieve those goals. Final responsibility for implementation of this plan lies with the system president and chief-executive officer. Metrics have been established to monitor progress of projects. This process will serve to communicate to all of the system internal stakeholders the priorities and direction of the system. Standing committees of the system board will review and monitor changes to the plan.

Public review

Every three years the system conducts a community-health-needs assessment to include a review and assessment of health status and community need.

After its community-needs assessment and data-gathering activities are completed, findings are reported to all system planning participants and the general public, summarizing comments, suggestions and issues rose.

The system then makes formal presentations to its internal and external-planning partners, including the community-advisory board, medical staff, system management, strategic-planning committee and other community stakeholders. Input is solicited at all meetings to better meet community need, and an implementation plan is developed.

This past year in April 2015, the board of directors adopted the 2015 Community Benefit Implementation Plan.

The process

The Lodi Health Board of Directors' Strategic-Planning Committee is charged with developing and monitoring the system's strategic plan. Their process is:

- Annually review the external health-care environment, including new and updated information from the:
 - California Healthcare Association (CHA) "View of the Future" latest release;
 - American Hospital Association (AHA) "Vision of the Future" latest release; and
 - Major national, state and local events that have or may affect our local market.
- Annually review the internal environments, including:
 - Audited financials for the last three years for trends;
 - Market-share information, for system and all business lines, i.e. inpatient, outpatient, emergency department, home-health agency, acute-physical rehabilitation and clinics;
 - Payer mix by service and zip code;
 - Utilization data;
 - List of major employee, board and medical staff issues currently open/in-progress;
 - Community-needs assessment and benefit plan;
 - Quality performance, clinical and patient satisfaction;
 - Employee satisfaction;
 - Physician satisfaction; and
 - Information-technology capabilities.
- Review the findings and recommendations of the community-needs assessment, conducted every three years, to determine the community's health status and need for health services and integrate those into the system's strategic plan. Annually, the needs-assessment findings shall be revisited prior to each April meeting to assess whether Lodi Health, within the realm of its resources, can or should develop programs and services to meet community need and/or work with other local health providers, schools and organizations to meet community-health needs for wellness, prevention and treatment.
- Annually review the system mission, vision and values for board approval at its May meeting.
- Annually develop long and short-term goals and objectives for submission to the board for approval.

The process for strategic planning at Lodi Health is addressed specifically in Board Policy B8620-95; see Attachment "P"

V. COMMUNITY-BENEFIT PROGRAMS AUDIT AND VALUATION

Lodi Memorial Hospital Association Community Benefit Category - for AUDIT 990 Schedule H Format	Net Costs 2014	Net Costs 2013	Increase (Decrease) 2014-2013
Charity Care			
Charity care at Cost	\$ 700,316	\$ 2,502,743	(1,802,427)
Total Charity Care	700,316	2,502,743	(1,802,427)
Unreimbursed Medi-Cal without QA Fee program			
Unpaid costs of Medi-Cal program	(3,209,590)	(6,161,143)	2,951,553
Unpaid costs of Medi-Cal Managed Care program	16,658,685	5,514,702	11,143,983
Total Unreimbursed Medi-Cal	13,449,095	-	14,095,536
Community Health Improvement			
Hospitalist Program - Physician Inpatient Care	2,699,199	2,522,195	177,004
Cost of Social Workers	499,606	540,419	(40,813)
We Roc - Community Free Clinic	49,959	77,171	(27,212)
Community Health Education/Diabetic Classes	139,250	102,250	37,000
Community Health Education/Breathers Club	3,215	3,215	-
Total Community Health Improvement	3,391,229	3,245,250	145,979
Community Benefit Operations			
Spanish Interpreter Program	110,725	107,658	3,067
Community Health Newsletter	97,332	91,264	6,069
Toll free phone lines	52,209	48,536	3,673
Language Lines & Norcal Center	24,974	31,227	(6,254)
Community Benefit Needs Analysis Costs	-	41,433	(41,433)
Covered California Enrollment Assistance	-	8,400	(8,400)
LMH Community Web Page	-	6,272	(6,272)
Total Community Benefit Operations	285,239	334,788	(49,549)
Total Community Health Improvement & Community Benefit Operations	3,676,468	3,580,039	96,430
Health Professionals Education			
Continuing health professions education	121,050	95,194	25,856
Other students (Medical Library)	17,047	33,310	(16,264)
Total Health Professions Education expense (NET)	138,097	128,504	9,592
Subsidized Health Services (Net of Medi-Cal & Charity)			
Community Based Multi-Specialty Clinics (LMCC)	1,071,711	2,338,476	(1,266,765)
Hospital Based Occupational Health Clinic	-	44,094	(44,094)
Hospital Based Home Health Agency	-	142,341	(142,341)
Total Health Professions Education expense (NET)	1,071,711	2,524,911	(1,453,200)
Cash in Kind & Donations to Community Groups			
Donations to non-profits	112,917	223,122	(110,205)
Meeting room/space (community groups)	13,600	21,250	(7,650)
LMH sponsored support groups	34,250	37,000	(2,750)
Employee volunteer time, supplies & material donations	40,420	76,236	(35,816)
Sponsorships of community groups and their events	-	-	-
Total Other Community Benefits	201,187	357,608	(156,421)
Total Community Benefit	19,236,874	9,093,805	10,789,510
Total Operating Expenses	181,473,824	185,324,000	(3,850,176)
% Community Benefits to Operating Expenses	10.6%	4.9%	5.7%

COMMUNITY-BENEFIT PROGRAMS OVERVIEW

Below is an overview of key community-benefit services currently operated by Lodi Health that were operated in 2014 and will be continued in 2015.

Program name:	<u>MEDICAL CARE FOR THE UNINSURABLE</u>
Program description:	Free practice for adults and children who are not eligible for government, employer or private medical insurances
Targeted population:	Lodi's uninsured
Program goals:	Provide primary care and referrals to Lodi's residents without insurance
Program measurements:	Number of patients seen
Partners:	San Joaquin County Public Health Department Volunteer physicians Volunteer hospital staff Pharmaceutical firms

Program name:	<u>LODI HEALTH PHYSICIANS WEST FAMILY CARE</u>
Program description:	Primary-care services
Targeted population:	Low-income residents of the hospital service area
Program goals:	Increase access to primary-care services; reduce use of emergency room as primary-care-service provider
Program measurements:	Decrease in those presenting to ER for primary care; increase in number of practice patients
Partners:	Free Lodi Memorial Hospital Outreach Practice

Program name:	<u>LODI HEALTH PHYSICIANS GALT PRIMARY CARE</u>
Program description:	Primary-care practice
Targeted population:	Residents of Galt and surrounding areas
Program goals:	Maintain access to ongoing primary-care services for members of this community
Program measurements:	Number of patients served

Program name: LODI HEALTH PHYSICIANS IONE PRIMARY CARE

Program description: Primary-care services

Targeted population: Residents of Ione and the surrounding communities

Program goals: Maintain access to ongoing primary care

Program measurements: Numbers of patients served

Program name: LODI HEALTH PHYSICIANS WEST PRENATAL CARE

Program description: Prenatal medical care

Targeted population: Low-income, expectant mothers

Program goals: Increase access to prenatal care to deliver healthy babies

Program measurements: Numbers of patients served

Program name: LODI HEALTH PHYSICIANS WEST PEDIATRIC CARE

Program description: Health care for low-income pediatric patients

Targeted population: Children

Program goals: Increase access to pediatric care for low-income children

Program measurements: Numbers of patients seen

Program name: LODI HEALTH PHYSICIANS
WEST OCCUPATIONAL MEDICINE

Program description: Occupational-health services

Targeted population: Injured employees and their employers

Program goals: Rehabilitative services for injured employees

Program measurements: Numbers of patients seen and returned to work

Partners: Area employers

Program name: LODI HEALTH URGENT CARE

Program description: Urgent-care services

Targeted population: Those who might otherwise go the emergency room

Program goals: Offer a faster and less-expensive alternative to the hospital emergency room

Program measurements: Numbers of patients seen

Program name: LODI HEALTH FITNESS

Program description: Fitness center

Targeted population: The elderly and other interested groups or individuals

Program goals: Keep the elderly and others who may be interested healthy through fitness

Program measurements: Average daily attendance

Program name: LODI HEALTH HOSPITALIST PROGRAM

Program description: Internist physicians assigned to patients who are admitted through the Lodi Health Emergency Department who do not have a relationship with a physician locally or otherwise to manage their inpatient care

Targeted population: Unassigned patients admitted through the ER

Program goals: Move unassigned patients through the hospital continuum with effective, quality care

Program measurements: Average hospitalist patients per day

Program name: CME and CEU

Program description: Classes designed to assist staff in earning continuing-education credit

Targeted population: RNs, LVNs, physicians and licensed staff

Program goals: To provide cost-effective, convenient, high-quality classes to meet continuing-education requirements

Program measurements: Post-course evaluations, surveys

Program name: LODI HEALTH ADULT-DAY CARE

Program description: Licensed program for older and disabled adults who need supervision during the day while their care givers attend other commitments or rest; through a variety of stimulating activities and individual care plans, the program enhances self-esteem and independence, offering a quality of life; the program delays placing loved ones in costly long-term-care facilities

Targeted population: Ages 18 or older with disabilities or illness requiring supervision with activities of daily living

Program goals: To provide a safe, stimulating environment during the day for those seniors needing supervision, and to provide respite, education and emotional support for the caregiver

Program measurements: Daily attendance, opinion surveys, caregiver's-needs study

Partners: The City of Lodi

Program name: LIFELINE

Program description: Alert system for frail elderly

Targeted population: Frail elderly

Program goals: To provide a safe, home environment for frail elderly requiring assistance

Program measurements: Number served

Program name: LODI HEALTH CAMP HUTCHINS

Program description: Child-care program for school-aged children

Targeted population: Lodi and surrounding communities

Program goals: To implement a quality enrichment program, supplemented with sports, games and art activities

Program measurements: One-hundred percent full roster based on reservation calendars and parent-satisfaction surveys

Partners: City of Lodi

Program name:	<u>LODI HEALTH WEB PAGE</u>
Program description:	Provide hospital and health-education information; list Lodi Memorial Hospital health classes, provide health-related information and links to other health-care providers
Targeted population:	Any individual with access to the internet who may be interested or have health questions
Program goals:	Increase community knowledge of health issues; increase access to primary-care services
Program measurements:	Number of ER patients without access to a primary-care physician; number of web-site visits per month
Partners:	Links to and from many health and community-resource organizations

Program name:	<u>LODI HEALTH RESOURCE LIBRARY</u>
Program description:	Provides educational materials, other classes and health information to staff, physicians and community
Targeted population:	Lodi Memorial Hospital staff, physicians and community members
Program goals:	To be cost-effective, convenient and informative
Program measurements:	Post-course evaluations, surveys

Program name:	<u>LODI HEALTH MEDICAL LIBRARY</u>
Program description:	Library to provide information resources for patients, community members, physicians and clinical staff
Targeted population:	Patients, caregivers, students, community at large
Program goals:	To provide medical information to those wishing to have it
Program measurements:	Monthly library statistics, annual library-use survey
Partners:	Lodi Memorial Hospital medical staff

Program name: HEALTH FAIRS, SCREENINGS, COMMUNITY FORUMS, STAFF VOLUNTEERISM

Program description: Health fairs, community-educational forums, staff volunteering in community activities, events and programs that encourage and help maintain healthy communities

Targeted population: Members of the hospital service area

Program goals: Increase awareness of good health

Program measurements: Numbers of respondents to community-needs assessment who report good health

Partners: Community members and organizations

Program name: MEETING SPACE FOR COMMUNITY GROUPS

Program description: Free meeting rooms for Al-Anon, Cancer Support Group, the American Cancer Society, the Lodi Ministerial Association, Delta College

Targeted population: Lodi and surrounding communities

Program goals: To provide an economical meeting location for community groups

Program measurements: Feedback on whether rooms meet the needs of the groups

Partners: Al-Anon
American Cancer Society
San Joaquin Delta College
Lodi Ministerial Association
Animal Friends Connection
California Transplant Donor Network
SCAN

Program name: NORTHERN CALIFORNIA TOLL-FREE PHONE LINE FOR PATIENTS' FAMILY MEMBERS

Program description: A toll-free 800 number, installed to save costs to family members calling patients from long-distance areas of Northern California

Targeted population: Northern California residents

Program goals: To make telephone access to Lodi Memorial Hospital easier and less expensive for patients' families, physicians, community members and residents of Northern California

Program measurements: Number of calls per month; patient-satisfaction levels

Program name: PARISH-NURSE PROGRAMS

Program description: Congregations select parish nurse, develop parish council, design health outreach and programs for their congregations; hospital pays for training and nurses salaries

Targeted population: Local congregations

Program goals: Active parish-nurse programs in six local congregations

Program measurements: Increased awareness regarding prevention; reduction in disease

Program name: SERVICES TO THE UNINSURED, UNDERINSURED AND CHARITY CARE

Program description: Dismissing the cost of services rendered

Targeted population: Low and no-income residents of the hospital service area

Program goals: To reduce this number by increasing access to low-cost, ongoing primary-care services

Program measurements: Number of new physicians recruited yearly

Program name:	<u>COORDINATION OF PATIENTS' CONTINUED CARE WITH OTHER PROVIDERS</u>
Program description:	Lodi Memorial Hospital discharge planners work with health-care providers at nursing homes and rehabilitation centers to ensure patients coming to and from the same receive the optimum continuum of care
Targeted population:	Patients discharged to or from various facilities
Program goals:	To ensure patients have access to needed services
Program measurements:	Number of patients served by program
Partners:	Patients and their family members, other hospitals, nursing homes and physicians

Program name:	<u>LODI HEALTH INTERPRETER PROGRAM</u>
Program description:	Dedicated interpreters and trained, validated back-up interpreters that staff can use to interpret Spanish and Punjabi-speaking patients
Targeted population:	Hospital staff and LEP patients and their family members
Program goals:	Improve patient satisfaction and reduce risk when a language barrier is involved
Program measurements:	Numbers of patients served

Program name:	<u>LANGUAGE LINE AND HEARING IMPAIRED INTERPRETER SERVICES</u>
Program description:	Language services when the above aren't available or appropriate
Targeted population:	Hospital staff and LEP patients and their family members
Program goals:	Improve patient satisfaction and reduce risk when a language barrier is involved
Program measurements:	Numbers of patients served

Program name: LODI HEALTH BRAIN BUILDERS

Program description: Memory-skill building for early Alzheimer’s patients

Targeted population: Early Alzheimer’s patients

Program goals: Develop skills to reduce memory loss

Program measurements: Numbers of patients served

Program name: COMMUNITY SPONSORSHIPS

Program description: Support and sponsor fundraising events of community-based organizations working on health and quality-of-life issues.

Targeted population: At-risk populations

Program goals: Assist in the efforts of CBOs working with at-risk populations

Program measurements: Number of events sponsored

Program name: LODI HEALTH EMPLOYEE VOLUNTEERISM

Program description: Encourage and support employee volunteerism

Targeted population: Residents of the hospital service area and employees wishing to volunteer their time to CBOs

Program goals: Provide employees with time when possible and resources to volunteer in the CBO of their choice

Program measurements: Number of employee volunteers

Program name: LODI HEALTH VOLUNTEER PROGRAM

Program description: Volunteer program for youth and seniors; to encourage youth to volunteer and consider health careers; to encourage senior adults to leave their homes at least once a week, become active and eat well

Targeted population: Local area youth and seniors

Program goals: Provide volunteer opportunities for youth and seniors

Program measurements: Numbers of volunteers

Program name: LODI HEALTH LEADERSHIP LODI PARTICIPATION

Program description: Management-team members in citizenship programs

Targeted population: Hospital managers and CBOs

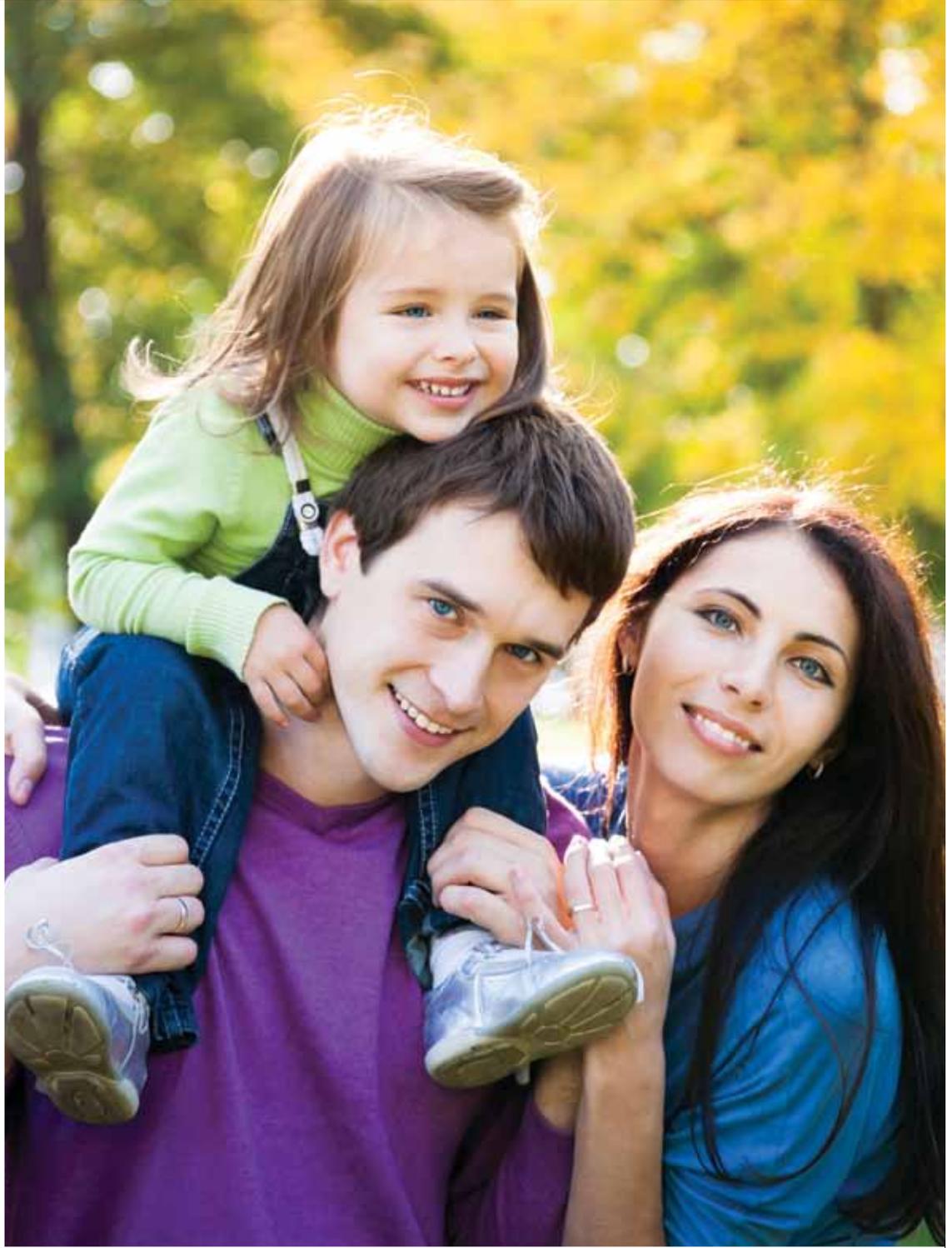
Program goals: Encourage and support management-team members to participate in citizenship program that takes on a community benefit initiative each year

Program measurements: Numbers of managers participating



Lodi Memorial Hospital opened its doors in 1952.

VI. 2015 Community Needs Assessment Implementation Plan



2015 Community Needs Assessment Implementation Plan



INTRODUCTION TO 2015 COMMUNITY-NEEDS ASSESSMENT IMPLEMENTATION PLAN

Federal and state laws require that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years, and use the results of this assessment to develop a community health improvement plan detailing how they will address the needs identified in the CHNA. This plan is submitted annually to both the California Office of Statewide Health Planning and Development (OSHPD) and the Internal Revenue Service.

In accordance with these legislative requirements, Lodi Health conducted an assessment of the communities the hospital serves. The CHNA was conducted over a ten-month period through a participatory process. Based on the results of the assessment, the following community health improvement plan was developed. This report describes the process and results of the CHNA, and how these results were used to develop the implementation plan contained herein.

The report begins with an overview of the CHNA process and findings, and is followed by a detailed description of how the plan was developed. These sections are followed by the implementation plan.

Community health needs assessment summary **Description of the communities served by Lodi Health**

The HSA was determined by analyzing patient discharge data. The hospital's primary geographic service area was identified through the collection and analysis of ZIP codes associated with patients discharged from the hospital over a six-month period. The HSA determined to be the focus of the needs assessment is depicted in Figure 1.

Our mission

To enhance the health and wellness of the community and patients we serve through a commitment to compassion and distinction in health care services.



Analysis of both primary and secondary data revealed six specific Communities of Concern living with a high burden of disease in the Lodi Health service area. These six Communities of Concern had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. They were confirmed by experts as areas prone to experiencing poorer health outcomes relative to other communities in the HSA. These Communities of Concern are noted in Figure 2 and described in more detail in Table 1.

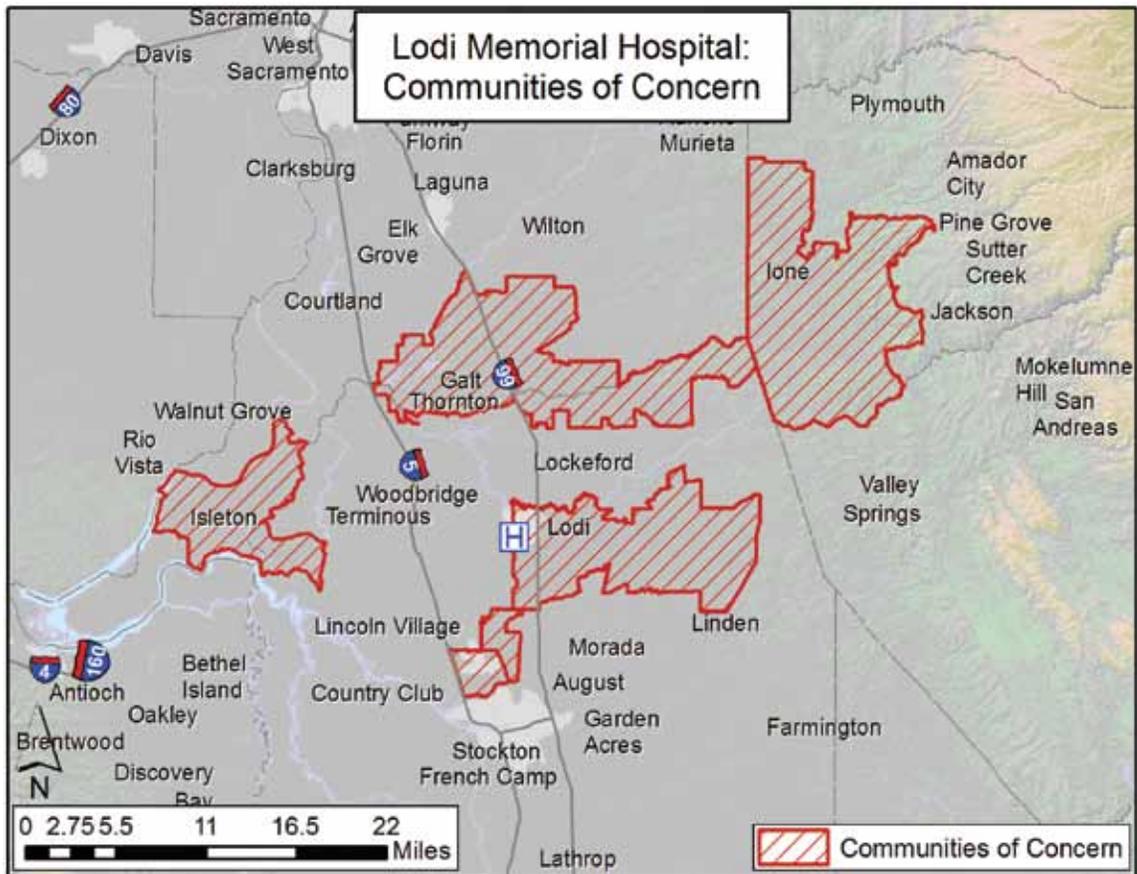


Figure 2: Map of Lodi Health communities of concern
(Source: US Census Bureau, 2010)

Health-outcome indicators

Age-adjusted rates of ED visits and hospitalizations due to heart disease, diabetes, stroke, and hypertension were consistently higher in these ZIP codes compared to others in the HSA. In general, Blacks and Whites had the highest rates for these conditions compared to other racial and ethnic groups. Mortality data for these conditions also showed high rates.

Environmental and behavioral indicators

Analysis of environmental indicators showed that many of these communities had conditions that were barriers to active lifestyles, such as elevated crime rates and a traffic climate unfriendly to bicyclists and pedestrians. Furthermore, these communities frequently had higher percentages of residents who were obese or overweight. Access to healthy food outlets was limited, while the concentration of fast food and convenience stores was high. Analysis of the health behaviors of these residents also showed many behaviors that correlate to poor health, such as having a diet that is limited in fruit and vegetable consumption.

**Table 1: Lodi Health communities of concern,
With ZIP code, community name, county and population**

Zip Code	Community/Area	County	Population
95207	Stockton	San Joaquin	47,956
95210	Stockton	San Joaquin	39,009
95240	Lodi	San Joaquin	47,172
95632	Galt	Sacramento	29,269
95640	Ione	Amador	11,353
95641	Isleton	Sacramento	7,164
Total Communities of Concern Population			181,923

When examining these findings with those of the qualitative data (key informant interview and focus groups), a consolidated list of priority health needs of these communities was compiled. These are listed below:

1. Lack of or limited access to primary and preventative services
2. Lack of or limited access to culturally appropriate providers
3. Lack of or limited access to mental health services
4. Lack of or limited access to reliable transportation
5. Lack of or limited access to dental care
6. Limited health literacy and health education opportunities
7. Lack of or limited access to healthy food
8. Limited access to safe and affordable places to exercise

Socio-demographic profile of communities of concern

The six Communities of Concern in Lodi Health’s service area, listed in the table above, are home to nearly 182,000 residents. The ZIP code Communities of Concern in Lodi and Stockton were more densely populated urban areas. The ZIP code communities in Galt, Ione, and Isleton all had smaller populations and represented rural communities. Table 2 notes the socio-demographic characteristics of each ZIP code community, and compares these to state and national benchmarks where applicable.

Health asset analysis

Health asset analysis showed that almost 80 distinct health assets are located in the Lodi Health Communities of Concern or in adjacent ZIP codes. These assets include community-based organizations delivering health related services such as counseling, education programs, primary care healthcare facilities, including FQHCs and free clinics, food pantries, and homeless shelters among others. The presence of these organizations presents Lodi Health with a unique opportunity to enhance community health through increased collaboration and coordination of services.

Implementation plan

How the plan was developed

The implementation plan was developed following a strategic planning process led by a facilitator that included three distinct steps. First, priority health needs identified in the CHNA were prioritized, or ranked, by a group of key hospital personal and stakeholders. Second, Lodi Health selected five of the prioritized health needs that most aligned with the hospital’s core mission and capabilities. Following, an implementation plan was developed to address the three health needs identified in the previous step. Each step is described in greater detail below.

Table 2: Socio-demographic characteristics for communities of concern compared to national and state benchmarks

Zip Code	Community Name	% Households in poverty over 65 headed	% Families in poverty w/ kids	% Families in poverty female headed	% over 25 no high school diploma	% Non-White or Hispanic	% over age 5 with limited English	% Unemployed	% No health insurance	% Residents renting
95207	N. Stockton	9.0	28.7	43.5	22.1	69.7	8.9	13.2	32.8	61.0
95210	N. Stockton	11.6	26.6	43.4	31.3	86.7	13.6	13.9	28.0	46.3
95240	E. Lodi, Ham Ln.	9.7	22.1	36.8	31.4	57.7	12.8	12.7	28.3	50.4
95632	Galt	10.3	11.2	30.2	22.6	51.6	6.4	13.8	15.6	19.9
95640	Ione	11.2	12.2	23.7	20.6	38.5	2.1	7.4	14.0	23.9
95641	Isleton	6.4	13.9	54.3	23.3	41.4	8.2	16.0	29.4	29.8
	National	8.7	15.1	31.2	12.9	--	9.0	7.9	16.3	--
	State	--	--	--	19.4	--	--	9.8	22.0	--

Prioritizing health needs

A group of key hospital personal and stakeholders worked together to rank health needs identified in the CHNA. To accomplish this, a facilitator led members of the group through a ranking process. The process allowed each need to be ranked along two dimensions: 1) the significance or severity of the health need; and 2) the ability of a hospital to make a notable impact on the identified health need. This process resulted in ranking the eight health needs in the order shown below.

1. Lack of or limited access to mental health services
2. Limited health literacy and health education opportunities
3. Lack of or limited access to culturally appropriate providers
4. Lack of or limited access to primary and preventative services
5. Lack of or limited access to healthy food
6. Lack of or limited access to dental care
7. Lack of or limited access to reliable transportation
8. Limited access to safe and affordable places to exercise

Identifying health needs that Lodi Health will address

Following the prioritization noted above, Lodi Health identified five health needs among the eight that aligned with its mission and organizational capabilities. To identify these health needs, a facilitator led key personnel and stakeholders through an exercise allowing further prioritization along the criteria noted below:

1. Of the identified health needs for the HSA, which are most closely connected to the mission of Lodi Health?
2. From the hospital's point of view and priorities, rank the list of health needs in order of importance from most important (1) to least important (7).
3. Based on your responses to the questions above, what are the top priority health needs Lodi Health is interested in addressing in its specific service area? Why?

Developing a strategic plan to address health needs

Building on the steps described above, a group of key hospital personal and stakeholders were led through a strategic planning process to develop the implementation plan. The process followed three key steps. First, key personnel and stakeholders were recruited to participate in the planning process. Second, Lodi Health evaluated all current community-benefit programs and their relation to the selected health needs. In many instances (with some modifications) existing programs were in place to address the selected health needs. In those instances where existing programs did not address identified health needs, new programs or practices were developed. This process resulted in the development of the implementation plan described in the Table 3. In the table, the first column contains the three identified health need. The second column lists the goals of the hospital to address the health need. The third column identifies specific objectives that will lead to the accomplishment of the goal, and the last column identifies measureable outcomes that will allow Lodi Health to monitor its progress toward attaining each goal.

Continuing to focus on health needs

When the 2014 Community-Needs Assessment Plan was developed it was determined that many of the goals would take longer than one year to fully complete. These goals were identified as significant needs for the local community. As such, the 2015 Community-Needs Assessment Plan is a continuation of the plan from the previous year. Lodi Health continues to work towards the goals laid out in this multi-year plan.

Table 3: Lodi Health implementation plan

Health Need	Goal (the overarching goal to address the prioritized health need)	Specific Objectives (the specific actions taken to achieve the goal)	Measureable Outcomes (the indicators that will be used to measure effectiveness)	Results (the progress made toward each goal in 2014)
Access to Primary, Specialty, and Preventive Care	Utilize resources to their utmost capacity to address health needs of the community's most vulnerable populations	<ol style="list-style-type: none"> 1. Provide ongoing primary care and referrals through Lodi Health's free outreach, primary care and pediatric practices 2. Provide urgent care and emergency services to community members through the urgent care clinic and emergency room, and referral to ongoing primary care services 3. Provide financial support for faith-based nursing programs, which provide health outreach and education to congregations in the Lodi Health service area 4. Adopt needy school in Lodi Unified School District and using established model conduct events to improve health of students and families 	<ol style="list-style-type: none"> 1. Number of patient visits and referrals 2. Number of patient visits and referrals 3. Value of donated hours, equipment and financial resources, in addition to salaries and training paid for. 4. Improve student and family health as measured by a reduction in student absenteeism over the 2014-15 school year 	<ol style="list-style-type: none"> 1. 105,436 patients were seen at Lodi Health's free outreach, primary care and pediatric practices. Patients continue to receive referrals. 2. The emergency department and urgent care saw a combined 52,741 patients. Patients continue to receive referrals 3. Two employees donated a total of 20 hours working with local parishes and clergy to promote new and existing parish nurse programs. Donated hours were valued at \$1,000. Were unable to start new programs due to churches inability to participate financially. Existing programs on hiatus due to age of parish nurses. 4. Lodi Health continues to work towards improving student and family health.
Support community partners in developing or delivering services that assist Lodi Health in addressing priority health needs	Support Covered California	<ol style="list-style-type: none"> 1. Provide financial support and donations of time and equipment to address priority and other health needs in the community 2. Provide free meeting space for community organizations and support groups 3. Examine results of CHNA asset mapping for potential partnerships opportunities 	<ol style="list-style-type: none"> 1. Value of donated hours, equipment and financial resources 2. Value of donated space 3. Develop plan based on examination of asset mapping 	<ol style="list-style-type: none"> 1. 20 staff members donated a total of 40 hours at health fairs. The value of employee time, plus needle sticks, wipes, peak flow meters and other supplies was \$5,000. 2. Two staff members donate a total of 20 hours, valued at \$2,000 3. Lodi Health continues to develop a plan based on asset mapping.
Culturally Appropriate Care	Support Covered California	<ol style="list-style-type: none"> 1. Serve as a resource and registrant for Covered California eligible community members both in the hospital and community events 1. Ensure that trained, dedicated interpreters are available in person and by telephone to work with staff and patients who speak Spanish, Urdu/Hindi, Pashtu, and Punjabi 2. Develop a plan to recruit and retain Spanish-speaking physicians, nurses and clinicians. 3. Provide education to physicians and hospital staff focused on culturally appropriate care, i.e., diversity and cultural sensitivity training 4. Examine patient care policies with an eye toward cultural appropriateness 	<ol style="list-style-type: none"> 1. Number of emergency department and inpatients registered, and number registered at community forums 1. Number of patients served and patient satisfaction surveys 2. Number of new Spanish speaking physicians, nurses and clinicians 3. Number of participants, course evaluations 4. Policy evaluation conducted 	<ol style="list-style-type: none"> 1. 12 staff members dedicated a total of 180 hours to assist patients and community members register. A total of 39,580 persons were registered with Lodi Health assistance. 1. Five staff members working approximately 4,000 served 8,500 patients. Visits increased patient satisfaction and quality, reduced risk and readmission. Value of \$100,000. 2. Lodi Health continues to recruit and retain Spanish-speaking physicians, nurses and clinicians. 3. 403 staff members participated in one training on bariatric surgery sensitivity. 4. Lodi Health continues to evaluate patient care policies.

Table 3: Lodi Health implementation plan, continued

Health Need	Goal (the overarching goal to address the prioritized health need)	Specific Objectives (the specific actions taken to achieve the goal)	Measureable Outcomes (the indicators that will be used to measure effectiveness)	Results (the progress made toward each goal in 2014)
Health Literacy and Education	Deliver health education that positively affects health behaviors leading to improved health and increased knowledge about when and how to seek care	<ol style="list-style-type: none"> 1. Participate in community health fairs and events that help maintain healthy communities 2. Provide health education, chronic disease management, and nutrition classes to the public at low or no cost 3. Provide information about general health, nutrition, chronic disease management and available classes to the community through the Lodi Health website 4. Provide culturally and education-level appropriate health information to the community through the Lodi Health resource library, medical library, health fairs and classes 	<ol style="list-style-type: none"> 1. Number of health fairs participated in 2. Number of attendees, participant evaluations 3. Number of website visits per month 4. Annual use survey 	<ol style="list-style-type: none"> 1. Participated in six health fairs. 2. Lodi Health continues to develop classes to offer the public at low or no cost. 3. Website averaged 17,104 visits monthly with a total of 205,249 visits for the year. 4. The medical library had 49 requests for specific information with 96% satisfaction.
Access to Mental Health Services	Utilize resources to their utmost capacity to address mental health needs of the community's most vulnerable populations	<ol style="list-style-type: none"> 1. Conduct an internal assessment and use results of CHNA asset analysis to develop linkages with existing programs and organizations and leverage these to achieve goals 2. Continue to allow support groups access to hospital for meeting locations 	<ol style="list-style-type: none"> 1. Develop resource list for use by FYE 2014 for use at health fairs and other community events and in emergency and urgent care departments 2. Value of donated space 	<ol style="list-style-type: none"> 1. Lodi Health continues to develop a resource list. 2. \$1,000
Safe and Affordable Places to Exercise	Provide opportunities for community members to safely engage in physical activity	<ol style="list-style-type: none"> 1. Provide access to the West Fitness Center for elderly and other interested community members 2. Provide sports and physical activity opportunities at Camp Hutchins program 3. Sponsor free access to community pool for youth during the summer time 4. Explore feasibility of building a facility that would offer access to the community exercise equipment and classes and sponsor scholarships and reduced rates 	<ol style="list-style-type: none"> 1. Average daily attendance 2. Program enrollment numbers, parent surveys 3. Number of users per day 4. Feasibility study of best practices and resources available to support the program completed by FYE 2015 	<ol style="list-style-type: none"> 1. Average daily attendance at West Fitness was 150; there was an increase of 700 visits for the entire year. 2. Visits to Camp Hutchins increased from 12,370 in 2013 to 13,217 in 2014. Plans to increase the physical activity programs are ongoing. 3. Increased sponsorship from two weekends to three weekends, increasing dollar amount from \$1,200 to \$1,800. Also used two staff members for a total of four hours. Total value was \$2,000 4. The opening of three new health clubs in the community changed the focus of the plan to build a new "wellness" facility. Plans are ongoing.

Identified health needs not addressed

Three of the eight prioritized health needs identified by the CHNA are not being addressed in Lodi Health's current implementation plan. The rationale for this is twofold. First, these needs are not aligned with the core mission and competencies of Lodi Health. Second, other organizations in the community are better equipped to offer programs and services focused on these needs.

Approval

Each year at their May meeting, the Lodi Health's Governing Board reviews the prior fiscal year's Community Benefit Report and approves the community-benefit implementation strategy for addressing priorities identified in the most recent community needs assessment and other plans for community benefit. This report was prepared for the December 2015 meeting of the Lodi Health Board of Directors.

Lodi Health's Board of Directors:

A handwritten signature in black ink, appearing to read "Steven Crabtree", written over a horizontal line.

Steven Crabtree, board chair

April 29, 2015

VII. COMMUNITY BENEFIT GOALS AND MEASURES 2014

Lodi Memorial Hospital pursued the following community-health goals in the year 2014:

GOAL: Support community partners in developing or delivering services that assist Lodi Health in addressing priority health needs

MEASURE: By year's end

SCORE: Lodi Health continued to provide financial support and donations of time and equipment to address priority and other health needs in the community. As before, free meeting space was provided for community organizations and support groups. The value of the donated time, equipment, space and financial resources totaled \$7,000. Lodi Health was unable by year's end to develop a plan for potential partnership opportunities based on the results of CHNA asset mapping. As such, this goal will be carried over to 2015.

GOAL: Support Covered California

MEASURE: By year's end

SCORE: Lodi Health served as a resource for community members by registering patients onsite and at community events. Twelve staff members donated a total of 180 hours to assist patients and community members register for Covered California. A total of 39,580 persons were registered with Lodi Health assistance.

GOAL: Deliver health education that positively affects health behaviors leading to improved health and increased knowledge about when and how to seek care

MEASURE: By year's end

SCORE: Lodi Health was able to deliver health education by participating in six health fairs throughout the year. Lodi Health's website, lodihealth.org, averaged 17,104 monthly visits with a total of 205,249 visits for the year. The medical library had 49 specific requests for information with 96% satisfaction. Lodi Health continues to develop classes for the public and attend health fairs to deliver quality health education.

GOAL: Utilize resources to their utmost capacity to address mental health needs of the community's most vulnerable populations

MEASURE: By year's end

SCORE: Lodi Health continues to allow support groups access to the hospital for meeting locations at a value of \$1000 for the year. The development of a resource list for use at health fairs, community events and in the emergency and urgent care departments is ongoing.

GOAL: Provide opportunities for community members to safely engage in physical activity

MEASURE: By Year's end

SCORE: West Fitness saw their average daily attendance increase 700 visits for the year. Visits to Camp Hutchins increased from 12,370 in 2013 to 13,217 in 2014. Plans to increase the physical activity programs are ongoing. Lodi Health increased their sponsorship of Blakely pool from two weekends to three weekends. Outside factors, including the opening of three new health facilities in town, caused a shift in plans for a facility that would offer physical activity opportunities to the community. These plans are ongoing.

In 2015, Lodi Memorial Hospital plans to continue operating the community-benefit services noted in Attachment "N."

VIII. ORGANIZATIONAL STRUCTURE AND PLANNING PARTNERS

Board of directors

Lodi Health is a non-profit, acute-care hospital, owned by the non-profit Lodi Memorial Hospital Association until the affiliation with Adventist Health is finalized. The membership totals about 1,500 individuals and has been open to anyone wishing to join for a one-time, lifetime fee of \$100. Each year the membership elects members to serve three-year terms on the hospital's board of directors. The board and its committees operate by their designated bylaws. Board members total 18, and they direct the efforts of the hospital's chief-executive officer, who, in turn, directs the efforts of hospital staff. See Attachment "B."



Medical staff

The hospital's medical staff operates according to its bylaws. It is directed by an elected chief of staff and elected or appointed committee chairs. Medical-staff terms are for two years. See Attachment "C."

Formal planning partnerships

The hospital's community-development director is its liaison with the hospital's community-advisory board and the Healthier Communities Coalition (see Attachments "E" and "F"), a regional body of health-care providers and community-based organizations, and ad-hoc community groups, both formal and not.

Additionally, many hospital executives, physicians, board members and managers serve on the boards of local non-profit and community-based organizations.

Hospital staff, medical staff, the board of directors and community-advisory-board members are expected to help direct, participate in and review findings of the hospital's community-needs assessment and benefits plan. All are charged with integrating that process into the hospital's overall strategic plan.

The hospital-management-team members' performance is evaluated, and salary increases are assessed based on how well the hospital as a whole meets goals in five areas: community health, customer service, risk management, quality and financial.

Formal partners

Formal partners in the hospital's community-benefits activities include the San Joaquin County Public Health Department, the United Way, HealthCare Evaluators, the Red Cross, the City of Lodi, Delta College, the University of the Pacific, the Lodi Area Chamber of Commerce, and members of the hospital community-advisory board who serve as liaisons with their respective organizations, which include San Joaquin Public Health, the City of Galt, the area's major employers, complementary-medicine providers, the Lodi Islamic community, the Lodi Women's Center the World of Wonders Science Museum, several churches and all other county hospitals.

IX. GENERAL HOSPITAL INFORMATION

Address:	Lodi Health 975 S. Fairmont Ave. Lodi, CA 95240 209.334.3411 www.lodihealth.org
Chief Executive Officer:	Joseph P. Harrington, 209.334.7560
SB 697 Contact:	Sarah Beasley, Community Development Interim Manager 209.339.7616, direct 209.339.7686, fax sbeasley@lodihealth.org
Board of Directors roster:	See Attachment “B”
Medical leadership:	See Attachment “C”
Community Advisory Board members and affiliations:	See Attachment “D”
San Joaquin County Health Assessment Collaborative in-kind contributors:	See Attachment “E”
Service-area map:	See Attachment “F”
Health status profiles of the Lodi Health Community:	See Attachment “G”
Programs and services:	See Attachment “A”
Strategic-planning policy:	See Attachment “O”

X. LODI HEALTH DISCLOSURE REPORT

Lodi Health submitted its 2014 disclosure report to OSHPD in March 2015. Please see Attachment “H.”

XI. ATTACHMENTS

- Attachment “A” - Lodi Health programs and services
- Attachment “B” - Board of directors roster
- Attachment “C” - Medical-executive committee
- Attachment “D” - Lodi Health Community-Advisory Board roster
- Attachment “E” - San Joaquin County Health Assessment Collaborative in-kind contributors / partners
- Attachment “F” - Lodi Health service-area map
- Attachment “G” - Health status profiles of Lodi Health service area
- Attachment “H” - California hospital disclosure report
- Attachment “I” - 2014 audit report
- Attachment “J” - Lodi Health organizational chart
- Attachment “K” - Lodi Health committee-reporting-structure chart
- Attachment “L” - Healthier SJC Community Assessment 2012
- Attachment “M” - Financial assistance / charity care policy
- Attachment “N” - Lodi Health 2014 community-benefit tracking report
- Attachment “O” - Lodi Health strategic-planning policy
- Attachment “P” - Strategic Planning Committee, B8620-95



Programs and Services

Inpatient Services

Lodi Health
Acute Physical Rehabilitation

975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Health
Advanced Illness Management

975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Memorial Hospital

975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Health
Imaging

975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Memorial Hospital
Intensive Care Unit

975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Memorial Hospital
Labor and Delivery

975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Health
Maternal/Child Services

975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Memorial Hospital**Medical/Surgical Care**

975 S. Fairmont Ave.

Lodi, CA 95240

209.334.3411

Lodi Health**Patient Registration**

975 S. Fairmont Ave.

Lodi, CA 95240

209.334.3411

Lodi Memorial Hospital**Progressive Telemetry Unit**

975 S. Fairmont Ave.

Lodi, CA 95240

209.334.3411

Outpatient Services

Lodi Health**Outpatient Surgery**

975 S. Fairmont Ave.

Lodi, CA 95240

209.334.3411

Community Services

Lodi Health**Adult Day Care**

125 S. Hutchins St.

Lodi, CA 95240

209.369.4443

Lodi Health**Camp Hutchins**

125 S. Hutchins St.

Lodi, CA 95240

209.334.2267

Lodi Health**Fitness**

800 S. Lower Sacramento Rd.

Lodi, CA 95242

209.333.3011

Lodi Health**Pharmacy West**

2415 W. Vine St., Ste. 104

Lodi, CA 95242

209.333.3009/209.333.3010

West Pharmacy Refill Line

209.333.3167

Therapy Services

Lodi Health

Cardiac Rehabilitation

800 S. Lower Sacramento Rd.

Lodi, CA 95241

209.339.7664

Lodi Health

Occupational Therapy

800 S. Lower Sacramento Rd.

Lodi, CA 95242

209.333.3136

Lodi Health

Physical Therapy

800 S. Lower Sacramento Rd.

Lodi, CA 95242

209.333.3136

Lodi Health

Pulmonary Rehabilitation

800 S. Lower Sacramento Rd.

Lodi, CA 95241

209.339.7445

Lodi Health

Speech Therapy

800 S. Lower Sacramento Rd.

Lodi, CA 95242

209.333.3136

Wellness Services

Lodi Health

Home Health Agency

800 S. Lower Sacramento Rd.

Lodi, CA 95242

209.333.3131

Lodi Health

Home Med-Equip

1115 S. Fairmont Ave.

Lodi, CA 95240

209.339.7610

Lodi Health
Lactation Services
975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Health
Nutrition Counseling
1235 W. Vine St.
Lodi, CA 95240
209.334.8520

Laboratory/Imaging Services

Lodi Health
Galt Patient Service Center (lab)
387 Civic Dr.
Galt, CA 95632
209.745.8080

Lodi Health
Millsbridge Patient Service Center (lab)
1901 W. Kettleman Ln., Ste 200
Lodi, CA 95242
209.334.8540

Lodi Health
Plaza Patient Service Center (lab)
999 S. Fairmont Ave., lower level
Lodi, CA 95240
209.339.7462

Lodi Health
Trinity Patient Service Center (lab)
10200 Trinity Pkwy., Ste. 102
Stockton, CA 95219
209.948.0808

Lodi Health
Stockton Laboratory Service Center
2626 N. California St., Ste. D
Stockton, CA 95204
209.942.1164

Emergency/Urgent Care Services

Lodi Memorial Hospital
Clinical Decision Unit
975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

**Lodi Health
Emergency Department**
975 S. Fairmont Ave.
Lodi, CA 95240
209.339.7575

**Lodi Memorial Hospital
Observation Unit**
975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

**Lodi Health
Urgent Care**
1235 W. Vine St., Ste. 20
Lodi, CA 95240
209.339.7600

Medical Practices

**Lodi Health Physicians
Fairmont Occupational Medicine**
845 S. Fairmont Ave., Ste. 8
Lodi, CA 95240
209.339.7441

**Lodi Health Physicians
Fairmont Specialty Care**
845 S. Fairmont Ave., Ste. 8
Lodi, CA 95240
209.339.7625

**Lodi Health Physicians
Galt Family Care**
387 Civic Drive
Galt, CA 95632
209.745.8080

**Lodi Health Physicians
Galt Prenatal Care**
387 Civic Drive
Galt, CA 95632
209.745.6105

**Lodi Health Physicians
Ione Family Care**
305 Preston Ave., Ione
209.274.2183

**Lodi Health Physicians
Millsbridge Family Care**
1901 W. Kettleman Lane, St., 200
Lodi, CA 95242
209.334.8540

Lodi Health Physicians
Plaza Surgical Care
999 S. Fairmont Ave., Ste. 100
Lodi, CA 95240
209.334.2010

Lodi Health Physicians
Trinity Family and Specialty Care
10200 Trinity Parkway, Ste. 102
Stockton, CA
209.948.0808

Lodi Health Physicians
Vine Specialty Care
1235 W. Vine St., Ste. 22
Lodi, CA 95240
209.334.8520

Lodi Health Physicians
Walter E. Reiss Outreach Care
301 W. Oak St.
Lodi, CA 95240
209.365.0835

Lodi Health Physicians
West Family Care
2415 W. Vine St., Ste. 105
Lodi, CA 95242
209.333.3121

Lodi Health Physicians
West Occupational Medicine
2415 W. Vine St., Ste. 105
Lodi, CA 95242
209.339.7441

Lodi Health Physicians
West Pediatric Care
2415 W. Vine St., Ste. 100, 101
Lodi, CA 95242
209.333.3135

Lodi Health Physicians
West Prenatal Care
2415 W. Vine St., Ste. 103
Lodi, CA 95242
209.333.3030

Lodi Health Physicians
West Wound and Hyperbaric Care
2415 W. Vine St., Ste. 106
Lodi, CA 95242
209.333.3066

General

Lodi Health

Admissions Office

975 S. Fairmont Ave.
Lodi, CA 95240
209.339-7441

Lodi Health

Education

800 S. Lower Sacramento Rd.
Lodi, CA 95242
209.339-7520

Lodi Memorial Hospital

Foundation

845 S. Fairmont Ave., Ste. 3
Lodi, CA 95240
209.339.7630

Lodi Memorial Hospital

Gift Shop

975 S. Fairmont Ave.
Lodi, CA 95240
209.333.5103

Lodi Health

Laboratory

975 S. Fairmont Ave.
Lodi, CA 95240
209.339.7583/209.339.7584

Lodi Health

Medical Records

975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Lodi Health

Purchasing

850 S. Guild Ave., Ste. 103
Lodi, CA 95240
209.334.3411

Lodi Health

Medical Library

975 S. Fairmont Ave.
Lodi, CA 95242
209.334.3411

Response Line

209.339.7400

**Lodi Health
Patient Billing**
975 S. Fairmont Ave.
Lodi, CA 95240
209.334.3411

Affiliated Businesses

Advanced Imaging at Lodi Memorial Hospital
1031 S. Fairmont Ave.
Lodi, CA 95240
209.333.8343

Endoscopy Center of Lodi
840 S. Fairmont Ave., Ste. 1
Lodi, CA 95240
209.371.8700

Lodi Outpatient Surgical Center
521 S. Ham Ln., Ste. F
Lodi, CA 95240
209.333.0905

Lodi Regional Health Systems, Inc.
975 S. Fairmont Ave.
Lodi, CA 95240
209.339.7450

ATTACHMENT "B"

LODI HEALTH BOARD OF DIRECTORS 2015	
EXECUTIVE COMMITTEE	
STEVE CRABTREE	Chair (attorney)
JOSEPH HARRINGTON	CEO
DAN PHELPS	Vice Chair (CPA)
TRAVERS MCLOUGHLIN, MD	Chief-of-Staff (physician)
PAUL HALEY	Secretary/Treasurer (banker)
CHRISTEEN FERREE	(retired executive)
PARAM GILL, MD	(physician)
MONA SHULMAN	(attorney)
DIRECTORS	
RON ADDINGTON	(regional business leader)
ELIZABETH AGUIRE	(city clerk)
WILLIAM CUMMINS	(pastor)
STEVE FETZER	(telecommunications CEO)
TAJ KHAN	(engineer / developer)
J. JEFFREY KIRST	(developer)
DEBORAH OLSON	(executive director, redevelopment authority)
ROBERT (PAT) PATRICK	(chamber executive)
THOMAS SORBERA, MD	(physician)

**MEDICAL STAFF
ADMINISTRATION**

A-8710-10 (MSO)
A-8610-30 (Admin)
Page 1 of 2

**Lodi Memorial Hospital
Medical Staff Organization – 2015**

Medical Executive Committee - 10

Chief of Staff	Travers McLoughlin, M.D.	Chair of Medicine Department	Juliene Gentry, M.D.
Chief of Staff Elect	Ajithkumar Puthillath, M.D.	Chair of Maternal Child Department	Param Gill, M.D.
Secretary/Treasurer	Jacquelin Miller, D.O.	Chair of Surgical Department	Tom Fahey, M.D.
Member-At-Large	Andrew Limb, M.D.		
Member-At-Large	AnnieMarie Santos, M.D.		
Past Chief of Staff	Elvira Milano, M.D.		
Credentials Cmte. Chair	Thomas Sorbera, M.D.		

Division Chiefs

Division of Anesthesia	Bruce Stump, M.D.	Division of Pediatrics	Christopher Doria, M.D.
Division of Emergency Medicine	Xavier Salinas, M.D.	Division of OB/GYN	Param Gill, M.D.
Division of Family Medicine	AnnieMarie Santos, M.D.	Division of Surgery	Tom Fahey, M.D.
Division of Internal Medicine	Juliene Gentry, M.D.		

Bylaws Committee 5

Elvira Milano, M.D.
Travers McLoughlin, M.D. **
Jacquelin Miller, D.O.
Ajithkumar Puthillath, M.D.
Daren Primack, M.D.

Mark Sey
Corey Wright

Medical Staff Aide Committee -3

Travers McLoughlin,
M.D. ** (interim)
AnnieMarie Santos, M.D.
Leslie Sackschewsky, M.D.

Credentials Committee -14

Tareq Ali, M.D.
Edmund Freund, M.D.
Juliene Gentry, M.D.
Param Gill, M.D.
Steven LaViola, M.D.
Andrew Limb, M.D.
Jacquelin Miller, D.O.
Sanjay Muttreja, M.D.
Carol Nakashima, M.D.
Naeem Rana, M.D.
Xavier Salinas, M.D.
AnnieMarie Santos, M.D.

Institutional Review Board -3

Adam Dodd, M.D. **
John Kiraly, M.D.
Elvira Milano, M.D.
Marklin Brown
Rev. Paul Donovan

Interdisciplinary Practice Cmte--4

Edmund Freund, M.D.
Steven LaViola, M.D.
Xavier Salinas, M.D. **

Arvinder Thiara, M.D.
Robert Thraikill, M.D.
Laura Akahori, FNP
Debbe Moreno, R.N.
Continuing Medical Education-2
Roland Nakata, M.D.
Joseph Gayagoy, M.D. **
Donna Schulz, R.N. (Education)
Liz Cochrane (Finance)

Peer Review Committee- 14

Juliene Gentry, M.D.
Param Gill, M.D.
Tom Fahey, M.D.
Ruben Koshy, M.D.
Andrew Limb, M.D.
Nancy Little, M.D.
Travers McLoughlin, M.D.
Elvira Milano, M.D.

**** Chair * Vice-Chair**

The CEO, CNO, CAO and Quality Management Director are non-voting members of all committee meetings

Medical Staff Organization – 2013

Jacquelin Miller, D.O.
Ajithkumar Puthillath, M.D.**
Xavier Salinas, M.D.
David Sorour, M.D.
Arvinder Thiara, M.D.
Robert Thraikill, M.D.

Pharmacy & Therapeutics -8

Edward Chang, M.D.
Kevin Donaghy, M.D.
Juliene Gentry, M.D.
Elizabeth Hereford, M.D.
Htay Minn, M.D.
Manual Orellana, M.D.
Naeem Rana, M.D.**
Rolando Simeon, M.D.
Sandy Atwater

Quality Committee -6

Rod Felber, D.O
Juliene Gentry, M.D.
Travers McLoughlin, M.D.
Elvira Milano, M.D. **
Ajithkumar Puthillath, M.D.
Simran Sethi, M.D.
Liz Aguirre
Christine Ferree
Joe Harrington
Brooke McCollough
Debbe Moreno
Mark Sey
Mona Shulman

Infection Control Committee - 4

Elvira Milano, M.D.**
Manuel Orellano, M.D. **
Xavier Salinas, M.D.
Beien Shi, M.D.
Wendy Long-Brandt

**** Chairman**

The CEO, COO, and Quality Management Director or designee are non-voting members of all meetings. 4/21/2015
N:\LMH\Comm_Dev\Community Benefits\2015 Community Benefit Plan\Attachments\Medical staff organization.doc

A-8710-10 (MSO)
A-8610-30 (Admin)

Asra Salim
Karla Theis (Director, Lab)

Utilization Management Cmte. – 4

Rod Felber, D.O.**
Juliene Gentry, M.D.
Bao Nguyen, M.D.
Beien Shi, M.D.
Valerie Cronin
Julie Whiteley

Medical Records Committee -5

Nazish Ali, M.D.
Pak Chan, M.D.
Rod Felber, D.O.**
Beien Shi, M.D.
Xavier Salinas, M.D.

ATTACHMENT "D"

LODI MEMORIAL HOSPITAL COMMUNITY ADVISORY BOARD MEMBERS		
<p>Belinda Hurst, RN LMH internal mail 209.339.7546/w 917 Bridle Path, Galt, CA 95632 209.745.7620/h bhurst@lodihealth.org</p>	<p>Joseph A. Woelfel, Ph.D., FASCP, R.Ph. Thomas J. Long School of Pharmacy and Health Scienc- es, University of the Pacific 209.946.2374/w jwoelfel@pacific.edu</p>	<p>Taj Khan 1112 Rivergate Dr. Lodi, CA 95242 209.663.0453/c tmkhan@sbcglobal.net</p>
<p>Mari Hurley, RN 6119 Oak Lane Stockton, CA 209.931.6656 marib@comcast.net</p>	<p>Carol Farron, CD Director (retired 3/31/15) Lodi Memorial Hospital 975 S. Fairmont Ave. Lodi, CA 95240 209.339.7535/w cfarron@lodihealth.org</p>	<p>Bill Mitchell, Director Public Health Services 1601 E. Hazelton Ave. Stockton, CA 95205 209.468.3413/w wmitchell@sjcphs.org</p>
<p>Aman Khan, PharmD CVS Pharmacy 1133 S. Crescent Lodi, CA 95240 209.369.3648/w 209.367.9435/h</p>	<p>Sally Snyder, president World of Wonders Science Museum 2 N. Sacramento St., Lodi, CA 95240 209.368.0969/c sally@wowsciencemuseum. org WOWScienceMuseum.org</p>	<p>Frankie Engel Mental health practitioner 2000 W Kettleman Ln. Lodi, 95242 209.481.6880 fanegle@verizon.net</p>
<p>Inez Kiriu City of Galt, Finance Director 9848 E. Jahant Rd. Acampo, CA 95220 209.366.7145/w 209.339.4842/h rikkkiri@softcom.net</p>	<p>Lavern Schmidt Retired LMH RN and current parish nurse 2117 Sunwest Dr. Lodi, CA 95242 209.369.7672/h</p>	<p>Jeff Hood City of Lodi, Communications specialist and Recreation and Cultural Services Director 209.333.6801, office 209.986.6806, cell jhood@lodi.gov</p>
<p>Emily Rooney Agricultural Council of California, president 1000 G St., Ste 230, Sacra- mento, 98514 916.443.4887/office Emily@agcouncil.org 1851 Lakeshore Dr, Lodi, 95240 916.952.9151/cell</p>	<p>Joe Harrington, CEO Lodi Memorial Hospital 975 S Fairmont Ave. Lodi, CA 95240 209.339.7560/w jharrington@lodihealth.org</p>	<p>John Gordon California Dept of Education Galt Joint Union Elementary School District, board president City of Galt Youth Com- mission 944 Trafalgar Circle Galt, CA 95632 209.712.3815</p>
<p>January 15, 2015</p>		

ATTACHMENT "E"

San Joaquin County Community Health Assessment Collaborative (SJC2HAC) In-Kind Contributors

Name	Title	Agency
Amelia Adams	Deputy Director	Community Partnership for Families of San Joaquin
Alyssa Arismendi	Quality Coordinator	Dameron Hospital
Robina Asghar	Executive Director	Community Partnership for Families of San Joaquin
Shené Bowie, DrPH, ACSM	Program Coordinator, Health Promotion and Chronic Disease Prevention	San Joaquin County Public Health Services
Sheri Coburn, Ed.D.	Director Comprehensive Health Programs	San Joaquin County Office of Education
Patricia Collier	Director, Community Services	San Joaquin County Office of Education
Edward Figueroa	CEO	St. Mary's Interfaith Community Services
LaCresia Hawkins,CCROPP	Project Coordinator	Community Partnership for Families of San Joaquin
Patty Jacquez	Contracts Analyst	First 5 San Joaquin
David B. Jomaoas, MPA	Chief Operations Officer	Community Medical Centers, Inc.
Lara Killick, Ph.D.	Assistant Professor, Department of Sport Sciences	University of the Pacific
Robin G. Morrow, MA	Health Education/Cultural and Linguistics Administrator	Health Plan of San Joaquin
Karen Pfister	Supervising Epidemiologist	San Joaquin County Public Health Services
Denise Ranuio	Financial Analyst, Community Health Department	St. Joseph's Medical Center
Marie Sanchez	Community Benefits Manager, Central Valley Area	Kaiser Permanente
Michelle Scott	Program Manager	San Joaquin County Public Health Services
Tammy Shaff	Manager, STCH Community Benefit Programs and Sutter Tracy Healthy Connections	Community Health Resource Center
Nirali Shah, MPH	Epidemiologist	San Joaquin County Public Health Services
Joseph A. Woelfel, Ph.D., FASCP, R.Ph.	Assistant Professor, Director of Pharmaceutical Care Clinics	University of the Pacific, Thomas J. Long School of Pharmacy and Health Sciences
Mary Woelfel	Chairperson	Breastfeeding Coalition of San Joaquin County

ATTACHMENT "G"

SAN JOAQUIN COUNTY'S HEALTH STATUS PROFILE									
MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-ADJUSTED DEATH RATE		
		DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	LOWER		UPPER	NATIONAL	STATEWIDE
48	ALL CAUSES	4,676.7	677.7	802.2	779.1	825.4	a	760.3	666.4
46	ALL CANCERS	1,011.7	146.6	175.2	164.3	186.0	158.6	177.5	155.9
38	COLORECTAL CANCER	88.7	12.8	15.2	12.0	18.4	13.7	16.7	14.7
43	LUNG CANCER	270.3	39.2	47.7	42.0	53.5	43.3	50.5	38.1
42	FEMALE BREAST CANCER	73.7	21.3	22.9	17.6	28.1	21.3	23.5	21.2
32	PROSTATE CANCER	51.3	14.9	22.2	16.1	28.3	28.2	23.5	21.8
58	DIABETES	201.3	29.2	35.2	30.3	40.1	b	22.4	21.1
38	ALZHEIMER'S DISEASE	151.3	21.9	26.8	22.5	31.1	a	22.8	25.7
55	CORONARY HEART DISEASE	1,017.3	147.4	178.1	167.1	189.0	162.0	134.5	137.1
45	CEREBROVASCULAR DISEASE (STROKE)	272.7	39.5	47.4	41.7	53.0	50.0	41.6	40.8
34	INFLUENZA/PNEUMONIA	103.3	15.0	16.0	14.5	21.5	a	16.3	19.6
41	CHRONIC LOWER RESPIRATORY DISEASE	271.0	39.3	47.9	42.2	53.7	a	41.2	37.8
48	CHRONIC LIVER DISEASE AND CIRRHOSIS	95.0	13.8	15.5	12.3	18.6	3.2	8.9	10.7
39	ACCIDENTS (UNINTENTIONAL INJURIES)	285.3	41.3	45.0	39.7	50.3	17.1	27.8	29.7
38	MOTOR VEHICLE TRAFFIC CRASHES	104.0	15.1	15.7	12.6	18.7	8.0	14.4	10.3
22	SUICIDE	62.3	9.0	10.2	7.7	12.8	4.8	10.8	9.4
49	HOMICIDE	50.0	7.2	7.2	5.2	9.2	2.8	5.8	6.3
29	FIREARM-RELATED DEATHS	63.3	9.2	9.6	7.2	12.0	3.6	10.1	8.5
40	DRUG-INDUCED DEATHS	101.7	14.7	16.5	13.2	19.7	1.2	10.4	10.6

MORBIDITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	CRUDE CASE RATE		
		CASES (AVERAGE)	CRUDE CASE RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
48	AIDS INCIDENCE (AGE 13 AND OVER)	50.0	9.5	6.9	12.1	1.0	14.4	11.6	
54	CHLAMYDIA INCIDENCE	3,412.7	494.5	477.9	511.1	d	c	377.7	
54	GONORRHEA INCIDENCE	831.3	120.5	112.3	128.7	19.0	119.0	79.7	
53	TUBERCULOSIS INCIDENCE	65.0	9.4	7.1	11.7	1.0	4.4	7.2	

INFANT MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2005-2007		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	BIRTH COHORT		
		DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
39	INFANT MORTALITY: ALL RACES	68.7	5.9	4.5	7.3	4.5	6.7	5.3	
46	INFANT MORTALITY: ASIAN/PI	10.3	6.2 *	2.4	10.0	4.5	4.9	4.5	
35	INFANT MORTALITY: BLACK	8.3	10.5 *	3.4	17.6	4.5	13.3	12.4	
35	INFANT MORTALITY: HISPANIC	31.3	5.3	3.4	7.1	4.5	5.5	5.2	
34	INFANT MORTALITY: WHITE	15.7	5.5 *	2.8	8.2	4.5	5.6	4.8	

NATALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		BIRTHS (AVERAGE)	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
48	LOW BIRTHWEIGHT INFANTS	802.0	7.0	6.5	7.5	5.0	8.2	6.9	
47	LATE OR NO PRENATAL CARE	3,297.7	29.1	28.1	30.1	10.0	16.8	16.3	
47	ADEQUATE/ADEQUATE PLUS CARE	7,618.0	68.6	67.0	70.1	90.0	dsu	78.7	

NATALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-SPECIFIC BIRTH RATE		
		BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
48	BIRTHS TO MOTHERS AGED 15-19	1,361.3	46.1	43.6	48.5	a	42.5	36.6	

BREASTFEEDING									
RANK ORDER	HEALTH STATUS INDICATOR	2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		BIRTHS	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
50	BREASTFEEDING INITIATION	6,797	81.5	79.6	83.4	75.0	73.9	86.2	

CENSUS									
RANK ORDER	HEALTH STATUS INDICATOR	2007		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		NUMBER	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
31	PERSONS UNDER 18 IN POVERTY	35,791	15.9	15.8	16.1	a	18.0	16.0	

* Unreliable, relative standard error greater than or equal to 23 percent.

a Healthy People 2010 (HP 2010) National Objective has not been established.

b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.

c National rate is not comparable to California due to rate calculation methods.

d Prevalence data were not available in all California counties to evaluate HP 2010 National Objective of no more than 3 percent testing positive in the population aged 15 to 24 years.

dsu Data do not meet the criteria for statistical reliability, data quality, or confidentiality. Centers for Disease Control and Prevention (CDCP) website at <http://wonder.cdc.gov/data2010/>. Accessed March 2010.

Mortality National Center for Health Statistics. Deaths: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 58. No 01. August 2009.

Morbidity CDCP Wonder website at <http://wonder.cdc.gov/data2010/>. (2006 Female Breast Cancer, Prostate Cancer, and Motor Vehicle Traffic). Accessed March 2010.

Infant Mortality U.S. Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/ib/statistics/reports/2007/pdf/table1.pdf>. Accessed March 2010.

Natality National Center for Health Statistics. Births: Final Data for 2006. *National Vital Statistics Reports* Vol 57. No 02. July 2008. (Asian/Pacific Islander).

Breastfeeding National Center for Health Statistics. Births: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 57. No 12. March 2009. (Low Birthweight Infants and Births to Mothers Aged 15-19).

Census National Center for Health Statistics. Births: Final Data for 2006. *National Vital Statistics Reports* Vol 57. No 07. Jan 2009. (Late or No Prenatal Care).

Note Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm (Breastfeeding Initiation-2006 Provisional). Accessed March 2010.

Source U.S. Census Bureau. Small Area Income and Poverty Estimates at <http://www.census.gov/did/www/saie>. Accessed March 2010.

Note Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births. Age-specific birth rates are per 1,000 population.

Source California Department of Public Health, Center for Health Statistics. 2006-2008 Birth and Death Statistical Master Files and 2005-2007 Birth Cohort-Perinatal Outcome Files. Division of Communicable Disease Control, Office of AIDS Surveillance Section; and Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2008. Department of Finance. 2007 Population Estimates with Age, Sex, and Race/Ethnic Detail, July 2007.

SACRAMENTO COUNTY'S HEALTH STATUS PROFILE									
MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-ADJUSTED DEATH RATE		
		DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	LOWER		UPPER	NATIONAL	STATEWIDE
37	ALL CAUSES	9,783.0	694.7	742.9	728.1	757.7	a	760.3	666.4
41	ALL CANCERS	2,236.3	158.8	169.6	162.5	176.7	158.6	177.5	155.9
40	COLORRECTAL CANCER	206.3	14.7	15.5	13.4	17.6	13.7	16.7	14.7
41	LUNG CANCER	611.7	43.4	46.9	43.1	50.6	43.3	50.5	38.1
35	FEMALE BREAST CANCER	161.3	22.5	21.5	18.2	24.9	21.3	23.5	21.2
30	PROSTATE CANCER	111.3	16.1	21.9	17.8	26.1	28.2	23.5	21.8
36	DIABETES	263.3	18.7	19.9	17.5	22.3	b	22.4	21.1
34	ALZHEIMER'S DISEASE	322.3	22.9	25.3	22.5	28.0	a	22.8	25.7
43	CORONARY HEART DISEASE	1,907.3	135.4	146.0	139.4	152.6	162.0	134.5	137.1
47	CEREBROVASCULAR DISEASE (STROKE)	624.0	44.3	48.2	44.4	52.0	50.0	41.6	40.8
49	INFLUENZA/PNEUMONIA	300.7	21.3	23.3	20.6	25.9	a	16.3	19.6
35	CHRONIC LOWER RESPIRATORY DISEASE	546.3	38.8	42.9	39.3	46.5	a	41.2	37.8
27	CHRONIC LIVER DISEASE AND CIRRHOSIS	150.7	10.7	10.7	8.9	12.4	3.2	8.9	10.7
27	ACCIDENTS (UNINTENTIONAL INJURIES)	512.0	36.4	36.7	33.5	39.9	17.1	37.8	29.3
17	MOTOR VEHICLE TRAFFIC CRASHES	139.7	9.9	9.8	8.2	11.5	8.0	14.4	10.7
38	SUICIDE	177.7	12.6	12.6	10.8	14.5	4.8	10.8	9.4
50	HOMICIDE	103.3	7.3	7.3	5.9	8.7	2.8	5.8	6.3
32	FIREARM-RELATED DEATHS	141.0	10.0	10.0	8.3	11.6	3.6	10.1	8.5
42	DRUG-INDUCED DEATHS	243.3	17.3	17.1	14.9	19.2	1.2	10.4	10.6
MORBIDITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	CRUDE CASE RATE		
		CASES (AVERAGE)	CRUDE CASE RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
42	AIDS INCIDENCE (AGE 13 AND OVER)	80.7	7.1		5.5	8.6	1.0	14.4	11.6
56	CHLAMYDIA INCIDENCE	7,523.0	534.2		522.1	546.2	d	c	377.7
56	GONORRHEA INCIDENCE	1,985.7	141.0		134.8	147.2	19.0	119.0	79.7
50	TUBERCULOSIS INCIDENCE	105.7	7.5		6.1	8.9	1.0	4.4	7.2
INFANT MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2005-2007		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	BIRTH COHORT		
		DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
35	INFANT MORTALITY: ALL RACES	125.3	5.8	4.8	6.8	4.5	6.7	5.3	
39	INFANT MORTALITY: ASIAN/PI	17.3	4.9 *	2.6	7.2	4.5	4.9	4.5	
44	INFANT MORTALITY: BLACK	26.0	11.9	7.3	16.4	4.5	13.3	12.4	
19	INFANT MORTALITY: HISPANIC	25.3	3.9	2.4	5.5	4.5	5.5	5.2	
38	INFANT MORTALITY: WHITE	49.3	5.7	4.1	7.3	4.5	5.6	4.8	
NATALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		BIRTHS (AVERAGE)	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
47	LOW BIRTHWEIGHT INFANTS	1,493.3	6.8	6.5	7.2	5.0	8.2	6.9	
26	LATE OR NO PRENATAL CARE	4,366.3	20.4	19.8	21.0	10.0	16.8	16.3	
27	ADEQUATE/ADEQUATE PLUS CARE	15,905.0	74.6	73.4	75.7	90.0	dsu	78.7	
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-SPECIFIC BIRTH RATE		
		BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
36	BIRTHS TO MOTHERS AGED 15-19	1,998.0	36.5	34.9	38.1	a	42.5	36.6	
BREASTFEEDING									
RANK ORDER	HEALTH STATUS INDICATOR	2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		BIRTHS	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
42	BREASTFEEDING INITIATION	15,203	86.6	85.3	88.0	75.0	73.9	86.2	
CENSUS									
RANK ORDER	HEALTH STATUS INDICATOR	2007		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		NUMBER	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
34	PERSONS UNDER 18 IN POVERTY	62,906	16.6	16.5	16.7	a	18.0	16.0	

* Unreliable, relative standard error greater than or equal to 23 percent.

a Healthy People 2010 (HP 2010) National Objective has not been established.

b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.

c National rate is not comparable to California due to rate calculation methods.

d Prevalence data were not available in all California counties to evaluate HP 2010 National Objective of no more than 3 percent testing positive in the population aged 15 to 24 years.

dsu Data do not meet the criteria for statistical reliability, data quality, or confidentiality. Centers for Disease Control and Prevention (CDCP) website at <http://wonder.cdc.gov/data2010/>. Accessed March 2010.

Mortality National Center for Health Statistics. Deaths: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 58. No 01. August 2009.

CDCP Wonder website at <http://wonder.cdc.gov/data2010/>. (2006 Female Breast Cancer, Prostate Cancer, and Motor Vehicle Traffic). Accessed March 2010.

Morbidity CDCP Wonder website at <http://wonder.cdc.gov/data2010/>. (2006 AIDS and Gonorrhea incidence). Accessed March 2010.

U.S. Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/tb/statistics/reports/2007/pdf/table1.pdf>. Accessed March 2010.

Infant Mortality National Center for Health Statistics. Deaths: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 58. No 01. August 2009. (2006 data for All Races, Black, Hispanic, and White).

National Center for Health Statistics. Infant Mortality Statistics from the 2005 Period Linked Birth/Infant Death Data Set. *National Vital Statistics Reports* Vol 57. No 02. July 2008. (Asian/Pacific Islander).

Natality National Center for Health Statistics. Births: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 57. No 12. March 2009. (Low Birthweight Infants and Births to Mothers Aged 15-19).

National Center for Health Statistics. Births: Final Data for 2006. *National Vital Statistics Reports* Vol 57. No 07. Jan 2009. (Late or No Prenatal Care).

Breastfeeding Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm (Breastfeeding Initiation-2006 Provisional). Accessed March 2010.

Census U.S. Census Bureau. Small Area Income and Poverty Estimates at <http://www.census.gov/did/www/saipa/>. Accessed March 2010.

Note Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births. Age-specific birth rates are per 1,000 population.

Source California Department of Public Health, Center for Health Statistics. 2006-2008 Birth and Death Statistical Master Files and 2005-2007 Birth Cohort-Perinatal Outcome Files. Division of Communicable Disease Control, Office of AIDS Surveillance Section; and Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2008. Department of Finance. 2007 Population Estimates with Age, Sex, and Race/Ethnic Detail, July 2007.

SOLANO COUNTY'S HEALTH STATUS PROFILE									
MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008 DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-ADJUSTED NATIONAL DEATH RATE	DEATH RATE STATEWIDE
					LOWER	UPPER			
36	ALL CAUSES	2,745.3	643.1	725.0	697.6	752.5	a	760.3	666.4
49	ALL CANCERS	686.7	160.9	178.0	164.5	191.5	158.6	177.5	155.9
52	COLORECTAL CANCER	65.7	15.4	17.0	12.8	21.2	13.7	16.7	14.7
45	LUNG CANCER	181.3	42.5	48.2	41.0	55.3	43.3	50.5	38.1
43	FEMALE BREAST CANCER	50.7	23.9	23.0	16.6	29.4	21.3	23.5	21.2
37	PROSTATE CANCER	32.7	15.2	22.7	14.8	30.6	28.2	23.5	21.8
53	DIABETES	117.3	27.5	31.0	25.3	36.6	b	22.4	21.1
57	ALZHEIMER'S DISEASE	141.7	33.2	40.4	33.8	47.1	a	22.8	25.7
21	CORONARY HEART DISEASE	417.3	97.8	111.9	101.0	122.7	162.0	134.5	137.1
38	CEREBROVASCULAR DISEASE (STROKE)	167.3	39.2	45.5	38.5	52.5	50.0	41.6	40.8
56	INFLUENZA/PNEUMONIA	91.7	21.5	25.5	20.3	30.8	a	16.3	19.6
26	CHRONIC LOWER RESPIRATORY DISEASE	148.3	34.7	41.1	34.4	47.8	a	41.2	37.8
9	CHRONIC LIVER DISEASE AND CIRRHOSIS	34.3	8.0	7.8	5.1	10.5	3.2	8.9	10.7
17	ACCIDENTS (UNINTENTIONAL INJURIES)	128.7	30.1	30.9	25.5	36.3	17.1	37.8	29.7
23	MOTOR VEHICLE TRAFFIC CRASHES	49.7	11.6	11.5	8.3	14.8	8.0	14.4	10.3
15	SUICIDE	39.3	9.2	9.3	6.4	12.3	4.8	10.8	9.4
53	HOMICIDE	35.7	8.4	8.2	5.5	10.9	2.8	5.8	6.3
37	FIREARM-RELATED DEATHS	43.0	10.1	10.1	7.1	13.2	3.6	10.1	8.5
17	DRUG-INDUCED DEATHS	39.7	9.3	9.0	6.2	11.9	1.2	10.4	10.6
MORBIDITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008 CASES (AVERAGE)	CRUDE CASE RATE	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	CRUDE NATIONAL CASE RATE	CASE RATE STATEWIDE	
				LOWER	UPPER				
54	AIDS INCIDENCE (AGE 13 AND OVER)	45.7	13.0		9.2	16.8	1.0	14.4	11.6
52	CHLAMYDIA INCIDENCE	1,911.3	447.8		427.7	467.8	d	c	377.7
49	GONORRHEA INCIDENCE	335.0	78.5		70.1	86.9	19.0	119.0	79.7
49	TUBERCULOSIS INCIDENCE	31.7	7.4		4.8	10.0	1.0	4.4	7.2
INFANT MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2005-2007 DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	BIRTH COHORT NATIONAL INFANT DEATH RATE	STATEWIDE	
				LOWER	UPPER				
41	INFANT MORTALITY: ALL RACES	35.7	6.2	4.1	8.2	4.5	6.7	5.3	
49	INFANT MORTALITY: ASIAN/PI	6.0	7.1 *	1.4	12.8	4.5	4.9	4.5	
39	INFANT MORTALITY: BLACK	8.0	11.3 *	3.5	19.0	4.5	13.3	12.4	
45	INFANT MORTALITY: HISPANIC	12.3	6.0 *	2.7	9.4	4.5	5.5	5.2	
19	INFANT MORTALITY: WHITE	8.0	4.2 *	1.3	7.1	4.5	5.6	4.8	
NATALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008 BIRTHS (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE NATIONAL	STATEWIDE	
				LOWER	UPPER				
52	LOW BIRTHWEIGHT INFANTS	416.3	7.2	6.5	7.9	5.0	8.2	6.9	
39	LATE OR NO PRENATAL CARE	1,455.0	25.4	24.1	26.7	10.0	16.8	16.3	
37	ADEQUATE/ADEQUATE PLUS CARE	4,152.3	72.6	70.4	74.8	90.0	dsu	78.7	
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008 BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-SPECIFIC NATIONAL BIRTH RATE	STATEWIDE	
				LOWER	UPPER				
26	BIRTHS TO MOTHERS AGED 15-19	501.7	30.1	27.5	32.8	a	42.5	36.6	
BREASTFEEDING									
RANK ORDER	HEALTH STATUS INDICATOR	2008 BIRTHS	PERCENT	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE NATIONAL	STATEWIDE	
				LOWER	UPPER				
37	BREASTFEEDING INITIATION	3,618	88.9	86.0	91.8	75.0	73.9	86.2	
CENSUS									
RANK ORDER	HEALTH STATUS INDICATOR	2007 NUMBER	PERCENT	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE NATIONAL	STATEWIDE	
				LOWER	UPPER				
16	PERSONS UNDER 18 IN POVERTY	13,018	11.9	11.7	12.1	a	18.0	16.0	

* Unreliable, relative standard error greater than or equal to 23 percent.

a Healthy People 2010 (HP 2010) National Objective has not been established.

b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.

c National rate is not comparable to California due to rate calculation methods.

d Prevalence data were not available in all California counties to evaluate HP 2010 National Objective of no more than 3 percent testing positive in the population aged 15 to 24 years.

dsu Data do not meet the criteria for statistical reliability, data quality, or confidentiality. Centers for Disease Control and Prevention (CDC) website at <http://wonder.cdc.gov/data2010/>. Accessed March 2010.

Mortality National Center for Health Statistics. Deaths: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 58. No 01. August 2009.

Morbidity CDCP Wonder website at <http://wonder.cdc.gov/data2010/>. (2006 Female Breast Cancer, Prostate Cancer, and Motor Vehicle Traffic). Accessed March 2010.

Infant Mortality CDCP Wonder website at <http://wonder.cdc.gov/data2010/>. (2006 AIDS and Gonorrhea incidence). Accessed March 2010.

Infant Mortality U.S. Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/tb/statistics/reports/2007/pdf/table1.pdf> Accessed March 2010.

Infant Mortality National Center for Health Statistics. Deaths: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 58. No 01. August 2009. (2006 data for All Races, Black, Hispanic, and White).

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Natality National Center for Health Statistics. Births: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 57. No 12. March 2009. (Low Birthweight Infants and Births to Mothers Aged 15-19).

Natality National Center for Health Statistics Births: Final Data for 2006. *National Vital Statistics Reports* Vol 57. No 07. Jan 2009. (Late or No Prenatal Care).

Breastfeeding Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm (Breastfeeding Initiation-2006 Provisional). Accessed March 2010.

Census U.S. Census Bureau. Small Area Income and Poverty Estimates at <http://www.census.gov/did/www/saipe/>. Accessed March 2010.

Note Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births. Age-specific birth rates are per 1,000 population. Data from prior years are not comparable to its current representation due to changes in AIDS and Breastfeeding data collection, procedural changes, and methodology.

Source California Department of Public Health, Center for Health Statistics. 2006-2008 Birth and Death Statistical Master Files and 2005-2007 Birth Cohort-Perinatal Outcome Files.

Division of Communicable Disease Control, Office of AIDS Surveillance Section; and Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2008.

Department of Finance. 2007 Population Estimates with Age, Sex, and Race/Ethnic Detail, July 2007.

AMADOR COUNTY'S HEALTH STATUS PROFILE									
MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2007-2009 DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-ADJUSTED DEATH RATE	
					LOWER	UPPER		NATIONAL	STATEWIDE
34	ALL CAUSES	402.7	1,021.9	694.3	624.4	764.1	a	758.6	647.2
26	ALL CANCERS	94.7	240.2	154.5	124.9	188.9	158.6	175.5	154.0
27	COLORECTAL CANCER	9.0	22.8 *	14.1 *	6.5	26.8	13.7	16.5	14.4
30	LUNG CANCER	25.3	64.3	41.0	26.6	60.4	43.3	49.6	37.2
48	FEMALE BREAST CANCER	7.3	41.0 *	23.9 *	9.9	48.5	21.3	22.9	21.2
10	PROSTATE CANCER	4.3	20.1 *	15.8 *	4.6	39.1	28.2	23.5	21.7
6	DIABETES	6.3	16.1 *	9.9 *	3.9	21.1	b	21.8	20.3
31	ALZHEIMER'S DISEASE	15.0	38.1 *	24.5 *	13.7	40.5	a	24.4	26.7
25	CORONARY HEART DISEASE	64.7	164.1	110.1	84.9	140.5	162.0	132.3	128.0
20	CEREBROVASCULAR DISEASE (STROKE)	20.7	52.4	34.5	21.3	53.0	50.0	40.6	38.4
57	INFLUENZA/PNEUMONIA	14.7	37.2 *	25.1 *	13.9	41.6	a	40.6	18.2
31	CHRONIC LOWER RESPIRATORY DISEASE	26.7	67.7	43.0	28.3	62.8	a	44.0	37.1
49	CHRONIC LIVER DISEASE AND CIRRHOSIS	9.0	22.8 *	16.5 *	7.6	31.4	3.2	9.2	10.8
45	ACCIDENTS (UNINTENTIONAL INJURIES)	24.3	61.8	52.5	33.8	78.0	17.1	38.6	28.7
51	MOTOR VEHICLE TRAFFIC CRASHES	7.7	19.5 *	18.7 *	7.9	37.4	8.0	12.9	9.2
50	SUICIDE	9.0	22.8 *	17.9 *	8.2	34.0	4.8	11.6	9.6
9	HOMICIDE	1.0	2.5 *	1.7 *	0.0	9.5	2.8	5.9	5.8
33	FIREARM-RELATED DEATHS	5.7	14.4 *	9.9 *	3.5	22.0	3.6	10.3	8.2
47	DRUG-INDUCED DEATHS	9.7	24.5 *	20.6 *	9.7	38.3	1.2	12.3	10.7

MORBIDITY									
RANK ORDER	HEALTH STATUS INDICATOR	2007-2009 CASES (AVERAGE)	CRUDE CASE RATE	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	CRUDE CASE RATE		
				LOWER	UPPER		NATIONAL	STATEWIDE	
8	AIDS INCIDENCE (AGE 13 AND OVER)	0.3	0.9 *	-	0.0	12.3	1.0	12.2	10.7
20	CHLAMYDIA INCIDENCE	76.7	194.6	-	153.5	243.3	d	c	382.4
12	GONORRHEA INCIDENCE	3.7	9.3 *	-	2.3	24.8	19.0	110.7	70.2
2	TUBERCULOSIS INCIDENCE	0.0	-	-	-	-	1.0	4.2	6.9

INFANT MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008 DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	BIRTH COHORT INFANT DEATH RATE		
				LOWER	UPPER		NATIONAL	STATEWIDE	
36	INFANT MORTALITY: ALL RACES	1.7	5.8 *	0.5	23.4	4.5	6.7	5.3	
12	INFANT MORTALITY: ASIAN/P	0.0	-	-	-	4.5	4.6	4.5	
22	INFANT MORTALITY: BLACK	0.0	-	-	-	4.5	13.4	12.3	
5	INFANT MORTALITY: HISPANIC	0.0	-	-	-	4.5	5.4	5.2	
47	INFANT MORTALITY: WHITE	1.3	6.2 *	0.3	28.6	4.5	5.6	4.6	

NATALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2007-2009 BIRTHS (AVERAGE)	PERCENT	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
				LOWER	UPPER		NATIONAL	STATEWIDE	
4	LOW BIRTHWEIGHT INFANTS	14.3	4.9 *	2.7	8.2	5.0	8.2	6.8	
5	LATE OR NO PRENATAL CARE	38.3	13.2	9.4	18.1	10.0	du	17.3	
1	ADEQUATE/ADEQUATE PLUS CARE	256.3	88.4	77.6	99.2	90.0	dsu	79.0	

BIRTHS TO MOTHERS AGED 15-19									
RANK ORDER	HEALTH STATUS INDICATOR	2007-2009 BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-SPECIFIC BIRTH RATE		
				LOWER	UPPER		NATIONAL	STATEWIDE	
14	BIRTHS TO MOTHERS AGED 15-19	25.3	21.5	13.9	31.6	a	41.5	34.7	

BREASTFEEDING									
RANK ORDER	HEALTH STATUS INDICATOR	2009 BIRTHS	PERCENT	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
				LOWER	UPPER		NATIONAL	STATEWIDE	
	BREASTFEEDING INITIATION	Please see: http://www.cdph.ca.gov/programs/BreastFeeding/Pages/default.aspx				75.0			

CENSUS									
RANK ORDER	HEALTH STATUS INDICATOR	2008 NUMBER	PERCENT	95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
				LOWER	UPPER		NATIONAL	STATEWIDE	
15	PERSONS UNDER 18 IN POVERTY	816	12.5	11.6	13.4	a	19.0	17.0	

a Healthy People 2010 (HP 2010) National Objective has not been established.
b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.
c National rate is not comparable to California due to rate calculation methods.
d Prevalence data were not available in all California counties to evaluate HP 2010 National Objective of no more than 3 percent testing positive in the population aged 15 to 24 years.
dsu Data do not meet the criteria for statistical reliability, data quality, or confidentiality. Centers for Disease Control and Prevention (CDC) website at <http://wonder.cdc.gov/data2010/>. Accessed March 2010.
du Data unavailable

Mortality National Center for Health Statistics. Deaths: Preliminary Data for 2008. *National Vital Statistics Reports* Vol 59, No 02. December 2010.
National Center for Health Statistics. Deaths: Final Data for 2007. *National Vital Statistics Reports* Vol 58, No 19. May 2010.
(2007 Female Breast Cancer, Prostate Cancer, Accidents, Suicide and Homicide).

Morbidity U.S. Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/hiv/surveillance/resources/reports/2008report/table4a.htm> (2008 AIDS). Accessed February 2011.
CDC at <http://www.cdc.gov/std/stats09/tables/13.htm>. (2008 Gonorrhoea). Accessed February 2011.
CDC at <http://www.cdc.gov/tb/statistics/reports/2009/pdf/Table1.pdf>. (2008 Tuberculosis). Accessed February 2011.

Infant Mortality National Center for Health Statistics. Infant Mortality Statistics from the 2006 Period Linked Birth/Infant Death Data Set.
National Vital Statistics Reports Vol 58, No 17. April 2010.

Nativity National Center for Health Statistics. Births: Final Data for 2008. *National Vital Statistics Reports* Vol 59, No 1.
December 2010. (Low Birthweight Infants and Births to Mothers Aged 15-19).

Census U.S. Census Bureau. Small Area Income and Poverty Estimates at <http://www.census.gov/did/www/saipe>. Accessed February 2011.

Note Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births. Age-specific birth rates are per 1,000 population.

Sources California Department of Public Health, Center for Health Statistics. 2007-2009 Birth and Death Statistical Master Files and 2006-2008 Birth Cohort-Perinatal Outcome Files.
Division of Communicable Disease Control, Office of AIDS Surveillance Section.
Department of Finance. 2007 Population Estimates with Age, Sex, and Race/Ethnic Detail, July 2007.

CALAVERAS COUNTY'S HEALTH STATUS PROFILE									
MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-ADJUSTED DEATH RATE		
		DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE-ADJUSTED DEATH RATE	LOWER		UPPER	NATIONAL	STATEWIDE
17	ALL CAUSES	439.0	951.8	635.3	572.2	698.4	a	760.3	666.4
24	ALL CANCERS	112.7	244.3	151.9	122.9	181.0	158.6	177.5	155.9
24	COLORRECTAL CANCER	10.0	21.7 *	13.9 *	4.9	22.8	13.7	16.7	14.7
27	LUNG CANCER	31.7	68.7	40.9	26.5	55.2	43.3	50.5	38.1
13	FEMALE BREAST CANCER	6.7	28.6 *	18.1 *	3.6	32.5	21.3	23.5	21.2
28	PROSTATE CANCER	6.7	29.2 *	21.4 *	4.9	38.0	28.2	23.5	21.8
5	DIABETES	8.7	18.8 *	11.0 *	3.6	18.5	b	22.4	21.1
5	ALZHEIMER'S DISEASE	6.7	14.5 *	9.3 *	2.2	16.4	a	22.8	25.7
24	CORONARY HEART DISEASE	84.3	182.9	114.2	89.5	139.0	162.0	134.5	137.1
8	CEREBROVASCULAR DISEASE (STROKE)	20.0	43.4	26.6	14.9	38.3	50.0	41.6	40.8
36	INFLUENZA/PNEUMONIA	13.7	29.6 *	18.6 *	8.7	28.5	a	16.3	19.6
25	CHRONIC LOWER RESPIRATORY DISEASE	30.7	66.5	40.4	26.0	54.9	a	41.2	37.8
22	CHRONIC LIVER DISEASE AND CIRRHOSIS	7.0	15.2 *	9.9 *	1.9	17.9	3.2	8.9	10.7
42	ACCIDENTS (UNINTENTIONAL INJURIES)	26.0	56.4	48.3	27.5	69.1	17.1	37.8	29.7
58	MOTOR VEHICLE TRAFFIC CRASHES	12.3	26.7 *	26.6 *	9.7	43.4	8.0	14.4	10.3
46	SUICIDE	8.7	18.8 *	17.5 *	4.2	30.8	4.8	10.8	9.4
29	HOMICIDE	1.3	2.9 *	3.9 *	0.0	11.0	2.8	5.8	6.3
51	FIREARM-RELATED DEATHS	7.0	15.2 *	13.3 *	2.1	24.6	3.6	10.1	8.5
16	DRUG-INDUCED DEATHS	4.0	8.7 *	9.0 *	0.0	18.7	1.2	10.4	10.6

MORBIDITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	CRUDE CASE RATE		
		CASES (AVERAGE)	CRUDE CASE RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
9	AIDS INCIDENCE (AGE 13 AND OVER)	0.3	0.8 *	0.0	3.6	1.0	14.4	11.6	
3	CHLAMYDIA INCIDENCE	33.3	72.3	47.7	96.8	d	c	377.7	
11	GONORRHEA INCIDENCE	5.0	10.8 *	1.3	20.3	19.0	119.0	79.7	
14	TUBERCULOSIS INCIDENCE	0.3	0.7 *	0.0	3.2	1.0	4.4	7.2	

INFANT MORTALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2005-2007		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	BIRTH COHORT		
		DEATHS (AVERAGE)	BIRTH COHORT INFANT DEATH RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
15	INFANT MORTALITY: ALL RACES	1.7	4.3 *	0.0	10.8	4.5	6.7	5.3	
12	INFANT MORTALITY: ASIAN/PI	0.0	-	-	-	4.5	4.9	4.5	
13	INFANT MORTALITY: BLACK	0.0	-	-	-	4.5	13.3	12.4	
4	INFANT MORTALITY: HISPANIC	0.0	-	-	-	4.5	5.5	5.2	
35	INFANT MORTALITY: WHITE	1.7	5.5 *	0.0	13.9	4.5	5.6	4.8	

NATALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		BIRTHS (AVERAGE)	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
14	LOW BIRTHWEIGHT INFANTS	22.0	5.7	3.3	8.0	5.0	8.2	6.9	
14	LATE OR NO PRENATAL CARE	62.3	16.2	12.2	20.2	10.0	16.8	16.3	
25	ADEQUATE/ADEQUATE PLUS CARE	290.0	75.8	67.1	84.5	90.0	dsu	78.7	

NATALITY									
RANK ORDER	HEALTH STATUS INDICATOR	2006-2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	AGE-SPECIFIC BIRTH RATE		
		BIRTHS (AVERAGE)	AGE-SPECIFIC BIRTH RATE	LOWER	UPPER		NATIONAL	STATEWIDE	
9	BIRTHS TO MOTHERS AGED 15-19	34.7	20.6	13.7	27.4	a	42.5	36.6	

BREASTFEEDING									
RANK ORDER	HEALTH STATUS INDICATOR	2008		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		BIRTHS	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
40	BREASTFEEDING INITIATION	166	87.8	74.5	100.0	75.0	73.9	86.2	

CENSUS									
RANK ORDER	HEALTH STATUS INDICATOR	2007		95% CONFIDENCE LIMITS		NATIONAL OBJECTIVE	PERCENTAGE		
		NUMBER	PERCENT	LOWER	UPPER		NATIONAL	STATEWIDE	
24	PERSONS UNDER 18 IN POVERTY	1,214	14.7	13.8	15.5	a	18.0	16.0	

* Unreliable, relative standard error greater than or equal to 23 percent.

- Rates, percentages, and confidence limits are not calculated for zero events.

a Healthy People 2010 (HP 2010) National Objective has not been established.

b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death files. California's data exclude multiple/contributing causes of death.

c National rate is not comparable to California due to rate calculation methods.

d Prevalence data were not available in all California counties to evaluate HP 2010 National Objective of no more than 3 percent testing positive in the population aged 15 to 24 years.

dsu Data do not meet the criteria for statistical reliability, data quality, or confidentiality. Centers for Disease Control and Prevention (CDC) website at <http://wonder.cdc.gov/data2010/>. Accessed March 2010.

Mortality National Center for Health Statistics. Deaths: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 58. No 01. August 2009.

Morbidity CDC Wonder website at <http://wonder.cdc.gov/data2010/>. (2006 Female Breast Cancer, Prostate Cancer, and Motor Vehicle Traffic). Accessed March 2010.

Infant Mortality CDC Wonder website at <http://wonder.cdc.gov/data2010/>. (2006 AIDS and Gonorrhea incidence). Accessed March 2010.

U.S. Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/birthstatistics/reports/2007/pdf/table1.pdf>. Accessed March 2010.

National Center for Health Statistics. Deaths: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 58. No 01. August 2009. (2006 data for All Races, Black, Hispanic, and White).

National Center for Health Statistics. Infant Mortality Statistics from the 2005 Period Linked Birth/Infant Death Data Set. *National Vital Statistics Reports* Vol 57. No 02. July 2008. (Asian/Pacific Islander).

National Center for Health Statistics. Births: Preliminary Data for 2007. *National Vital Statistics Reports* Vol 57. No 12. March 2009. (Low Birthweight Infants and Births to Mothers Aged 15-19).

Nativity National Center for Health Statistics. Births: Final Data for 2006. *National Vital Statistics Reports* Vol 57. No 07. Jan 2009. (Late or No Prenatal Care).

Breastfeeding Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/breastfeeding/data/nis_data/index.htm (Breastfeeding Initiation-2006 Provisional). Accessed March 2010.

Census U.S. Census Bureau. Small Area Income and Poverty Estimates at <http://www.census.gov/did/www/saipe>. Accessed March 2010.

Note Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population. Birth cohort infant death rates are per 1,000 live births. Age-specific birth rates are per 1,000 population.

Source Data from prior years are not comparable to its current representation due to changes in AIDS and Breastfeeding data collection, procedural changes, and methodology.

California Department of Public Health, Center for Health Statistics. 2006-2008 Birth and Death Statistical Master Files and 2005-2007 Birth Cohort-Perinatal Outcome Files.

Division of Communicable Disease Control, Office of AIDS Surveillance Section; and Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2008.

Department of Finance. 2007 Population Estimates with Age, Sex, and Race/Ethnic Detail, July 2007.

ATTACHMENT "H"

CALIFORNIA HOSPITAL DISCLOSURE REPORT

01 HEALTH CARE INSTITUTION (LEGAL NAME): LODI MEMORIAL HOSPITAL ASSOCIATION, INC.
02 OSHPD FACILITY NO.: 106390923
03 D.B.A. (DOING BUSINESS AS): LODI MEMORIAL HOSPITAL
04 HOSPITAL BUSINESS PHONE: (209) 334-3411
05 MEDI-CAL CONTRACT PROVIDER NO.: HSC000336
06 MEDI-CAL NON-CONTRACT PROVIDER NO.: ZT000336
07 MEDICARE PROVIDER NUMBER: 05-0336
08 STREET ADDRESS: 975 SOUTH FAIRMONT AVENUE
09 CITY: LODI
10 ZIP CODE: 95240-5118
11 MAILING ADDRESS - IF DIFFERENT (STREET OR P.O. BOX): P.O. BOX 3004
12 CITY: LODI
13 ZIP CODE: 95241-1908
14 CHIEF EXECUTIVE OFFICER: JOSEPH P. HARRINGTON
15 TITLE: CHIEF EXECUTIVE OFCR
16 HOSPITAL WEB SITE ADDRESS: HTTP://WWW.LODIHEALTH.ORG
17 NAME OF OWNER: LODI MEMORIAL HOSPITAL ASSOCIATION, INC.
18 PREVIOUS NAME OF INSTITUTION
(IF CHANGED SINCE PREVIOUS REPORT):
23 PERSON COMPLETING REPORT: CYNTHIA B. BUTLER
24 ORGANIZATION NAME: LODI MEMORIAL HOSPITAL ASSOCIATION, INC.
25 PHONE: (209) 334-3411 EXT-7513
26 FAX PHONE: (209) 339-7659
27 BUSINESS E-MAIL ADDRESS: CBUTLER@LODIHEALTH.ORG
28 MAILING ADDRESS
(STREET OR P.O. BOX): P.O. BOX 3004
29 CITY: LODI
30 STATE: CA
31 ZIP CODE: 95241-1908
36 REPORT FOR PERIOD: FROM: 1/ 1/2014 TO: 12/31/2014
38 MEDI-CAL CONTRACT PERIOD: FROM: 1/ 1/2014 TO: 12/31/2014
40 WAS THIS DISCLOSURE REPORT COMPLETED AFTER AN INDEPENDENT FINANCIAL AUDIT? X YES NO
41 ARE AUDIT ADJUSTMENTS MADE BY THE INDEPENDENT AUDITOR REFLECTED IN THIS REPORT? X YES NO

CERTIFICATION

I, JOSEPH P HARRINGTON CERTIFY UNDER PENALTY OF PERJURY AS FOLLOWS: THAT I AM AN OFFICIAL OF
LODI MEMORIAL HOSPITAL

(NAME OF INSTITUTION) AND AM DULY AUTHORIZED TO SIGN THIS CERTIFICATION; THAT, IF APPLICABLE, THE
OSHPD'S ACCOUNTING AND REPORTING SYSTEM AS SET FORTH IN THE OFFICE'S "ACCOUNTING AND REPORTING MANUAL
FOR CALIFORNIA HOSPITALS" HAS BEEN IMPLEMENTED BY THIS INSTITUTION; THAT AS APPLICABLE, THE DATA IN THE
ACCOMPANYING REPORTS ARE BASED ON THAT SYSTEM; AND THAT TO THE BEST OF MY KNOWLEDGE AND INFORMATION I
BELIEVE EACH STATEMENT AND AMOUNT IN THE ACCOMPANYING REPORT TO BE TRUE AND CORRECT.

DATED: 03/31/2015
LODI MEMORIAL HOSPITAL
(NAME OF INSTITUTION)

BY:

(SIGNATURE)

TITLE: CHIEF EXECUTIVE OFFICER

ADDRESS: 975 SOUTH FAIRMONT AVENUE
LODI CA 95240-5118

MAIL TO: OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
ACCOUNTING AND REPORTING SYSTEMS SECTION
400 R STREET, SUITE 250
SACRAMENTO, CA 95811-6513 TELEPHONE: (916) 326-3854 FAX: (916) 323-7675

REPORT 1

CALIFORNIA HOSPITAL DISCLOSURE REPORT
HOSPITAL DESCRIPTION

DATE PREPARED: 03/31/2015

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END 12/31/2014

-----MISC. INFORMATION-----		(1)	-----TYPE OF CONTROL (ONE ONLY)-----	(2)	-----TYPE OF CARE (ONE ONLY)-----	(3)
05	LICENSED BEDS (END OF PERIOD)	214	CHURCH		SHORT TERM--GENERAL	X
10	AVAILABLE BEDS (AVERAGE)	155	NON PROFIT CORPORATION	X	SHORT TERM--CHILDRENS	
15	STAFF BEDS (AVERAGE)	105	NON PROFIT OTHER		SHORT TERM--PSYCHIATRIC	
20	HSA NO.	6	INVESTOR--INDIVIDUAL		SHORT TERM--SPECIALTY	
25	IF DESIGNATED TRAUMA CENTER,		INVESTOR--PARTNERSHIP		LONG TERM--GENERAL	
30	INDICATE LEVEL (1, 2, OR 3)		INVESTOR--CORPORATION		LONG TERM--CHILDRENS	
35	IF CCS APPROVED NICU,		STATE		LONG TERM--PSYCHIATRIC	
40	INDICATE THE STANDARD BELOW:		COUNTY		LONG TERM--SPECIALTY	
45	REGIONAL		CITY/COUNTY			
50	COMMUNITY		CITY			
55	INTERMEDIATE		DISTRICT			
				NO. OF EACH		
-----GOVERNMENT PROGRAMS-----		(1)	-----PREPAID PROGRAMS-----	TYPE (2)	24 HOUR ON PREMISES COVERAGE-	(3)
60	MEDICARE	X	HOSPITAL BASED		EMERGENCY ROOM	X
65	MEDI-CAL	X	PARENT ORGANIZATION BASED		PSYCHIATRIC E. R.	
70	CHILDREN'S MEDICAL SERVICES		STATE CONTRACTS		PHYSICIAN	X
75	SHORT DOYLE		FEDERAL CONTRACTS		PHARMACIST	X
80	CHAMPUS	X	MEDICAL FOUNDATION CONTRACTS		OPERATING ROOM	
85	COUNTY INDIGENT		COMMERCIAL PLAN CONTRACTS		LAB SERVICES	X
90					RADIOLOGY SERVICES	X
95					ANESTHESIOLOGIST	
100						
105						

-----ACTIVE MEDICAL STAFF PROFILE - MD'S/DO'S/PODIATRISTS/DENTISTS (ENTER NO)----- RESIDENTS/FELLOWS

CLINICAL SPECIALTY	-----HOSPITAL BASED-----			-----NON-HOSPITAL BASED-----			RESIDENTS/FELLOWS (ENTER FTES)	
	BOARD CERTIFIED (1)	BOARD ELIGIBLE (2)	OTHER (3)	BOARD CERTIFIED (4)	BOARD ELIGIBLE (5)	OTHER (6)	RESIDENTS (7)	FELLOWS (8)
110 AEROSPACE MEDICINE								
115 ALLERGY AND IMMUNOLOGY				1				
120 ANESTHESIOLOGY	10		1	7				
125 CARDIOVASCULAR DISEASES	1			13				
130 CHILD PSYCHIATRY								
135 COLON RECTAL SURGERY								
140 DENTAL								
145 DERMATOLOGY				1				
150 DIAGNOSTIC RADIOLOGY								
155 FORENSIC PATHOLOGY								
160 GASTROENTEROLOGY	1			3				
165 GENERAL/FAMILY PRACTICE	12		1	11			1	
170 GEN PREVENTATIVE MED								
175 GENERAL SURGERY	2			4			2	
180 INTERNAL MEDICINE	30	2	4	3			1	
185 NEUROLOGICAL SURGERY								
190 NEUROLOGY	1						1	
195 NUCLEAR MEDICINE								
200 OBSTETRICS & GYNECOLOGY				11	3		1	
205 OCCUPATIONAL MEDICINE				4				
210 ONCOLOGY				2				
215 OPHTHALMOLOGY								
220 ORAL SURGERY				7	1			
225 ORTHOPAEDIC SURGERY	1			4				
230 OTOLARYNGOLOGY				2				
235 PATHOLOGY								
240 PEDIATRIC--ALERGY								
245 PEDIATRIC--CARDIOLOGY								
250 PEDIATRIC SURGERY								
255 PEDIATRICS	5			1			1	
260 PHYSICAL MEDICINE/REHAB				1				
265 PLASTIC SURGERY								
270 PODIATRY								2
275 PSYCHIATRY						1		1
280 PUBLIC HEALTH								
285 PULMONARY DISEASES	3							
290 RADIOLOGY				13				12
295 THERAPEUTIC RADIOLOGY								
300 THORACIC SURGERY				1				
305 UROLOGY				2				1
310 VASCULAR SURGERY			1					
315 OTHER SPECIALTIES				2				
320 TOTAL	66	2	7	93	5		23	

(1)	(2)	(3)
DAILY HOSPITAL SERVICES	LABORATORY SERVICES	CLINIC SERVICES
005 INTENSIVE CARE SERVICES	MICROBIOLOGY	1 DENTAL 3
010 BURN	3 NECROPSY	1 DERMATOLOGY 3
015 CORONARY	1 SEROLOGY	1 DIABETES 3
020 MEDICAL	1 SURGICAL PATHOLOGY	1 DRUG ABUSE 3
025 NEONATAL	3 DIAGNOSTIC IMAGING SERVICES	1 FAMILY THERAPY 3
030 NEUROSURGICAL	3 COMPUTED TOMOGRAPHY	1 GROUP THERAPY 3
035 PEDIATRIC	3 CYSTOSCOPY	1 HYPERTENSION 1
040 PULMONARY	1 MAGNETIC RESONANCE IMAGING	2 METABOLIC 1
045 SURGICAL	1 POSITRON EMISSION TOMOGRAPHY	2 NEUROLOGY 1
050 DEFINITIVE OBSERVATION CARE	3 ULTRASONOGRAPHY	1 NEONATAL 3
055 ACUTE CARE SERVICES	X-RAY - RADIOLOGY	1 OBESITY 1
060 ALTERNATE BIRTH CTR (LICENSED BEDS)	3 DIAGNOSTIC/THERAPEUTIC SERVICES	1 OBSTETRICS 1
065 GERIATRIC	1 AUDIOLOGY	2 OPHTHALMOLOGY 3
070 MEDICAL	1 BIOFEEDBACK THERAPY	3 ORTHOPEDIC 1
075 NEONATAL	3 CARDIAC CATHETERIZATION	1 OTOLARYNGOLOGY 1
080 ONCOLOGY	1 COBALT THERAPY	3 PEDIATRIC 1
085 ORTHOPEDIC	1 DIAGNOSTIC RADIOISOTOPE	1 PEDIATRIC SURGERY 1
090 PEDIATRIC	1 ECHOCARDIOLOGY	1 PODIATRY 1
095 PHYSICAL REHABILITATION	1 ELECTROCARDIOLOGY	1 PSYCHIATRIC 3
100 POST PARTUM	1 ELECTROENCEPHALOGRAPHY	1 RENAL 1
105 SURGICAL	1 ELECTROMYOGRAPHY	3 RHEUMATIC 3
107 TRANS INPAT CARE(ACUTE BEDS)	3	
110 NEWBORN CARE SERVICES	ENDOSCOPY	1 RURAL HEALTH 1
115 DEVELOPMENTALLY DISABLED NURSERY CRE	3 GASTRO-INTESTINAL LABORATORY	1 SURGERY 1
120 NEWBORN NURSERY CARE	1 HYPERBARIC CHAMBER SERVICES	
125 PREMATURE NURSERY CARE	1 LITHOTRIPSY	2 HOME CARE SERVICES
130 HOSPICE CARE	3 NUCLEAR MEDICINE	1 HOME HEALTH AIDE SERVICES 1
135 INPATIENT CARE UNDER CUSTODY (JAIL)	3 OCCUPATIONAL THERAPY	1 HOME NURSING CARE (VISITING NURSE) 1
140 LONG-TERM CARE	3 PHYSICAL THERAPY	1 HOME PHYSICAL MEDICINE CARE 1
145 BEHAVIORAL DISORDER CARE	3 PERIPHERAL VASCULAR LABORATORY	1 HOME SOCIAL SERVICES CARE 1
150 DEVELOPMENTALLY DISABLED CARE	3 PULMONARY FUNCTION SERVICES	1 HOME DIALYSIS TRAINING 3
155 INTERMEDIATE CARE	3 RADIATION THERAPY	2 HOME HOSPICE CARE 3
160 RESIDENTIAL/SELF CARE	3 RADIUM THERAPY	3 HOME I.V. THERAPY SERVICES 1
165 SELF CARE	3 RADIOACTIVE IMPLANTS	1 JAIL CARE 3
170 SKILLED NURSING CARE	3 RECREATIONAL THERAPY	1 PSYCHIATRIC FOSTER HOME CARE 3
175 SUB-ACUTE CARE	3 RESPIRATORY THERAPY SERVICES	
177 SUB-ACUTE CARE - PEDIATRIC	3	
179 TRANS INPAT CARE(SNF BEDS)	3	
180 CHEMICAL DEPENDENCY - DETOX	SPEECH-LANGUAGE PATHOLOGY	1 AMBULATORY SERVICES
185 ALCOHOL	3 SPORTSCARE MEDICINE	1 ADULT DAY HEALTH CARE CENTER 1
190 DRUG	3 STRESS TESTING	1 AMBULATORY SURGERY SERVICES 1
195 CHEMICAL DEPENDENCY - REHAB	THERAPEUTIC RADIOISOTOPE	1 COMPREHENSIVE OUTPATIENT REHAB FAC 1

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE.
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

(1)	(2)	(3)	
200 ALCOHOL	3 X-RAY RADIOLOGY THERAPY	3 OBSERVATION (SHORT STAY) CARE	1
205 DRUG	3 PSYCHIATRIC SERVICES	3 SATELLITE AMBULATORY SURGERY CENTER	2
210 PSYCHIATRIC SERVICES	3 CLINIC PSYCHOLOGIST SERVICES	3 SATELLITE CLINIC SERVICES	1
215 PSYCHIATRIC ACUTE - ADULT	3 CHILD CARE SERVICES	3	
220 PSYCHIATRIC - ADOLESCENT AND CHILD	3 ELECTROCONVULSIVE THERAPY (SHOCK)	3 OTHER SERVICES	
225 PSYCHIATRIC INTENSIVE (ISOLATION) CR	3 MILIEU THERAPY	3 DIABETIC TRAINING CLASS	1
230 PSYCHIATRIC LONG-TERM CARE	3 NIGHT CARE	3 DIETETIC COUNSELING	1
235	3 PSYCHIATRIC THERAPY	3 DRUG REACTION INFORMATION	1
240 OBSTETRIC SERVICES	3 PSYCHOPHARMACOLOGICAL THERAPY	3 FAMILY PLANNING	2
245 ABORTION SERVICES	1 SHELTERED WORKSHOP	3 GENETIC COUNSELING	3
250 COMBINED LABOR/DELIVERY BIRTHING RM	1 RENAL DIALYSIS	3 MEDICAL RESEARCH	3
255 DELIVERY ROOM SERVICE	1 HEMODIALYSIS	1 PARENT TRAINING CLASS	3
260 INFERTILITY SERVICES	3 HOME DIALYSIS SUPPORT SERVICES	2 PATIENT REPRESENTATIVE	1
265 LABOR ROOM SERVICES	1 PERITONEAL	1 PUBLIC HEALTH CLASS	3
270 SURGERY SERVICES	1 SELF-DIALYSIS TRAINING	2 SOCIAL WORK SERVICES	1
275 DENTAL	1 ORGAN ACQUISITION	1 TOXICOLOGY/ANTIDOTE INFORMATION	1
280 GENERAL	1 BLOOD BANK	1 VOCATIONAL SERVICES	1
285 GYNECOLOGICAL	1 EXTRACORPOREAL MEMBRANE OXYGENATION	3	
290 HEART	3 PHARMACY	1 MEDICAL EDUCATION PROGRAMS	
295 KIDNEY	1	3 APPROVED RESIDENCY	2
300 NEUROSURGICAL	3 EMERGENCY SERVICES	3 APPROVED FELLOWSHIP	3
305 OPEN HEART	3 EMERGENCY COMMUNICATION SYSTEMS	1 NON-APPROVED RESIDENCY	1
310 OPHTHALMOLOGIC	1 EMERGENCY HELICOPTER SERVICE	2 ASSOCIATE RECORDS TECHNICIAN	3
315 ORGAN TRANSPLANT	3 EMERGENCY OBSERVATION SERVICES	1 DIAGNOSTIC RADIOLOGIC TECHNOLOGIST	2
320 ORTHOPEDIC	1 EMERGENCY ROOM SERVICES	1 DIETETIC INTERN PROGRAM	2
325 OTOLARYNGOLOGIC	1 HELIPORT	1 EMERGENCY MEDICAL TECHNICIAN	3
330 PEDIATRIC	1 MEDICAL TRANSPORTATION	2 HOSPITAL ADMINISTRATION PROGRAM	3
335 PLASTIC	1 MOBILE CARDIAC CARE SERVICES	3 LICENSED VOCATIONAL NURSE	3
340 PODIATRY	1 ORTHOPEDIC EMERGENCY SERVICES	1 MEDICAL TECHNOLOGIST PROGRAM	3
345 THORACIC	1 PSYCHIATRIC EMERGENCY SERVICES	3 MEDICAL RECORDS ADMINISTRATOR	3
350 UROLOGIC	1 RADIOISOTOPE DECONTAMINATION ROOM	3 NURSE ANESTHETIST	3
355 ANESTHESIA SERVICES	1 TRAUMA TREATMENT E.R.	3 NURSE PRACTITIONER	3
360		3 NURSE MIDWIFE	3
365 LABORATORY SERVICES	3 CLINIC SERVICES	3 OCCUPATIONAL THERAPIST	3
370 ANATOMICAL PATHOLOGY	2 AIDS	3 PHARMACY INTERN	1
375 CHEMISTRY	1 ALCOHOLISM	3 PHYSICIAN'S ASSISTANT	3
380 CLINICAL PATHOLOGY	1 ALLERGY	2 PHYSICAL THERAPIST	3
385 CYTOGENETICS	2 CARDIOLOGY	1 REGISTERED NURSE	2
390 CYTOLOGY	2 CHEST MEDICAL	1 RESPIRATORY THERAPIST	3
395 HEMATOLOGY	1 CHILD DIAGNOSIS	1 SOCIAL WORKER PROGRAM	3
400 HISTOCOMPATIBILITY	2 CHILD TREATMENT		
405 IMMUNOLOGY	1 COMMUNICABLE DISEASE	3	

CODE

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LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

- A. ARE ANY COSTS INCLUDED WHICH ARE A RESULT OF TRANSACTIONS WITH A RELATED ORGANIZATION AS DEFINED IN 42CFR 413.177?
1. NO (IF "YES", COMPLETE ITEM C)
- B. ARE ANY COSTS INCLUDED WHICH ARE A RESULT OF TRANSACTIONS WITH AN ORGANIZATION OF WHICH A HOSPITAL EMPLOYEE, BOARD MEMBER, OR MEMBER OF THE MEDICAL STAFF, OR RELATIVE OF SUCH PERSON IS AN OFFICER OR OWNER? (IGNORE STOCK OWNERSHIP OF LESS THAN 3%.)
2. NO (IF "YES", COMPLETE ITEM C)
- C. COMPLETE THE FOLLOWING TO SHOW THE RELATIONSHIPS OF THE HOSPITAL WITH RELATED ORGANIZATIONS AND WITH ORGANIZATIONS WITH RELATED PERSONNEL FROM WHICH THE HOSPITAL OBTAINED SERVICES, FACILITIES, OR SUPPLIES DURING THE REPORTING PERIOD. COMPLETE COLUMN (8) FOR MANAGEMENT FEES, PROPERTY LEASES AND RENTALS, AND DATA PROCESSING ONLY.

CODE (CODE C-G)	NAME INDIVIDUAL	PERCENT OWNERSHIP OF HOSPITAL	NAME	RELATED ORGANIZATIONS PERCENT OF OWNERSHIP	TYPE OF BUSINESS
(1)	(2)	(3)	(4)	(5)	(6)
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

	NATURE OF SERVICE OR SUPPLY (7)	EXPENSES INCLUDED ON		
		AMOUNT (8)	PAGE (9)	COLUMN (10)
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

COMMENTS:
13.
14.
15.
16.

- CODES:
USE OF CODES A, B AND G TO INDICATE THE RELATIONSHIP OF THE HOSPITAL TO RELATED ORGANIZATIONS AND CODES C, D, E, F AND G TO INDICATE RELATIONSHIP OF HOSPITAL WITH ORGANIZATIONS WITH RELATED PERSONNEL.
- A. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS OWNERSHIP INTEREST IN HOSPITAL.
 - B. HOSPITAL HAS OWNERSHIP INTEREST IN BOTH RELATED ORGANIZATION AND HOSPITAL.
 - C. INDIVIDUAL HAS OWNERSHIP INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND HOSPITAL.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OR RELATIVE OF SUCH PERSON HAS OWNERSHIP IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF HOSPITAL AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS OWNERSHIP INTEREST IN HOSPITAL.
 - G. OTHER (OWNERSHIP OR NON-FINANCIAL) INTEREST, SPECIFY ON LINES 13-16.

D. STATEMENT OF COMPENSATION OF OWNERS AND THEIR RELATIVES

NAME (1)	TITLE AND FUNCTION (2)	OF OWNERS AND THEIR RELATIVES		CORPORATION OFFICERS		COMPENSATION INCLUDED IN COSTS FOR THE PERIOD*	
		SOLE PROPRIETORSHIP	PARTNERS				
		PERCENTAGE OF CUSTOMARY WORK WEEK DEVOTED TO BUSINESS (3)	PERCENT SHARE OF OPERATING PROFIT OR (LOSS) (4)	PERCENTAGE OF CUSTOMARY WORK WEEK DEVOTED TO BUSINESS (5)	PERCENT OF PROVIDER STOCK OWNED (6)	PERCENTAGE OF CUSTOMARY WORK WEEK DEVOTED TO BUSINESS (7)	(8)
17.							
18.							
19.							
20.							
21.							

* COMPENSATION AS USED IN THIS SCHEDULE HAS THE SAME DEFINITIONS AS IN 42CFR 413.102
NOTE: RELATIVES ARE DEFINED AS: SPOUSE, SON, DAUGHTER, GRANDCHILD, GREAT GRANDCHILD, STEPCHILD, BROTHER, SISTER, HALF-BROTHER, HALF-SISTER, STEPBROTHER, STEPSISTER, PARENT, GRANDPARENT, GREAT GRANDPARENT, STEPMOTHER, STEPFATHER, NIECE, NEPHEW, AUNT, UNCLE, SON-IN-LAW, DAUGHTER-IN-LAW, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHER-IN-LAW, OR SISTER-IN-LAW.

E. ARE ANY FUNDS HELD IN TRUST BY AN OUTSIDE PARTY WHICH ARE NOT REFLECTED ON THE BALANCE SHEET?
22. NO IF "YES", WHAT IS THE TOTAL AMOUNT? \$

F. SECTION 1191 REFERENCES SIX GENERAL TYPES OF FINANCIAL ARRANGEMENTS WHICH EXIST BETWEEN HOSPITAL AND HOSPITAL-BASED PHYSICIANS. CHECK THE APPROPRIATE BOXES BELOW TO INDICATE THE TYPE OF FINANCIAL ARRANGEMENT WHICH EXISTS IN YOUR HOSPITAL FOR THE VARIOUS HOSPITAL COST CENTERS HAVING SUCH ARRANGEMENTS. IF NONE OF THE SIX TYPES OF FINANCIAL ARRANGEMENTS DESCRIBED ARE APPROPRIATE, CHECK THE "OTHER" COLUMN AND DESCRIBE THE ARRANGEMENT IN THE COMMENT SECTION. FOR COST CENTERS OTHER THAN THOSE LISTED BELOW, PLEASE COMPLETE THE "OTHER" LINE.

HOSPITAL COST CENTER	FINANCIAL ARRANGEMENT						SALARIED (7)	OTHER (8)
	JOINT (2)	CONTRACTED (3)	RENTAL (4)	INDEPENDENT (5)	AGENCY (6)			
23. CLINICAL & PATHOLOGICAL LABORATORY SERVICES				X				
24. RADIOLOGY - DIAGNOSTIC AND THERAPEUTIC		X		X				
25. NUCLEAR MEDICINE				X				
26. RADIOLOGY SERVICES				X				
27. EMERGENCY SERVICES		X		X		X		
28. GASTRO-INTestinal SERVICES				X				
29. PULMONARY FUNCTION SERVICES				X				
30. PSYCHIATRIC THERAPY								
31. ANESTHESIOLOGY		X		X				
32. OTHER MEDICAL/SURGICAL ACUTE		X						

COMMENTS:
33. HOSPITALISTS FOR 3170
34.
35.
36.

G. HOSPITAL OWNERS AND GOVERNING BOARD MEMBERS

	NAME (1)	OCCUPATION (2)	CHECK IF OWNER (3)	PERCENT OF HOSPITAL OWNERSHIP (4)	CHECK IF BOARD MEMBER (5)	COMPENSATION (6)
37.	RON ADDINTON	BUSINESS CEO		0	X	0
38.	ELIZABETH AGUIRE	CITY CLERK		0	X	0
39.	TRAVERS MCLOUGHLIN, MD	PHYSICIAN, CHIEF OF STAFF		0	X	0
40.	STEVE CRABTREE	ATTORNEY		0	X	0
41.	CECIL DILLON	CIVIL ENGINEER		0	X	0
42.	WILLIAM CUMMINS	PASTOR		0	X	0
43.	CHRISTEEN FERREE	HR MANAGER		0	X	0
44.	PAUL HALEY	BANKER		0	X	0
45.	TAJ KHAN	MECHANICAL ENGINEER		0	X	0
46.	STEVE FETZER	BUSINESS CEO		0	X	0
47.	PAT PATRICK	LODI CHAMBER CEO		0	X	0
48.	DEBBIE OLSEN	REGIONAL REPRESENTATIVE		0	X	0
49.	THOMAS SORBERA, MD	PHYSICIAN		0	X	0
50.	PARAM GILL, MD	PHYSICIAN		0	X	0
51.	JEFF KIRST	DEVELOPER		0	X	0
52.	DAN PHELPS	CPA		0	X	0
53.	MONA SHULMAN	ATTORNEY		0	X	0
54.				0		0
55.				0		0
56.				0		0
57.				0		0
58.				0		0
59.				0		0
60.				0		0
61.				0		0
62.				0		0
63.				0		0
64.				0		0
65.				0		0
66.				0		0

*COMPENSATION INCLUDES INCOME FROM ALL SOURCES FOR SERVICES RENDERED PERSONALLY TO OR ON BEHALF OF THE HOSPITAL

I. TO BE COMPLETED BY ALL CLOSELY HELD CORPORATIONS. IF A PHYSICIAN IS AN OWNER OR AN OWNER OF THE CORPORATION WHICH OWNS THE HOSPITAL, IDENTIFY ALL BUSINESS RELATIONSHIPS BETWEEN THE PHYSICIAN AND HOSPITAL. THIS WOULD INCLUDE PERCENTAGE OF STOCK OWNED BY THE PHYSICIAN, ALL CONTRACTS BETWEEN THE PHYSICIAN AND THE HOSPITAL, AND ALL LEASE ARRANGEMENTS BETWEEN THE PHYSICIAN AND HOSPITAL. IF MORE THAN TEN OWNERS, PROVIDE DATA FOR THE TEN WITH THE LARGEST PERCENTAGE OF STOCK OWNED.

	PHYSICIAN NAME (1)	PERCENT OF STOCK OWNED (2)	DESCRIBE CONTRACT, LEASE AND OTHER ARRANGEMENTS (3)
70.		0	
71.		0	
72.		0	
73.		0	
74.		0	
75.		0	
76.		0	
77.		0	
78.		0	
79.		0	

J. IS THIS FACILITY OPERATED BY A MANAGEMENT FIRM?

80. NO (IF "YES", COMPLETE LINES 81 THROUGH 102.)
 81. NAME OF MANAGEMENT FIRM:
 82. ADDRESS:
 83. CITY: 84. STATE: 85. ZIP: -
 86. AMOUNT PAID TO THE MANAGEMENT FIRM FOR THE REPORTING PERIOD: \$

K. DOES THE HOSPITAL ADMINISTRATOR WORK FOR THE MANAGEMENT FIRM?

87. LIST THE SERVICES PROVIDED BY THE MANAGEMENT FIRM.

88.
89.
90.
91.
92.
93.
94.
95.
96.
97.

M. ARE THE AMOUNTS PAID TO THE MANAGEMENT FIRM FUNCTIONALLY ACCOUNTED AND REPORTED AS REQUIRED?

98. (IF NO, COMPLETE LINES 99 THROUGH 102.)
 PLEASE EXPLAIN WHY AMOUNTS PAID TO THE MANAGEMENT FIRM ARE NOT FUNCTIONALLY ACCOUNTED AND REPORTED:
 99.
100.
101.
102.

	(1) LICENSED (END OF PERIOD)	(2) BEDS AVAILABLE (AVERAGE)	(3) STAFFED (AVERAGE)	(4) PATIENT ADULT	(5) (CENSUS) PEDIATRIC	(11) DAYS SERVICE	(12) DISCHARGES TOTAL
DAILY HOSPITAL SERVICES							
005	MEDICAL/SURGICAL IC	10	10	7	2002	681	152
010	CORONARY CARE						
015	PEDIATRIC IC						
020	NEONATAL IC						
025	PSYCHIATRIC IC						
030	BURN CARE						
035	OTHER INTENSIVE CARE						
040	DEFINITIVE OBSERVATION						
045	MEDICAL/SURGICAL ACUTE	156	125	86	25522		5702
050	PEDIATRIC ACUTE						
055	PSYCHIATRIC ACUTE - ADULT						
060	PSYCH ACUTE-ADOL & CHILD						
065	OBSTETRICS ACUTE	16	12	7	2046		1062
070	ALTERNATE BIRTHING CENTER						
075	CHEMICAL DEPEND SERVICES						
080	PHYSICAL REHABILITATION	32	8	5	1643		118
085	HOSPICE INPATIENT CARE						
090	OTHER ACUTE CARE						
100	SUB-ACUTE CARE						
101	SUB-ACUTE CARE-PEDIATRIC						
105	SKILLED NURSING						
110	PSYCHIATRIC LONG-TERM						
115	INTERMEDIATE CARE						
120	RESIDENTIAL						
125	OTHER LONG TERM CARE SRVC						
145	OTHER DAILY SERVICES						
150	TOTAL DAILY HOSP SERVICES	214	155	105	31213	681	7034
155	NURSERY ACUTE	15	15	8			

ACCOUNT DESCRIPTION	STANDARD UNIT OF MEASURE	(1) TOTAL UNITS OF SERVICE	(7) TOTAL INPATIENT UNITS OF SERVICE	(13) TOTAL OUTPATIENT UNITS OF SERVICE
AMBULATORY SERVICES				
160 EMERGENCY ROOM	VISITS	38126	5567	32559
165 MEDICAL TRANSPORTATION	OCCASIONS OF SERVICE	876	876	
170 PSYCHIATRIC ER'S	VISITS			
175 CLINIC	VISITS	101679		101679
180 SATELLITE CLINICS	VISITS			
185 SATELLITE ASC	OPERATING MINUTES			
190 OUTPAT CHEMICAL DEP SVCS	VISITS			
195 OBSERVATION CARE	OBSERVATION HOURS	50882		50882
200 PART HOSPITALIZATION PSY	DAY-NIGHT CARE DAYS			
205 HOME HEALTH CARE SERVICES	HOME HEALTH VISITS	13336		13336
210 HOSPICE-OUTPATIENT SVCS	VISITS			
215 ADULT DAY HEALTH CARE SVC	VISITS	4696		4696
ANCILLARY SERVICES				
230 LABOR AND DELIVERY	DELIVERIES	1046	1046	
235 SURGERY AND RECOVERY	OPERATING MINUTES	350792	148302	202490
240 AMBULATORY SURGERY SVCS	OPERATING MINUTES			
245 ANESTHESIOLOGY	ANESTHESIA MINUTES	350792	148302	202490
250 MED SUPPLIES SOLD TO PAT	CS & S ADJUSTED INPATIENT DAYS	57682		
255 DURABLE MEDICAL EQUIPMENT	ADJUSTED INPATIENT DAYS			
260 CLINICAL LABORATORY SVCS	TESTS	517263	231429	285834
265 PATHOLOGICAL LAB SVCS	TESTS	2258	1031	1227
270 BLOOD BANK	UNITS OF BLOOD ISSUED	4027	2972	1055
275 ECHOCARDIOLOGY	PROCEDURES	3077	1656	1421
280 CARDIAC CATH SERVICES	PROCEDURES	867	397	470
285 CARDIOLOGY SERVICES	PROCEDURES	18044	5429	12615
290 ELECTROMYOGRAPHY	PROCEDURES			
295 ELECTROENCEPHALOGRAPHY	PROCEDURES			
300 RADIOLOGY-DIAGNOSTIC	PROCEDURES	35597	10684	24913
305 RADIOLOGY-THERAPEUTIC	PROCEDURES			
310 NUCLEAR MEDICINE	PROCEDURES	825	284	541
315 MAGNETIC RESONANCE IMAGNG	PROCEDURES	566	461	105
320 ULTRASONOGRAPHY	PROCEDURES	8589	2030	6559
325 CAT SCANNER	PROCEDURES	13980	4128	9852
330 DRUGS SOLD TO PATIENTS	PHARMACY ADJ. INPATIENT DAYS	40598		
335 RESPIRATORY THERAPY	RESPIRATORY THERAPY ADJ INP DAYS	33995		
340 PULMONARY FUNCTION SVCS	PROCEDURES	4531	545	3986
345 RENAL DIALYSIS	HOURS OF TREATMENT	1080	1080	
350 LITHOTRIPSY	PROCEDURES			
355 GASTRO-INTESTINAL SVCS	PROCEDURES	364	331	33
360 PHYSICAL THERAPY	SESSIONS	48054	22226	25828
365 SPEECH-LANGUAGE PATHOLOGY	SESSIONS	8444	6351	2093
370 OCCUPATIONAL THERAPY	SESSIONS	11628	8270	3358
380 ELECTROCONVULSIVE THERAPY	TREATMENT			
385 PSYCHIATRIC/PSYCHOLOGICAL	SESSIONS			
390 PSYCH INDIV/GROUP THERAPY	SESSIONS			
395 ORGAN ACQUISITION	ORGANS ACQUIRED			

OTHER STATISTICS		(1) TOTAL UNITS OF SERVICE	(7) INPATIENT UNITS OF SERVICE	(13) OUTPATIENT UNITS OF SERVICE
505	SATELLITE AMBULATORY SURGERY CNTR			
510	SATELLITE AMBULATORY SURGERY CNTR			
515	SURGERY AND RECOVERY SERVICES	3875	1482	2393
520	SURGERY AND RECOVERY SERVICES			
525	SURGERY AND RECOVERY SERVICES			
530	SURGERY AND RECOVERY SERVICES	6		
535	AMBULATORY SURGERY SERVICES			
540	AMBULATORY SURGERY SERVICES			
545	OBSERVATION CARE VISITS	2119		2119
550	RENAL DIALYSIS CARE VISITS			
555	REFERRED VISITS	82029		82029
560	TOTAL OUTPATIENT VISITS (a)	238811		238811
LIVE BIRTH SUMMARY		(1) TOTAL BIRTHS	(7) NATURAL BIRTHS	(13) CESAREAN SECTION
600	LABOR AND DELIVERY SERVICES	1048	719	329
605	SURGERY AND RECOVERY SERVICES			
610	ALTERNATE BIRTHING CENTER			
615	OBSTETRICS ACUTE			
620	EMERGENCY SERVICES AND OTHER AREAS			
625	TOTAL BIRTHS	1048	719	329

(a) SUM OF COLUMN 13, LINES 160, 170, 175, 180, 190, 200, 205, 210, 215, 505, 515, 535, 544, 550 AND 555.

	(1)	(2)	(3)	PATIENT (CENSUS) DAYS (4)	(5)	(6)
	MEDICARE TRADITIONAL	MEDICARE MANAGED CARE	MEDI-CAL TRADITIONAL	MEDI-CAL MANAGED CARE	COUNTY INDIGENT PROGRAMS TRADITIONAL	COUNTY INDIGENT PROGRAMS MANAGED CARE
005 ACUTE CARE	14685	3027	3382	4533		
010 PSYCHIATRIC CARE						
015 CHEMICAL DEPENDENCY CARE						
020 REHABILITATION CARE	376	28	473	342		
025 LONG-TERM CARE						
030 OTHER CARE						
035 TOTAL	15061	3055	3855	4875		
040 NURSERY ACUTE			510	662		
045 PURCHASED INPATIENT SERVICES						

	(7)	(8)	(9)	PATIENT (CENSUS) DAYS (10)	(11)
	OTHER THIRD PARTIES TRADITIONAL	OTHER THIRD PARTIES MANAGED CARE	OTHER INDIGENT	OTHER PAYORS	TOTAL PATIENT DAYS
005 ACUTE CARE	377	3346	77	143	29570
010 PSYCHIATRIC CARE					
015 CHEMICAL DEPENDENCY CARE					
020 REHABILITATION CARE	33	391			1643
025 LONG-TERM CARE					
030 OTHER CARE					
035 TOTAL	410	3737	77	143	31213
040 NURSERY ACUTE	1	576		23	1772
045 PURCHASED INPATIENT SERVICES					

	(12)	(13)	(14)	(15)	(16)	(17)
	MEDICARE TRADITIONAL	MEDICARE MANAGED CARE	MEDI-CAL TRADITIONAL	MEDI-CAL MANAGED CARE	COUNTY INDIGENT PROGRAMS TRADITIONAL	COUNTY INDIGENT PROGRAMS MANAGED CARE
005 ACUTE CARE	2977	649	813	1247		
010 PSYCHIATRIC CARE						
015 CHEMICAL DEPENDENCY CARE						
020 REHABILITATION CARE	25	2	26	27		
025 LONG-TERM CARE						
030 OTHER CARE						
035 TOTAL	3002	651	839	1274		
040 NURSERY ACUTE			297	401		
045 PURCHASED INPATIENT SERVICES						

	(18)	(19)	(20)	(21)	(22)
	OTHER THIRD PARTIES TRADITIONAL	OTHER THIRD PARTIES MANAGED CARE	OTHER INDIGENT	OTHER PAYORS	TOTAL DISCHARGES
005 ACUTE CARE	76	1072	25	57	6916
010 PSYCHIATRIC CARE					
015 CHEMICAL DEPENDENCY CARE					
020 REHABILITATION CARE	4	34			118
025 LONG-TERM CARE					
030 OTHER CARE					
035 TOTAL	80	1106	25	57	7034
040 NURSERY ACUTE	1	342		10	1051
045 PURCHASED INPATIENT SERVICES					

	(1)	(2)	(3)	OUTPATIENT VISITS		
	MEDICARE TRADITIONAL	MEDICARE MANAGED CARE	MEDI-CAL TRADITIONAL	MEDI-CAL MANAGED CARE	COUNTY INDIGENT PROGRAMS TRADITIONAL	(6) COUNTY INDIGENT PROGRAMS MANAGED CARE
060 EMERGENCY SVCS. (INCL. PSYCH ER)	5243	1400	3958	12323		
065 CLINIC (INCL. SATELLITE CLINICS)	15040	2578	11612	46157		
070 OBSERVATION CARE DAYS	977	223	168	327		
075 PSYCHIATRIC DAY-NIGHT CARE DAYS						
080 HOME HEALTH CARE SERVICES	9707		410			
085 HOSPICE - OUTPATIENT						
090 OUTPATIENT SURGERIES	559	145	52	640		
095 PRIVATE REFERRED	39668	2579	3115	9379		
100 OTHER *						
105 TOTAL	71194	6925	19315	68826		

	(7)	(8)	(9)	OUTPATIENT VISITS	
	OTHER THIRD PARTIES TRADITIONAL	OTHER THIRD PARTIES MANAGED CARE	OTHER INDIGENT	OTHER PAYORS	TOTAL PATIENT VISITS
060 EMERGENCY SVCS. (INCL. PSYCH ER)	1117	6183	170	2165	32559
065 CLINIC (INCL. SATELLITE CLINICS)	17504	5055	58	3675	101679
070 OBSERVATION CARE DAYS	24	357	7	36	2119
075 PSYCHIATRIC DAY-NIGHT CARE DAYS					
080 HOME HEALTH CARE SERVICES	3199		20		13336
085 HOSPICE - OUTPATIENT					
090 OUTPATIENT SURGERIES	26	951	2	18	2393
095 PRIVATE REFERRED	1811	16360	545	8572	82029
100 OTHER *				4696	4696
105 TOTAL	23681	28906	802	19162	238811

* INCLUDES CHEMICAL DEPENDENCY SERVICES, ADULT DAY HEALTH CARE, & RENAL DIALYSIS VISITS.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

	ACCOUNT NO.	(1) CURRENT YEAR	(2) PRIOR YEAR
ASSETS			
CURRENT ASSETS			
005 CASH	1000	9021785	7349167
010 MARKETABLE SECURITIES	1010		
015 ACCOUNTS AND NOTES RECEIVABLE	1020	168890017	205207473
020 LESS ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND THIRD-PARTY CONT WITHHOLDS	1040	-145149000	-177077000
025 RECEIVABLE FROM THIRD PARTY PAYORS	1050	509770	193000
030 PLEDGES AND OTHER RECEIVABLES	1060	19385645	9538566
035 DUE FROM RESTRICTED FUNDS	1070		
040 INVENTORY	1080	3429509	3298363
045 INTERCOMPANY RECEIVABLES	1090	3359553	9664311
050 PREPAID EXPENSES AND OTHER CURRENT ASSETS	1100	4605600	4740854
055 TOTAL CURRENT ASSETS		64052879	62914734
ASSETS WHOSE USE IS LIMITED			
060 LIMITED USE CASH	1110	12261630	12065235
065 LIMITED USE INVESEMENTS	1120	23416385	22733982
070 LIMITED USE OTHER ASSETS	1130		
075 TOTAL ASSETS WHOSE USE IS LIMITED		35678015	34799217
PROPERTY, PLANT, AND EQUIPMENT - AT COST			
080 LAND	1200	3655762	3655762
085 LAND IMPROVEMENTS	1210	4066852	4027187
090 BUILDINGS AND IMPROVEMENTS	1220	133085209	131918622
095 LEASEHOLD IMPROVEMENTS	1230	847908	756267
100 EQUIPMENT	1240	110916251	106941245
105 TOTAL PROPERTY, PLANT, AND EQUIPMENT		252571982	247299083
195 LESS ACCUMULATED DEPRECIATION AND AMORTIZATION	1260	-103712846	-94698530
200 NET TOTAL PROPERTY, PLANT, AND EQUIPMENT		148859136	152600553
205 CONSTRUCTION IN PROGRESS	1250	1207012	4823872
INVESTMENTS AND OTHER ASSETS			
210 INVESTMENTS IN PROPERTY, PLANTS AND EQUIPMENT	1310		
215 LESS ACCUMULATED DEPRECIATION - INVESTMENTS IN PLANT AND EQUIPMENT	1320		
220 OTHER INVESTMENTS	1330	9081967	3532889
225 INTERCOMPANY RECEIVABLES	1340		
230 OTHER ASSETS	1350	4792889	5140833
235 TOTAL INVESTMENTS AND OTHER ASSETS		13874856	8673722
INTANGIBLE ASSETS			
245 GOODWILL	1360		3497
250 UNAMORTIZED LOAN COSTS	1370		
255 PREOPENING AND OTHER ORGANIZATION COSTS	1380		
260 OTHER INTANGIBLE ASSETS	1390		
265 TOTAL INTANGIBLE ASSETS			3497
270 OTHER INFORMATION		263671898	263815595
405 CURRENT MARKET VALUE--CURRENT ASSETS MARKETABLE SECURITIES (LINE 010)			
410 CURRENT MARKET VALUE--LIMITED USE INVESTMENTS		23416385	22733892
415 CURRENT MARKET VALUE--OTHER INVESTMENTS (LINE 220)		9081967	3532889
420 TOTAL COST TO COMPLETE CONSTRUCTION IN PROGRESS (LINE 205)		4138528	4638516

	ACCOUNT NO.	(3) CURRENT YEAR	(4) PRIOR YEAR
LIABILITIES AND EQUITY			
CURRENT LIABILITIES			
005	NOTES AND LOANS PAYABLE	2010	
010	ACCOUNTS PAYABLE	2020	4533873
015	ACCRUED COMPENSATION AND RELATED LIABILITIES	2030	7565106
020	OTHER ACCRUED EXPENSES	2040	810000
025	ADVANCES FROM THIRD PARTY PAYORS	2050	
030	PAYABLE TO THIRD PARTY PAYORS	2060	
035	DUE TO RESTRICTED FUNDS	2070	
040	INCOME TAXES PAYABLE	2080	
045	INTERCOMPANY PAYABLE	2090	338135
050	CURRENT MATURITIES OF LONG-TERM DEBT	3999930	3474699
055	OTHER CURRENT LIABILITIES	20391144	12439493
060	TOTAL CURRENT LIABILITIES	37738538	29160485
DEFERRED CREDITS			
065	DEFERRED INCOME TAXES	2110	
070	DEFERRED THIRD PARTY INCOME	2120	
075	OTHER DEFERRED CREDITS	2130	836471
080	TOTAL DEFERRED CREDITS	836471	803012
LONG TERM DEBT UNPAID PRINCIPAL (a)			
085	MORTGAGES PAYABLE	2210	
090	CONSTRUCTION LOANS	2220	1617109
095	NOTES UNDER REVOLVING CREDIT	2230	2134195
100	CAPITALIZED OBLIGATIONS	2240	1098532
105	BONDS PAYABLE	2250	136905000
110	INTERCOMPANY PAYABLES	2260	
115	OTHER NON-CURRENT LIABILITIES	2270	
120	TOTAL LONG-TERM DEBT	139620641	142367457
125	LESS AMOUNT SHOWN AS CURRENT MATURITIES	-3999930	-3474699
130	NET TOTAL LONG-TERM DEBT	135620711	138892758
135	TOTAL LIABILITIES	174195720	168856255
EQUITY (NON-PROFIT)			
140	UNRESTRICTED FUND BALANCE	2310	89476178
EQUITY (INVESTOR-OWNED - CORPORATION)			
145	PREFERRED STOCK	2310	
150	COMMON STOCK	2320	
155	ADDITIONAL PAID-IN-CAPITAL	2330	
160	RETAINED EARNINGS	2340	
165	LESS TREASURY STOCK	2350	
EQUITY (INVESTOR-OWNED - PARTNERSHIP)			
170	CAPITAL - UNRESTRICTED	2310	
175	LESS PARTNERS' DRAW	2320	
EQUITY (INVESTOR-OWNED - DIVISION OF A CORPORATION)			
180	PREFERRED STOCK	2710	
185	COMMON STOCK	2720	
190	ADDITIONAL PAID-IN-CAPITAL	2730	
195	DIVISION EQUITY - UNRESTRICTED	2740	
200	LESS TREASURY STOCK	2750	
205	TOTAL EQUITY	89476178	94959340
270	TOTAL LIABILITIES AND EQUITY	263671898	263815595

(a) COMPLETE REPORT PAGE 5.1 TO PROVIDE DETAILED LONG-TERM DEBT INFORMATION

	(5)	(6)	(7)	(8)	(9)
	DETAIL FOR PAGE 5 COLUMN (3) LINE NO.	DATE OBLIGATION INCURRED (YEAR ONLY *)	DUE DATE (YEAR ONLY *)	INTEREST RATE (A)	UNPAID PRINCIPAL BALANCE AT YEAR END
05	105	2007	2037	5.00	9810000
10	105	2007	2036	5.00	9320000
15	105	2007	2035	5.00	8855000
20	105	2007	2034	5.00	8415000
25	105	2007	2033	5.00	7995000
30	105	2007	2032	5.00	7595000
35	105	2007	2031	5.00	7215000
40	105	2007	2030	5.00	6855000
45	105	2007	2029	5.00	6515000
50	105	2007	2028	5.00	6190000
55	105	2007	2027	5.00	5895000
60	105	2007	2026	5.00	5615000
65	105	2007	2025	5.00	5345000
70	105	2007	2024	5.00	5090000
75	105	2007	2023	5.00	4850000
80	105	2007	2022	5.00	4620000
85	105	2007	2021	5.00	4400000
90	105	2007	2020	5.00	4190000
95	105	2007	2019	5.00	3990000
100	105	2007	2018	5.00	3800000
105	105	2007	2017	5.00	3620000
110	105	2007	2016	5.00	3445000
115	105	2007	2015	5.00	3280000
120	100	2014	2017	3.76	267872
125					
130	90	2013	2015	6.50	334462
135	90	2013	2016	6.50	356949
140	90	2013	2017	6.50	381429
145	90	2013	2018	6.50	407340
150	90	2013	2019	6.50	436929
155	100	2014	2015	3.76	332401
160	100	2014	2016	3.76	345350
165	100	2012	2015	5.26	53068
170	100	2012	2016	5.26	55927
175	100	2012	2017	5.26	43914
180					
185					
190					
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320					

* DO NOT REPORT MONTH AND DAY. REPORT YEAR ONLY.
 (a) IF MORE THAN ONE DUE DATE OR INTEREST RATE, LIST EACH WITH UNPAID PRINCIPAL AMOUNT

LINE NO.	DESCRIPTION	(1) BEGINNING BALANCE	(2) PURCHASE	(3) ACQUISITIONS DONATION	(4) TRANSFER	(5) DISPOSALS & RETIREMENTS	(6) ENDING BALANCE (a)
5	LAND	3655762					3655762
10	LAND IMPROVEMENT	4027187			39665		4066852
15	BUILDINGS AND IMPROVEMENTS	131918622			1166587		133085209
20	LEASEHOLD IMPROVEMENTS	756267			91641		847908
25	EQUIPMENT	106941245	2917553			2681028	110916251
30	CONSTRUCTION IN PROGRESS	4823872	1419514				1207012
35	TOTAL	252122955	4337067		-5036374	2681028	253778994

(a) COLUMN(6), LINE 35 MUST AGREE WITH PAGE 5, COLUMN(1), LINE 190 PLUS LINE 205.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

LINE NO.	ACCOUNT NO.	(1) CURRENT YEAR	(2) PRIOR YEAR
	ASSETS		
	SPECIFIC PURPOSE FUNDS		
005	CASH	1510	
010	MARKETABLE SECURITIES	1521	
015	OTHER INVESTMENTS	1529	822331
020	RECEIVABLES	1530	
025	DUE FROM OTHER FUNDS	1540	
030	OTHER ASSETS	1550	
075	TOTAL SPECIFIC PURPOSE FUND ASSETS	599512	822331
	PLANT REPLACEMENT AND EXPANSION FUNDS		
105	CASH	1410	
	INVESTMENTS:		
110	MARKETABLE SECURITIES	1421	
115	MORTGAGES INVESTMENTS	1422	
		1423	
120	REAL PROPERTY (NET OF ACCUMULATED DEPRECIATION)	1424	
125	OTHER INVESTMENTS	1429	
130	RECEIVABLES	1430	
135	DUE FROM OTHER FUNDS	1440	
140	OTHER ASSETS	1450	
170	TOTAL PLANT REPLACEMENT AND EXPANSION FUND ASSETS		
	ENDOWMENT FUNDS		
205	CASH	1610	
	INVESTMENTS:		
210	MARKETABLE SECURITIES	1621	
215	MORTGAGES	1622	
		1623	
220	REAL PROPERTY (NET OF ACCUMULATED DEPRECIATION)	1624	
225	OTHER INVESTMENTS	1629	
230	RECEIVABLES	1630	
235	DUE FROM OTHER FUNDS	1640	
240	OTHER ASSETS	1650	
275	TOTAL ENDOWMENT FUND ASSETS		
LINE NO.		(1) CURRENT YEAR	(2) PRIOR YEAR
	OTHER INFORMATION		
405	CURRENT MARKET VALUE--SPECIFIC PURPOSE FUNDS MARKETABLE SECURITIES (LINE 010)		
410	CURRENT MARKET VALUE--P.R.&E. FUNDS MARKETABLE SECURITIES (LINE 110)		
415	CURRENT MARKET VALUE--ENDOWMENT FUNDS MARKETABLE SECURITIES (LINE 210)		

LINE NO.		ACCOUNT NO.	(3) CURRENT YEAR	(4) PRIOR YEAR
	LIABILITIES AND FUND BALANCES			
	SPECIFIC PURPOSE FUNDS			
005	DUE TO UNRESTRICTED FUND	2510		
010	DUE TO PLANT REPLACEMENT AND EXPANSION FUND	2520		
015	DUE TO ENDOWMENT FUND	2530		
070	FUND BALANCE	2570	599512	822331
075	TOTAL SPECIFIC PURPOSE FUND LIABILITIES AND FUND BALANCE		599512	822331
	PLANT REPLACEMENT AND EXPANSION FUNDS			
105	DUE TO UNRESTRICTED FUND	2410		
110	DUE TO SPECIFIC PURPOSE FUND	2420		
115	DUE TO ENDOWMENT FUND	2430		
165	FUND BALANCE	2470		
170	TOTAL PLANT REPLACEMENT AND EXPANSION FUND LIABILITIES & FUND BALANCE			
	ENDOWMENT FUNDS			
205	MORTGAGES	2610		
210	OTHER NON-CURRENT LIABILITIES	2620		
215	DUE TO UNRESTRICTED FUND	2630		
220	DUE TO PLANT REPLACEMENT AND EXPANSION FUND	2640		
225	DUE TO SPECIFIC PURPOSE FUND	2650		
270	FUND BALANCE	2670		
275	TOTAL ENDOWMENT FUND LIABILITIES AND FUND BALANCE			

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

	(1)	(2)	(3)	(4)
DESCRIPTION	FUNDS UNRESTRICTED	SPECIFIC PURPOSE (a)	RESTRICTED FUNDS PLANT REPLACEMENT AND EXPANSION	ENDOWMENT
05 BALANCE AT BEGINNING OF YEAR, AS PREVIOUSLY REPORTED	94959340	822331		
10 PRIOR PERIOD AUDIT ADJUSTMENT				
15 RESTATEMENT (DESCRIBE):				
20				
25				
30				
35				
40				
45				
50 BALANCE AT BEGINNING OF YEAR, AS RESTATED	94959340	822331		
55 ADDITIONS (DEDUCTIONS)				
60 NET INCOME (LOSS)	-4980592			
65 ACQUISITIONS OF POOLED COMPANIES				
70 PROCEEDS FROM SALE OF STOCK				
75 STOCK OPTIONS EXERCISED				
80 RESTRICTED CONTRIBUTIONS AND GRANTS		94946		
85 RESTRICTED INVESTMENT INCOME				
90 EXPENDITURES FOR SPECIFIC PURPOSES		-167765		
95 DIVIDENDS DECLARED				
100 DONATED PROPERTY, PLANT, AND EQUIPMENT				
105 INTERCOMPANY TRANSFERS	150000	-150000		
110 DISPRO SHARE FUNDS TRANS TO PUBLIC ENT				
115 OTHER (DESCRIBE):				
120 UNREALIZED NET GAIN ON INVESTM	122101			
125 TRSF NON-CONTROLLING INTEREST	-774671			
TOTAL ADDITIONS (DEDUCTIONS)	-5483162	-222819		
130 TRANSFERS:				
135 PROPERTY AND EQUIPMENT ADDITIONS				
140 PRINCIPAL PAYMENTS ON LONG-TERM DEBT				
145 OTHER (DESCRIBE):				
150				
155				
160				
165				
170				
175 TOTAL TRANSFERS				
185 BALANCE AT END OF YEAR	89476178	599512		

(a) DISTRICT HOSPITALS - INCLUDE BOND INTEREST AND REDEMPTION

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

SECTION I	(1) CURRENT YEAR	(2) PRIOR YEAR
OPERATING REVENUES:		
005 DAILY HOSPITAL SERVICES	262012615	272858299
010 AMBULATORY SERVICES	200129088	195751033
015 ANCILLARY SERVICES	675788323	706365398
030 GROSS PATIENT REVENUE (SUM OF LINES 5 THROUGH 20)	1137930026	1174974730
105 DEDUCTIONS FROM REVENUE: (FROM LINE 395) (a)	979812843	1014415597
107 CAPITATION PREMIUM REVENUE: (FROM LINE 450) (b)	1492299	1403102
110 NET PATIENT REVENUE (LINE 030 MINUS LINE 105 PLUS LINE 107)	159609482	161962235
135 TOTAL OTHER OPERATING REVENUE	1703525	1998366
140 TOTAL OPERATING REVENUE (SUM OF LINES 110 AND 135)	161313007	163960601
OPERATING EXPENSES:		
146 DAILY HOSPITAL SERVICES	25241102	26366710
151 AMBULATORY SERVICES	25359049	24170704
156 ANCILLARY SERVICES	42367218	43094697
161 RESEARCH COSTS		
166 EDUCATION COSTS		
171 GENERAL SERVICES	25084810	25307721
176 FISCAL SERVICES	6380569	5654878
181 ADMINISTRATIVE SERVICES	23624803	27947883
186 UNASSIGNED COSTS	16367530	15871524
190 PURCHASED INPATIENT SERVICES		
195 PURCHASED OUTPATIENT SERVICES		
200 TOTAL OPERATING EXPENSES (SUM OF LINES 146 - 195)	164425081	168414117
205 NET FROM OPERATIONS (LINE 140 MINUS LINE 200)	-3112074	-4453516
210 NET NON-OPERATING REVENUE AND EXPENSE (FROM LINE 700) (c)	-1868518	-3383932
215 NET INCOME BEFORE TAXES AND EXTRAORDINARY ITEMS (SUM OF LINES 205 AND 210)	-4980592	-7837448
PROVISION FOR INCOME TAXES		
220 CURRENT		
225 DEFERRED		
230 NET INCOME BEFORE EXTRAORDINARY ITEMS (LINE 215 MINUS 220 AND 225)	-4980592	-7837448
235 EXTRAORDINARY ITEMS (SPECIFY)		
240		
245 NET INCOME (LINE 230 MINUS LINES 235 AND 240)	-4980592	-7837448

(a) REPORT PAGE 8, SECTION II MUST BE COMPLETED TO PROVIDE DETAILED DEDUCTIONS FROM REVENUE INFORMATION.

(b) REPORT PAGE 8, SECTION II MUST BE COMPLETED TO PROVIDE DETAILED CAPITATION PREMIUM REVENUE INFORMATION.

(c) REPORT PAGE 8, SECTION III MUST BE COMPLETED TO PROVIDE DETAILED NON-OPERATING REVENUE AND EXPENSE INFORMATION

(DEDUCTIONS FROM REVENUE AND CAPITATION PREMIUM REVENUE)

SECTION II	(1)	(2)
DEDUCTIONS FROM REVENUE:	CURRENT YEAR	PRIOR YEAR
300 PROVISION FOR BAD DEBTS	17238481	39520535
305 CONTRACTUAL ADJUSTMENTS - MEDICARE - TRADITIONAL	418257861	471583443
310 CONTRACTUAL ADJUSTMENTS - MEDICARE - MANAGED CARE	89636553	80144367
315 CONTRACTUAL ADJUSTMENTS - MEDI-CAL - TRADITIONAL	93140619	75100275
320 CONTRACTUAL ADJUSTMENTS - MEDI-CAL - MANAGED CARE	202772498	155395240
325 DISPROPORTIONATE SHARE PAYMENTS FOR MEDI-CAL PATIENT DAYS(SB855)(CR BAL)(d)		
330 CONTRACTUAL ADJUSTMENTS - COUNTY INDIGENT PROGRAMS - TRADITIONAL		
335 CONTRACTUAL ADJUSTMENTS - COUNTY INDIGENT PROGRAMS - MANAGED CARE		
340 CONTRACTUAL ADJUSTMENTS - OTHER THIRD PARTIES - TRADITIONAL	17157646	12473001
345 CONTRACTUAL ADJUSTMENTS - OTHER THIRD PARTIES - MANAGED CARE	129112072	145021020
350 CHARITY DISCOUNTS - HILL BURTON		
355 CHARITY DISCOUNTS - OTHER	3800165	24836705
360 RESTRICTED DONATIONS AND SUBSIDIES FOR INDIGENT CARE (CREDIT BALANCE)		
365 TEACHING ALLOWANCES (TEACHING HOSPITALS ONLY)		
370 SUPPORT FOR CLINICAL TEACHING (CREDIT BALANCE) (TEACHING HOSPITALS ONLY)		
375 POLICY DISCOUNTS	30962	15413
380 ADMINISTRATIVE ADJUSTMENTS	8128140	7777760
385 OTHER DEDUCTIONS FROM REVENUE	537846	2547838
395 TOTAL DEDUCTIONS FROM REVENUE (SUM OF LINES 300 - 385)	979812843	1014415597
CAPITATION PREMIUM REVENUE:		
430 CAPITATION PREMIUM REVENUE - MEDICARE		
435 CAPITATION PREMIUM REVENUE - MEDI-CAL	1350474	1351995
440 CAPITATION PREMIUM REVENUE - COUNTY INDIGENT PROGRAM		
445 CAPITATION PREMIUM REVENUE - OTHER THIRD PARTIES	141825	51107
450 TOTAL CAPITATION PREMIUM REVENUE (SUM OF LINES 430 THRU 445)	1492299	1403102

(d) DISPROPORTIONATE SHARE FUNDS TRANSFERRED BACK TO A RELATED PUBLIC ENTITY MUST BE REPORTED ON PAGE 7, COLUMN 1, LINE 105.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

(NON-OPERATING REVENUE AND EXPENSE)

LINE NO.	SECTION III	ACCOUNT NO.	(1) CURRENT YEAR	(2) PRIOR YEAR
	NON-OPERATING REVENUES:			
500	GAINS ON SALES OF HOSPITAL PROPERTY	9010		
505	MAINTENANCE OF RESTRICTED FUNDS REVENUE	9030		
510	UNRESTRICTED CONTRIBUTIONS	9040	74828	54689
515	DONATED SERVICES	9050		
520	INCOME, GAINS AND LOSSES FROM UNRESTRICTED INVESTMENTS	9060	-1850939	-3208147
525	UNRESTRICTED INCOME FROM ENDOWMENT FUNDS	9070		
530	UNRESTRICTED INCOME FROM OTHER RESTRICTED FUNDS	9080		
535	TERM ENDOWMENT FUNDS BECOMING UNRESTRICTED	9090		
540	TRANSFERS FROM RESTRICTED FUNDS FOR NON-OPERATING EXPENSES	9100		
545	ASSESSMENT REVENUE (e)	9150		
550	COUNTY ALLOCATION OF TAXES REVENUE (e)	9160		
555	SPECIAL DISTRICT AUGMENTATION REVENUE (e)	9170		
560	DEBT SERVICE TAXES REVENUE (e)	9180		
565	STATE HOMEOWNER'S PROPERTY TAX RELIEF (e)	9190		
570	STATE APPROPRIATION	9200		
575	COUNTY APPROPRIATION - STATE AB-8 FUNDS			
580	COUNTY APPROPRIATION - COUNTY GENERAL FUNDS	9220		
585	COUNTY APPROPRIATION - OTHER COUNTY FUNDS	9230		
590	PHYSICIANS' OFFICES AND OTHER RENTALS - REVENUE	9250	199066	229063
595	MEDICAL OFFICE BUILDING REVENUE	9260		
600	CHILD CARE SERVICES REVENUE (NON-EMPLOYEES)	9270		
605	FAMILY HOUSING REVENUE	9280		
610	RETAIL OPERATIONS REVENUE	9290	80884	96019
615	OTHER NON-OPERATING REVENUE	9400	158194	218801
625	TOTAL NON-OPERATING REVENUE (SUM OF LINES 500 THRU 615)		-1337967	-2609575
	NON-OPERATING EXPENSES:			
640	LOSSES ON SALE OF HOSPITAL PROPERTY	9020	31611	71271
645	MAINTENANCE OF RESTRICTED FUNDS EXPENSE	9030		
650	PHYSICIANS' OFFICES AND OTHER RENTALS EXPENSE	9510	186501	254197
655	MEDICAL OFFICE BUILDING EXPENSE	9520		
660	CHILD CARE SERVICES EXPENSE (NON-EMPLOYEES)	9530		
665	FAMILY HOUSING EXPENSE	9540		
670	RETAIL OPERATIONS EXPENSE	9550	80685	97853
675	OTHER NON-OPERATING EXPENSE	9800	231754	351036
685	TOTAL NON-OPERATING EXPENSE (SUM OF LINES 640 THRU 675)		530551	774357
700	NET NON-OPERATING REVENUE AND EXPENSE (LINE 640 MINUS LINE 675)		-1868518	-3383932
705	INTEREST ON LONG-TERM DEBT (e)			

(e) DISTRICT HOSPITALS ONLY.

	(1) CURRENT YEAR	(2) PRIOR YEAR
CASH FLOWS FROM OPERATING ACTIVITIES AND NON-OPERATING REVENUE:		
005 NET INCOME (LOSS)	-4980592	-7837448
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY (USED FOR) OPERATING ACTIVITIES AND NON-OPERATING REVENUE:		
015 DEPRECIATION AND AMORTIZATION	11625990	11540583
017 AMORTIZATION OF INTANGIBLE ASSETS	3497	3815
020 CHANGE IN MARKETABLE SECURITIES		
CHANGE IN ACCOUNTS AND NOTES RECEIVABLES, NET OF ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND THIRD-PARTY CONTRACTUAL WITHHOLDS	4389456	-4214457
030 RECEIVABLES AND THIRD-PARTY CONTRACTUAL WITHHOLDS		
035 CHANGE IN RECEIVABLES FROM THIRD-PARTY PAYORS	-316770	-168000
040 CHANGE IN PLEDGES AND OTHER RECEIVABLES	-9847079	3204061
045 CHANGE IN DUE FROM RESTRICTED FUNDS		
050 CHANGE IN INVENTORY	-131146	61157
055 CHANGE IN INTERCOMPANY RECEIVABLES	6304758	-2641272
057 CHANGE IN PREPAID EXPENSES AND OTHER CURRENT LIABILITIES	135254	817327
060 CHANGE IN ACCOUNT PAYABLE	-445740	947822
065 CHANGE IN ACCRUED COMPENSATION AND RELATED LIABILITIES	60090	1362110
070 CHANGE IN OTHER ACCRUED EXPENSES	486000	10000
075 CHANGE IN ADVANCES FROM THIRD-PARTY PAYORS		
080 CHANGE IN PAYABLE TO THIRD-PARTY PAYORS		-370000
085 CHANGE IN DUE TO RESTRICTED FUNDS		
087 CHANGE IN INCOME TAXES PAYABLE		
090 CHANGE IN INTERCOMPANY PAYABLES	821	1200
095 CHANGE IN OTHER CURRENT LIABILITIES	7951651	297965
100 CHANGE IN DEFERRED CREDITS	33459	32121
102 OTHER (DESCRIBE): AMORT-BOND INSURANCE & FEES	347944	354180
103 OTHER (DESCRIBE): UNREALIZED GAIN (LOSS)-LMT USE	100825	-145656
104 OTHER (DESCRIBE): OTHER	-20481	
105 TOTAL ADJUSTMENTS (SUM OF LINES 15 THROUGH 100)	20678529	11092956
115 NET CASH PROVIDED BY (USED FOR) OPERATING ACTIVITIES (SUM OF LINES 5 AND 105)	15697937	3255508
CASH FLOW FROM INVESTING ACTIVITIES		
130 CHANGE IN ASSETS WHOSE USE IS LIMITED	-878798	-418959
135 PURCHASE OF PLANT, PROPERTY AND EQUIPMENT AND CONSTRUCTION-IN-PROGRESS	-4337067	-6189886
140 OTHER (DESCRIBE): DONATED PPE FROM RESTRICTED	150000	18185
141 OTHER (DESCRIBE): CHANGE IN OTHER INVESTMENTS	-5549078	1680861
142 OTHER (DESCRIBE): GAIN (LOSS) ON PPE DISPOSAL	-31612	-71271
145 NET CASH PROVIDED BY (USED FOR) INVESTING ACTIVITIES (SUM OF LINES 130 THROUGH 140)	-10646555	-4981070

* COLUMNS 1 AND 2, LINE 40, MUST AGREE WITH COLUMNS 3 AND 4, LINE 29.

** CURRENT YEAR MUST EQUAL PAGE 5, COLUMN 1, LINE 65 MINUS PAGE 5, COLUMN 3, LINE 60.

	(1)	(2)
	CURRENT YEAR	PRIOR YEAR
CASH FLOWS FROM FINANCING ACTIVITIES		
160 PROCEEDS FROM ISSUANCE OF LONG-TERM DEBT	1027021	2134195
165 PRINCIPAL PAYMENTS ON LONG-TERM DEBT	-3773837	-3133502
170 PROCEEDS FROM ISSUANCE OF NOTES AND LOANS		
175 PRINCIPAL PAYMENTS ON NOTES AND LOANS		
180 DIVIDENDS PAID		
185 PROCEEDS FROM ISSUANCE OF COMMON STOCK		
190 OTHER (DESCRIBE): UNREALIZED GAIN (LOSS) ON BOND	122101	
191 OTHER (DESCRIBE): INTEREST CAPITALIZED ON CIP	20622	65814
192 OTHER (DESCRIBE): TRANSFER ON MINORITY INTEREST	-774671	68594
195 NET CASH PROVIDED BY (USED FOR) FINANCING ACTIVITIES (SUM OF LINES 160 THROUGH 190)	-3378764	-864899
205 NET INCREASE(DECREASE) IN CASH (SUM OF LINES 115, 145 AND 195)	1672618	-2590461
215 CASH AT BEGINNING OF YEAR	7349167	9939628
225 CASH AT END OF YEAR	9021785	7349167

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

REVENUE PRODUCING CENTERS	UNITS OF SERVICE (1)	ADJUSTED DIRECT EXPENSES (2)	ALLOCATED COSTS (3)	TOTAL PAT CARE COSTS (4)	AVERAGE UNIT PATIENT CARE COSTS (5)
DAILY HOSPITAL SERVICES					
005 MEDICAL/SURGICAL IC	2,002	3,400,816	2,054,726	5,455,542	2,725.05
010 CORONARY CARE					
015 PEDIATRIC IC					
020 NEONATAL IC					
025 PSYCHIATRIC IC					
030 BURN CARE					
035 OTHER INTENSIVE CARE					
040 DEFINITIVE OBSERVATION					
045 MEDICAL/SURGICAL ACUTE	25,522	15,972,237	17,371,912	33,344,149	1,306.49
050 PEDIATRIC ACUTE					
055 PSYCHIATRIC ACUTE - ADULT					
060 PSYCH ACUTE-ADOL & CHILD					
065 OBSTETRICS ACUTE	2,046	1,643,937	2,154,874	3,798,811	1,856.70
070 ALTERNATE BIRTHING CENTER					
075 CHEMICAL DEPEND SERVICES					
080 PHYSICAL REHABILITATION	1,643	1,031,079	1,432,416	2,463,495	1,499.39
085 HOSPICE INPATIENT CARE					
090 OTHER ACUTE CARE					
095 NURSERY ACUTE	1,772	658,028	438,553	1,096,581	618.84
100 SUB-ACUTE CARE					
101 SUB-ACUTE CARE-PEDIATRIC					
105 SKILLED NURSING					
110 PSYCHIATRIC LONG-TERM					
115 INTERMEDIATE CARE					
120 RESIDENTIAL					
125 OTHER LONG TERM CARE SRVC					
145 OTHER DAILY SERVICES					
150 TOTAL DAILY HOSP SERVICES		22,706,097	23,452,481	46,158,578	
AMBULATORY SERVICES					
160 EMERGENCY ROOM	38,126	6,433,965	6,040,658	12,474,623	327.19
165 MEDICAL TRANSPORTATION	876	197,193	26,437	223,630	255.29
170 PSYCHIATRIC ER'S					
175 CLINIC	101,679	5,575,383	5,415,621	10,991,004	108.10
180 SATELLITE CLINICS					
185 SATELLITE ASC					
190 OUTPAT CHEMICAL DEP SVCS					
195 OBSERVATION CARE	50,882	1,724,749	1,677,766	3,402,515	66.87
200 PART HOSPITALIZATION PSY					
205 HOME HEALTH CARE SERVICES	13,336	3,058,106	1,154,658	4,212,764	315.89
210 HOSPICE-OUTPATIENT SVCS					
215 ADULT DAY HEALTH CARE SVC	4,696	219,285	496,254	715,539	152.37
220 OTHER AMBULATORY SERVICES		2,302,366	1,577,381	3,879,747	
225 TOTAL AMBULATORY SERVICES		19,511,047	16,388,775	35,899,822	

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

REVENUE PRODUCING CENTERS	UNITS OF SERVICE (1)	ADJUSTED DIRECT EXPENSES (2)	ALLOCATED COSTS (3)	TOTAL PAT CARE COSTS (4)	AVERAGE UNIT PATIENT CARE COSTS (5)
ANCILLARY SERVICES					
230 LABOR AND DELIVERY	1,046	3,001,516	1,325,015	4,326,531	4,136.26
235 SURGERY AND RECOVERY	350,792	4,311,138	3,300,564	7,611,702	21.70
240 AMBULATORY SURGERY SVCS					
245 ANESTHESIOLOGY	350,792	153,286	400,610	553,896	1.58
250 MED SUPPLIES SOLD TO PAT	57,682	5,364,848	2,306,732	7,671,580	133.00
255 DURABLE MEDICAL EQUIPMENT					
260 CLINICAL LABORATORY SVCS	517,263	7,482,752	4,748,086	12,230,838	23.65
265 PATHOLOGICAL LAB SVCS	2,258	122,244	97,697	219,941	97.41
270 BLOOD BANK	4,027	760,271	339,709	1,099,980	273.15
275 ECHOCARDIOLOGY	3,077	557,433	380,922	938,355	304.96
280 CARDIAC CATH SERVICES	867	453,601	323,643	777,244	896.48
285 RADIOLOGY SERVICES	18,044	713,422	522,760	1,236,182	68.51
290 ELECTROMYOGRAPHY					
295 ELECTROENCEPHALOGRAPHY					
300 RADIOLOGY-DIAGNOSTIC	35,597	1,583,288	1,341,982	2,925,270	82.18
305 RADIOLOGY-THERAPEUTIC					
310 NUCLEAR MEDICINE	825	414,773	261,437	676,210	819.65
315 MAGNETIC RESONANCE IMAGNG	566	378,408	142,069	520,477	919.57
320 ULTRASONOGRAPHY	8,589	937,270	523,771	1,461,041	170.11
325 CAT SCANNER	13,980	1,029,199	2,319,488	3,348,687	239.53
330 DRUGS SOLD TO PATIENTS	40,598	5,529,562	7,895,629	13,425,191	330.69
335 RESPIRATORY THERAPY	33,995	2,774,241	1,652,920	4,427,161	130.23
340 PULMONARY FUNCTION SVCS	4,531	443,069	276,505	719,574	158.81
345 RENAL DIALYSIS	1,080	579,999	201,648	781,647	723.75
350 LITHOTRIPSY					
355 GASTRO-INTESTINAL SVCS	364	118,958	216,754	335,712	922.29
360 PHYSICAL THERAPY	48,054	1,255,796	687,218	1,943,014	40.43
365 SPEECH-LANGUAGE PATHOLOGY	8,444	245,836	116,507	362,343	42.91
370 OCCUPATIONAL THERAPY	11,628	304,646	107,653	412,299	35.46
375 OTHER PHYSICAL MEDICINE					
380 ELECTROCONVULSIVE THERAPY					
385 PSYCHIATRIC/PSYCHOLOGICAL					
390 PSYCH INDIV/GROUP THERAPY					
395 ORGAN ACQUISITION					
400 OTHER ANCILLARY SERVICES		1,941,794	1,590,240	3,532,034	
405 TOTAL ANCILLARY SERVICES		40,457,350	31,079,559	71,536,909	
410 PURCHASED INPATIENT SERVI					
411 PURCHASED OUTPATIENT SERV					
415 TOTAL OPERATING REV AND E		82,674,494	70,920,815	153,595,309	
420 NON-OPERATING COST CENTER		530,551	207,896	738,447	
425 PROVISIONS FOR INCOME TAX					
430 EXTRAORDINARY ITEMS					
435 NET PROFIT (LOSS)		83,205,045	71,128,711	154,333,756	

10(1) CONTINUED

REVENUE PRODUCING CENTERS	REALLOCATED RESEARCH (6)	REALLOCATED EDUCATION (7)	TRANSFERS FOR OPERATING COSTS (8)	NET COSTS AS REALLOCATED (9)	AVERAGE UNIT COST (10)
DAILY HOSPITAL SERVICES					
005 MEDICAL/SURGICAL IC				5,455,542	2,725.05
010 CORONARY CARE					
015 PEDIATRIC IC					
020 NEONATAL IC					
025 PSYCHIATRIC IC					
030 BURN CARE					
035 OTHER INTENSIVE CARE					
040 DEFINITIVE OBSERVATION					
045 MEDICAL/SURGICAL ACUTE				33,344,149	1,306.49
050 PEDIATRIC ACUTE					
055 PSYCHIATRIC ACUTE - ADULT					
060 PSYCH ACUTE-ADOL & CHILD					
065 OBSTETRICS ACUTE				3,798,811	1,856.70
070 ALTERNATE BIRTHING CENTER					
075 CHEMICAL DEPEND SERVICES					
080 PHYSICAL REHABILITATION				2,463,495	1,499.39
085 HOSPICE INPATIENT CARE					
090 OTHER ACUTE CARE					
095 NURSERY ACUTE				1,096,581	618.84
100 SUB-ACUTE CARE					
101 SUB-ACUTE CARE-PEDIATRIC					
105 SKILLED NURSING					
110 PSYCHIATRIC LONG-TERM					
115 INTERMEDIATE CARE					
120 RESIDENTIAL					
125 OTHER LONG TERM CARE SRVC					
145 OTHER DAILY SERVICES					
150 TOTAL DAILY HOSP SERVICES				46,158,578	
AMBULATORY SERVICES					
160 EMERGENCY ROOM				12,474,623	327.19
165 MEDICAL TRANSPORTATION				223,630	255.29
170 PSYCHIATRIC ER'S					
175 CLINIC				10,991,004	108.10
180 SATELLITE CLINICS					
185 SATELLITE ASC					
190 OUTPAT CHEMICAL DEP SVCS					
195 OBSERVATION CARE				3,402,515	66.87
200 PART HOSPITALIZATION PSY					
205 HOME HEALTH CARE SERVICES				4,212,764	315.89
210 HOSPICE-OUTPATIENT SVCS					
215 ADULT DAY HEALTH CARE SVC				715,539	152.37
220 OTHER AMBULATORY SERVICES				3,879,747	
225 TOTAL AMBULATORY SERVICES				35,899,822	

REVENUE PRODUCING CENTERS	REALLOCATED RESEARCH (6)	REALLOCATED CSTE DUCATN (7)	TRANSFRS FOR OPERATING COSTS (8)	NET COSTS AS REALLOCATED (9)	AVERAGE UNIT COST (10)
230 LABOR AND DELIVERY				4,326,531	4,136.26
235 SURGERY AND RECOVERY				7,611,702	21.70
240 AMBULATORY SURGERY SVCS					
245 ANESTHESIOLOGY				553,896	1.58
250 MED SUPPLIES SOLD TO PAT				7,671,580	133.00
255 DURABLE MEDICAL EQUIPMENT					
260 CLINICAL LABORATORY SVCS				12,230,838	23.65
265 PATHOLOGICAL LAB SVCS				219,941	97.41
270 BLOOD BANK				1,099,980	273.15
275 ECHOCARDIOLOGY				938,355	304.96
280 CARDIAC CATH SERVICES				777,244	896.48
285 CARDIOLOGY SERVICES				1,236,182	68.51
290 ELECTROMYOGRAPHY					
295 ELECTROENCEPHALOGRAPHY					
300 RADIOLOGY-DIAGNOSTIC				2,925,270	82.18
305 RADIOLOGY-THERAPEUTIC					
310 NUCLEAR MEDICINE				676,210	819.65
315 MAGNETIC RESONANCE IMAGNG				520,477	919.57
320 ULTRASONOGRAPHY				1,461,041	170.11
325 CAT SCANNER				3,348,687	239.53
330 DRUGS SOLD TO PATIENTS				13,425,191	330.69
335 RESPIRATORY THERAPY				4,427,161	130.23
340 PULMONARY FUNCTION SVCS				719,574	158.81
345 RENAL DIALYSIS				781,647	723.75
350 LITHOTRIPSY					
355 GASTRO-INTESTINAL SVCS				335,712	922.29
360 PHYSICAL THERAPY				1,943,014	40.43
365 SPEECH-LANGUAGE PATHOLOGY				362,343	42.91
370 OCCUPATIONAL THERAPY				412,299	35.46
375 OTHER PHYSICAL MEDICINE					
380 ELECTROCONVULSIVE THERAPY					
385 PSYCHIATRIC/PSYCHOLOGICAL					
390 PSYCH INDIV/GROUP THERAPY					
395 ORGAN ACQUISITION					
400 OTHER ANCILLARY SERVICES				3,532,034	
405 TOTAL ANCILLARY SERVICES				71,536,909	
410 PURCHASED INPATIENT SERVI					
411 PURCHASED OUTPATIENT SERV					
415 TOTAL OPERATING REV AND E				153,595,309	
420 NON-OPERATING COST CENTER				738,447	
425 PROVISIONS FOR INCOME TAX					
430 EXTRAORDINARY ITEMS					
435 NET PROFIT (LOSS)				154,333,756	

REVENUE PRODUCING CENTERS	GROSS REVENUE (11)	DEDUCTIONS FROM (12)	ADJUSTMENT FOR PROF. COMPONENT (13)	NET REVENUE (14)	AVERAGE UNIT NET REVENUE (15)	NET (16)	AVERAGE UNIT NET (17)
DAILY HOSPITAL SERVICES							
005 MEDICAL/SURGICAL IC	31,189,335	26,814,625	357,611	4,017,099	2,006.54	-1,438,443	-718.50
010 CORONARY CARE							
015 PEDIATRIC IC							
020 NEONATAL IC							
025 PSYCHIATRIC IC							
030 BURN CARE							
035 OTHER INTENSIVE CARE							
040 DEFINITIVE OBSERVATION							
045 MEDICAL/SURGICAL ACUTE	197,123,748	169,474,577	2,176,949	25,472,222	998.05	-7,871,927	-308.44
050 PEDIATRIC ACUTE							
055 PSYCHIATRIC ACUTE - ADULT							
060 PSYCH ACUTE-ADOL & CHILD							
065 OBSTETRICS ACUTE	13,702,924	11,780,911		1,922,013	939.40	-1,876,798	-917.30
070 ALTERNATE BIRTHING CENTER							
075 CHEMICAL DEPEND SERVICES							
080 PHYSICAL REHABILITATION	11,613,715	9,984,740		1,628,975	991.46	-834,520	-507.92
085 HOSPICE INPATIENT CARE							
090 OTHER ACUTE CARE							
095 NURSERY ACUTE	8,382,893	7,207,083		1,175,810	663.55	79,229	44.71
100 SUB-ACUTE CARE							
101 SUB-ACUTE CARE-PEDIATRIC							
105 SKILLED NURSING							
110 PSYCHIATRIC LONG-TERM							
115 INTERMEDIATE CARE							
120 RESIDENTIAL							
125 OTHER LONG TERM CARE SRVC							
145 OTHER DAILY SERVICES							
150 TOTAL DAILY HOSP SERVICES	262,012,615	225,261,936	2,534,560	34,216,119		-11,942,459	
AMBULATORY SERVICES							
160 EMERGENCY ROOM	125,063,466	107,521,689	1,539,472	16,002,305	419.72	3,527,682	92.53
165 MEDICAL TRANSPORTATION						-223,630	-255.29
170 PSYCHIATRIC ER'S							
175 CLINIC	28,679,197	24,656,567	4,140,129	-117,499	-1.16	-11,108,503	-109.25
180 SATELLITE CLINICS							
185 SATELLITE ASC							
190 OUTPAT CHEMICAL DEP SVCS							
195 OBSERVATION CARE	26,252,436	22,570,191	164,638	3,517,607	69.13	115,092	2.26
200 PART HOSPITALIZATION PSY							
205 HOME HEALTH CARE SERVICES	6,349,756	5,459,120		890,636	66.78	-3,322,128	-249.11
210 HOSPICE-OUTPATIENT SVCS							
215 ADULT DAY HEALTH CARE SVC	168,176	144,587		23,589	5.02	-691,950	-147.35
220 OTHER AMBULATORY SERVICES	13,616,057	11,706,228		1,909,829		-1,969,918	
225 TOTAL AMBULATORY SERVICES	200,129,088	172,058,382	5,844,239	22,226,467		-13,673,355	

REVENUE PRODUCING CENTERS	GROSS REVENUE (11)	DEDUCTIONS FROM (12)	ADJUSTMENT FOR PROF. COMPONENT (13)	NET REVENUE (14)	AVERAGE UNIT NET REVENUE (15)	NET (16)	AVERAGE UNIT NET (17)
ANCILLARY SERVICES							
230 LABOR AND DELIVERY	10,160,343	8,735,223	232,350	1,192,770	1,140.32	-3,133,761	-2,995.95
235 SURGERY AND RECOVERY	57,558,573	49,485,235		8,073,338	23.01	461,636	1.32
240 AMBULATORY SURGERY SVCS			1,464,871	1,314,820	3.75	760,924	2.17
245 ANESTHESIOLOGY	19,817,705	17,038,014		8,246,692	142.97	575,112	9.97
250 MED SUPPLIES SOLD TO PAT	58,794,495	50,547,803					
255 DURABLE MEDICAL EQUIPMENT							
260 CLINICAL LABORATORY SVCS	122,348,562	105,187,585		17,160,977	33.18	4,930,139	9.53
265 PATHOLOGICAL LAB SVCS	328,296	282,248		46,048	20.39	-173,893	-77.01
270 BLOOD BANK	905,481	778,476		127,005	31.54	-972,975	-241.61
275 ECHOCARDIOLOGY	14,584,573	12,538,897	243	2,045,433	664.75	1,107,078	359.79
280 CARDIAC CATH SERVICES	5,215,467	4,483,930		731,537	843.76	-45,707	-52.72
285 CARDIOLOGY SERVICES	9,752,332	8,384,441		1,367,891	75.81	131,709	7.30
290 ELECTROMYOGRAPHY							
295 ELECTROENCEPHALOGRAPHY							
300 RADIOLOGY-DIAGNOSTIC	28,116,048	24,172,407	185,000	3,758,641	105.59	833,371	23.41
305 RADIOLOGY-THERAPEUTIC							
310 NUCLEAR MEDICINE	4,994,887	4,294,289		700,598	849.21	24,388	29.56
315 MAGNETIC RESONANCE IMAGNG	5,103,302	4,387,498		715,804	1,264.67	195,327	345.10
320 ULTRASONOGRAPHY	15,513,162	13,337,239		2,175,923	253.34	714,882	83.23
325 CAT SCANNER	112,046,990	96,330,943		15,716,047	1,124.18	12,367,360	884.65
330 DRUGS SOLD TO PATIENTS	126,502,268	108,758,680		17,743,588	437.06	4,318,397	106.37
335 RESPIRATORY THERAPY	54,954,081	47,246,057		7,708,024	226.74	3,280,863	96.51
340 PULMONARY FUNCTION SVCS	3,912,812	3,363,989		548,823	121.13	-170,751	-37.69
345 RENAL DIALYSIS	1,918,950	1,649,792		269,158	249.22	-512,489	-474.53
350 LITHOTRIPSY							
355 GASTRO-INTESTINAL SVCS	971,355	835,110		136,245	374.30	-199,467	-547.99
360 PHYSICAL THERAPY	8,384,859	7,208,774		1,176,085	24.47	-766,929	-15.96
365 SPEECH-LANGUAGE PATHOLOGY	1,865,014	1,603,422		261,592	30.98	-100,751	-11.93
370 OCCUPATIONAL THERAPY	2,424,920	2,084,793		340,127	29.25	-72,172	-6.21
375 OTHER PHYSICAL MEDICINE							
380 ELECTROCONVULSIVE THERAPY							
385 PSYCHIATRIC/PSYCHOLOGICAL							
390 PSYCH INDIV/GROUP THERAPY							
395 ORGAN ACQUISITION							
400 OTHER ANCILLARY SERVICES	9,613,848	8,265,381		1,348,467		-2,183,567	
405 TOTAL ANCILLARY SERVICES	675,788,323	581,000,226	1,882,464	92,905,633		21,368,724	
410 PURCHASED INPATIENT SERVI							
411 PURCHASED OUTPATIENT SERV							
415 TOTAL OPERATING REV AND E	1137,930,026	978,320,544	10,261,263	149,348,219		-4,247,090	
420 NON-OPERATING COST CENTER				-1,337,967		-2,076,414	
425 PROVISIONS FOR INCOME TAX							
430 EXTRAORDINARY ITEMS							
435 NET PROFIT (LOSS)	1137,930,026	978,320,544	10,261,263	148,010,252		-6,323,504	

PATIENT REVENUE PRODUCING CENTERS		----- MEDICARE PROGRAM -----			
		---- TRADITIONAL ----	----	---- MANAGED CARE ----	---
		(1) GROSS INPATIENT REVENUE	(2) GROSS OUTPATIENT REVENUE	(3) GROSS INPATIENT REVENUE	(4) GROSS OUTPATIENT REVENUE
DAILY HOSPITAL SERVICES					
005	MEDICAL/SURGICAL IC	14,353,130		2,610,460	
010	CORONARY CARE				
015	PEDIATRIC IC				
020	NEONATAL IC				
025	PSYCHIATRIC IC				
030	BURN CARE				
035	OTHER INTENSIVE CARE				
040	DEFINITIVE OBSERVATION				
045	MEDICAL/SURGICAL ACUTE	106,709,777		21,894,042	
050	PEDIATRIC ACUTE				
055	PSYCHIATRIC ACUTE - ADULT				
060	PSYCH ACUTE-ADOL & CHILD				
065	OBSTETRICS ACUTE	26,780			
070	ALTERNATE BIRTHING CENTER				
075	CHEMICAL DEPEND SERVICES				
080	PHYSICAL REHABILITATION	2,605,380		187,460	
085	HOSPICE INPATIENT CARE				
090	OTHER ACUTE CARE				
095	NURSERY ACUTE				
100	SUB-ACUTE CARE				
101	SUB-ACUTE CARE-PEDIATRIC				
105	SKILLED NURSING				
110	PSYCHIATRIC LONG-TERM				
115	INTERMEDIATE CARE				
120	RESIDENTIAL				
125	OTHER LONG TERM CARE SRVC				
145	OTHER DAILY SERVICES				
150	TOTAL DAILY HOSP SERVICES	123,695,067		24,691,962	
	AMBULATORY SERVICES				
160	EMERGENCY ROOM	19,120,089	16,921,171	4,267,699	4,973,951
165	MEDICAL TRANSPORTATION				
170	PSYCHIATRIC ER'S				
175	CLINIC		4,942,352		729,770
180	SATELLITE CLINICS				
185	SATELLITE ASC				
190	OUTPAT CHEMICAL DEP SVCS				
195	OBSERVATION CARE		10,087,327		2,705,820
200	PART HOSPITALIZATION PSY				
205	HOME HEALTH CARE SERVICES		4,582,746		
210	HOSPICE-OUTPATIENT SVCS				
215	ADULT DAY HEALTH CARE SVC				
220	OTHER AMBULATORY SERVICES	2,002,631	3,209,887	506,759	567,581
225	TOTAL AMBULATORY SERVICES	21,122,720	39,743,483	4,774,458	8,977,122

PATIENT REVENUE PRODUCING CENTERS		----- MEDICARE PROGRAM -----			
		---- TRADITIONAL ----	----	---- MANAGED CARE ----	----
		(1) GROSS INPATIENT REVENUE	(2) GROSS OUTPATIENT REVENUE	(3) GROSS INPATIENT REVENUE	(4) GROSS OUTPATIENT REVENUE
	ANCILLARY SERVICES				
230	LABOR AND DELIVERY	17,517	57,541		
235	SURGERY AND RECOVERY	10,410,363	7,498,798	2,700,623	2,223,851
240	AMBULATORY SURGERY SVCS				
245	ANESTHESIOLOGY	3,019,292	2,691,702	766,720	740,769
250	MED SUPPLIES SOLD TO PAT	15,987,053	8,694,114	4,253,181	1,746,840
255	DURABLE MEDICAL EQUIPMENT				
260	CLINICAL LABORATORY SVCS	38,547,313	16,251,988	7,847,913	3,280,824
265	PATHOLOGICAL LAB SVCS	143,693	177,521	550	3,060
270	BLOOD BANK	351,290	176,478	84,323	17,931
275	ECHOCARDIOLOGY	5,349,809	2,128,620	1,094,980	384,644
280	CARDIAC CATH SERVICES	1,107,244	2,046,769	319,289	150,723
285	CARDIOLOGY SERVICES	1,790,314	2,674,804	385,457	563,855
290	ELECTROMYOGRAPHY				
295	ELECTROENCEPHALOGRAPHY				
300	RADIOLOGY-DIAGNOSTIC	5,924,188	4,249,970	1,237,287	1,091,160
305	RADIOLOGY-THERAPEUTIC				
310	NUCLEAR MEDICINE	1,095,547	1,776,913	178,852	205,734
315	MAGNETIC RESONANCE IMAGNG	2,059,912	417,332	472,234	140,704
320	ULTRASONOGRAPHY	2,308,616	2,244,719	476,046	380,817
325	CAT SCANNER	18,728,344	21,513,751	4,242,001	6,107,666
330	DRUGS SOLD TO PATIENTS	44,523,958	9,871,913	9,011,552	1,845,488
335	RESPIRATORY THERAPY	27,757,725	1,849,480	5,273,340	545,920
340	PULMONARY FUNCTION SVCS	337,917	2,013,156	65,236	291,955
345	RENAL DIALYSIS	1,368,458		161,950	
350	LITHOTRIPSY				
355	GASTRO-INTESTINAL SVCS	393,584	54,560	120,754	10,912
360	PHYSICAL THERAPY	2,704,373	914,061	534,415	214,236
365	SPEECH-LANGUAGE PATHOLOGY	685,145	146,661	81,392	27,002
370	OCCUPATIONAL THERAPY	689,967	99,565	68,458	27,786
375	OTHER PHYSICAL MEDICINE				
380	ELECTROCONVULSIVE THERAPY				
385	PSYCHIATRIC/PSYCHOLOGICAL				
390	PSYCH INDIV/GROUP THERAPY				
395	ORGAN ACQUISITION				
400	OTHER ANCILLARY SERVICES		5,435,812		1,091,159
405	TOTAL ANCILLARY SERVICES	185,301,622	92,986,228	39,376,553	21,093,036
415	TOTAL PATIENT REVENUE	330,119,409	132,729,711	68,842,973	30,070,158

PATIENT REVENUE PRODUCING CENTERS	----- MEDICARE PROGRAM -----			
	---- TRADITIONAL ---- (1) GROSS INPATIENT REVENUE	(2) GROSS OUTPATIENT REVENUE	---- MANAGED CARE ---- (3) GROSS INPATIENT REVENUE	(4) GROSS OUTPATIENT REVENUE
420 DEDUCTIONS FROM REVENUE				
425 PROVISION FOR BAD DEBTS	436,737	235,166		
426 CONTRACTUAL ADJUSTMENTS	299,849,013	118,408,848	89,636,553	
426 DISPROPORTIONATE SHARE:MEDI-CAL				
430 CHARITY				
435 RESTRICTED DONATIONS				
440 TEACHING ALLOWANCES				
445 SUPPORT FOR CLINICAL TEACHING				
450 OTHER DEDUCTIONS	2,330,925	1,255,113		
455 TOTAL DEDUCTIONS FROM REVENUE	302,616,675	119,899,127	89,636,553	
457 CAPITATION PREMIUM REVENUE				
460 NET PATIENT REVENUE	27,502,734	12,830,584	9,276,578	

PATIENT REVENUE PRODUCING CENTERS		----- MEDI-CAL PROGRAM -----			
		---- TRADITIONAL ----		---- MANAGED CARE ----	
		(5) GROSS INPATIENT REVENUE	(6) GROSS OUTPATIENT REVENUE	(7) GROSS INPATIENT REVENUE	(8) GROSS OUTPATIENT REVENUE
DAILY HOSPITAL SERVICES					
005	MEDICAL/SURGICAL IC	3,400,636		6,252,329	
010	CORONARY CARE				
015	PEDIATRIC IC				
020	NEONATAL IC				
025	PSYCHIATRIC IC				
030	BURN CARE				
035	OTHER INTENSIVE CARE				
040	DEFINITIVE OBSERVATION				
045	MEDICAL/SURGICAL ACUTE	19,582,244		26,488,192	
050	PEDIATRIC ACUTE				
055	PSYCHIATRIC ACUTE - ADULT				
060	PSYCH ACUTE-ADOL & CHILD				
065	OBSTETRICS ACUTE	3,863,803		5,085,671	
070	ALTERNATE BIRTHING CENTER				
075	CHEMICAL DEPEND SERVICES				
080	PHYSICAL REHABILITATION	3,414,265		2,446,200	
085	HOSPICE INPATIENT CARE				
090	OTHER ACUTE CARE				
095	NURSERY ACUTE	2,447,523		3,080,498	
100	SUB-ACUTE CARE				
101	SUB-ACUTE CARE-PEDIATRIC				
105	SKILLED NURSING				
110	PSYCHIATRIC LONG-TERM				
115	INTERMEDIATE CARE				
120	RESIDENTIAL				
125	OTHER LONG TERM CARE SRVC				
145	OTHER DAILY SERVICES				
150	TOTAL DAILY HOSP SERVICES	32,708,471		43,352,890	
	AMBULATORY SERVICES				
160	EMERGENCY ROOM	3,496,890	10,445,660	5,699,112	28,653,293
165	MEDICAL TRANSPORTATION				
170	PSYCHIATRIC ER'S				
175	CLINIC		4,125,318		13,253,344
180	SATELLITE CLINICS				
185	SATELLITE ASC				
190	OUTPAT CHEMICAL DEP SVCS				
195	OBSERVATION CARE		2,258,968		3,890,467
200	PART HOSPITALIZATION PSY				
205	HOME HEALTH CARE SERVICES		194,104		
210	HOSPICE-OUTPATIENT SVCS				
215	ADULT DAY HEALTH CARE SVC				
220	OTHER AMBULATORY SERVICES	452,901	156,095	774,095	1,944,155
225	TOTAL AMBULATORY SERVICES	3,949,791	17,180,145	6,473,207	47,741,259

PATIENT REVENUE PRODUCING CENTERS		----- MEDI-CAL PROGRAM -----			
		---- TRADITIONAL ----	----	---- MANAGED CARE ----	----
		(5) GROSS INPATIENT REVENUE	(6) GROSS OUTPATIENT REVENUE	(7) GROSS INPATIENT REVENUE	(8) GROSS OUTPATIENT REVENUE
230	ANCILLARY SERVICES				
	LABOR AND DELIVERY	2,173,365	549,412	3,065,226	691,398
235	SURGERY AND RECOVERY	1,932,334	864,030	3,727,944	7,887,549
240	AMBULATORY SURGERY SVCS				
245	ANESTHESIOLOGY	907,990	262,284	1,685,926	2,813,652
250	MED SUPPLIES SOLD TO PAT	1,994,985	791,682	3,763,996	5,314,811
255	DURABLE MEDICAL EQUIPMENT				
260	CLINICAL LABORATORY SVCS	6,732,836	5,073,144	10,400,492	10,869,940
265	PATHOLOGICAL LAB SVCS	160		250	155
270	BLOOD BANK	52,415	12,827	80,117	17,453
275	ECHOCARDIOLOGY	749,569	270,378	1,047,552	978,954
280	CARDIAC CATH SERVICES	245,697	20,397	459,481	251,670
285	CARDIOLOGY SERVICES	246,017	447,803	364,408	1,145,257
290	ELECTROMYOGRAPHY				
295	ELECTROENCEPHALOGRAPHY				
300	RADIOLOGY-DIAGNOSTIC	827,651	1,561,697	1,382,117	5,084,373
305	RADIOLOGY-THERAPEUTIC				
310	NUCLEAR MEDICINE	167,354	97,811	236,418	277,469
315	MAGNETIC RESONANCE IMAGNG	476,809	56,457	599,068	156,959
320	ULTRASONOGRAPHY	600,556	1,551,011	735,267	3,309,745
325	CAT SCANNER	3,680,541	7,043,281	5,483,170	16,760,970
330	DRUGS SOLD TO PATIENTS	13,400,412	1,727,442	16,153,528	5,499,962
335	RESPIRATORY THERAPY	3,815,170	269,835	7,249,824	914,451
340	PULMONARY FUNCTION SVCS	37,620	44,299	101,752	541,143
345	RENAL DIALYSIS	131,346		134,700	
350	LITHOTRIPSY				
355	GASTRO-INTESTINAL SVCS	58,573		130,441	41,281
360	PHYSICAL THERAPY	679,294	65,641	517,090	833,864
365	SPEECH-LANGUAGE PATHOLOGY	299,695	4,592	211,655	23,137
370	OCCUPATIONAL THERAPY	448,317	32,277	312,624	84,228
375	OTHER PHYSICAL MEDICINE				
380	ELECTROCONVULSIVE THERAPY				
385	PSYCHIATRIC/PSYCHOLOGICAL				
390	PSYCH INDIV/GROUP THERAPY				
395	ORGAN ACQUISITION				
400	OTHER ANCILLARY SERVICES		500,428		1,094,146
405	TOTAL ANCILLARY SERVICES	39,658,706	21,246,728	57,843,046	64,592,567
415	TOTAL PATIENT REVENUE	76,316,968	38,426,873	107,669,143	112,333,826

PATIENT REVENUE PRODUCING CENTERS		----- MEDI-CAL PROGRAM -----			
		---- TRADITIONAL ----	(6)	---- MANAGED CARE ----	(8)
		(5) GROSS INPATIENT REVENUE	GROSS OUTPATIENT REVENUE	(7) GROSS INPATIENT REVENUE	GROSS OUTPATIENT REVENUE
420	DEDUCTIONS FROM REVENUE				
	PROVISION FOR BAD DEBTS				
425	CONTRACTUAL ADJUSTMENTS				
426	DISPROPORTIONATE SHARE:MEDI-CAL	93,140,619		202,772,498	
430	CHARITY				
435	RESTRICTED DONATIONS				
440	TEACHING ALLOWANCES				
445	SUPPORT FOR CLINICAL TEACHING				
450	OTHER DEDUCTIONS	2,023,569			
455	TOTAL DEDUCTIONS FROM REVENUE	95,164,188		202,772,498	
457	CAPITATION PREMIUM REVENUE			1,350,474	
460	NET PATIENT REVENUE	19,579,653		18,580,945	

PATIENT REVENUE PRODUCING CENTERS		----- COUNTY INDIGENT PROGRAM -----			
		---- TRADITIONAL ----	---- MANAGED CARE ----		
		(9)	(10)	(11)	(12)
		GROSS	GROSS	GROSS	GROSS
		INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT
		REVENUE	REVENUE	REVENUE	REVENUE
DAILY HOSPITAL SERVICES					
005	MEDICAL/SURGICAL IC				
010	CORONARY CARE				
015	PEDIATRIC IC				
020	NEONATAL IC				
025	PSYCHIATRIC IC				
030	BURN CARE				
035	OTHER INTENSIVE CARE				
040	DEFINITIVE OBSERVATION				
045	MEDICAL/SURGICAL ACUTE				
050	PEDIATRIC ACUTE				
055	PSYCHIATRIC ACUTE - ADULT				
060	PSYCH ACUTE-ADOL & CHILD				
065	OBSTETRICS ACUTE				
070	ALTERNATE BIRTHING CENTER				
075	CHEMICAL DEPEND SERVICES				
080	PHYSICAL REHABILITATION				
085	HOSPICE INPATIENT CARE				
090	OTHER ACUTE CARE				
095	NURSERY ACUTE				
100	SUB-ACUTE CARE				
101	SUB-ACUTE CARE-PEDIATRIC				
105	SKILLED NURSING				
110	PSYCHIATRIC LONG-TERM				
115	INTERMEDIATE CARE				
120	RESIDENTIAL				
125	OTHER LONG TERM CARE SRVC				
145	OTHER DAILY SERVICES				
150	TOTAL DAILY HOSP SERVICES				
AMBULATORY SERVICES					
160	EMERGENCY ROOM				
165	MEDICAL TRANSPORTATION				
170	PSYCHIATRIC ER'S				
175	CLINIC				
180	SATELLITE CLINICS				
185	SATELLITE ASC				
190	OUTPAT CHEMICAL DEP SVCS				
195	OBSERVATION CARE				
200	PART HOSPITALIZATION PSY				
205	HOME HEALTH CARE SERVICES				
210	HOSPICE-OUTPATIENT SVCS				
215	ADULT DAY HEALTH CARE SVC				
220	OTHER AMBULATORY SERVICES				
225	TOTAL AMBULATORY SERVICES				

PATIENT REVENUE PRODUCING CENTERS		----- COUNTY INDIGENT PROGRAM -----			
		---- TRADITIONAL ----		---- MANAGED CARE ----	
		(9) GROSS INPATIENT REVENUE	(10) GROSS OUTPATIENT REVENUE	(11) GROSS INPATIENT REVENUE	(12) GROSS OUTPATIENT REVENUE
	ANCILLARY SERVICES				
230	LABOR AND DELIVERY				
235	SURGERY AND RECOVERY				
240	AMBULATORY SURGERY SVCS				
245	ANESTHESIOLOGY				
250	MED SUPPLIES SOLD TO PAT				
255	DURABLE MEDICAL EQUIPMENT				
260	CLINICAL LABORATORY SVCS				
265	PATHOLOGICAL LAB SVCS				
270	BLOOD BANK				
275	ECHOCARDIOLOGY				
280	CARDIAC CATH SERVICES				
285	CARDIOLOGY SERVICES				
290	ELECTROMYOGRAPHY				
295	ELECTROENCEPHALOGRAPHY				
300	RADIOLOGY-DIAGNOSTIC				
305	RADIOLOGY-THERAPEUTIC				
310	NUCLEAR MEDICINE				
315	MAGNETIC RESONANCE IMAGNG				
320	ULTRASONOGRAPHY				
325	CAT SCANNER				
330	DRUGS SOLD TO PATIENTS				
335	RESPIRATORY THERAPY				
340	PULMONARY FUNCTION SVCS				
345	RENAL DIALYSIS				
350	LITHOTRIPSY				
355	GASTRO-INTESTINAL SVCS				
360	PHYSICAL THERAPY				
365	SPEECH-LANGUAGE PATHOLOGY				
370	OCCUPATIONAL THERAPY				
375	OTHER PHYSICAL MEDICINE				
380	ELECTROCONVULSIVE THERAPY				
385	PSYCHIATRIC/PSYCHOLOGICAL				
390	PSYCH INDIV/GROUP THERAPY				
395	ORGAN ACQUISITION				
400	OTHER ANCILLARY SERVICES				
405	TOTAL ANCILLARY SERVICES				
415	TOTAL PATIENT REVENUE				

PATIENT REVENUE PRODUCING CENTERS		----- COUNTY INDIGENT PROGRAM -----			
		---- TRADITIONAL ----		---- MANAGED CARE ----	
		(9) GROSS INPATIENT REVENUE	(10) GROSS OUTPATIENT REVENUE	(11) GROSS INPATIENT REVENUE	(12) GROSS OUTPATIENT REVENUE
420	DEDUCTIONS FROM REVENUE				
	PROVISION FOR BAD DEBTS				
425	CONTRACTUAL ADJUSTMENTS				
426	DISPROPORTIONATE SHARE:MEDI-CAL				
430	CHARITY				
435	RESTRICTED DONATIONS				
440	TEACHING ALLOWANCES				
445	SUPPORT FOR CLINICAL TEACHING				
450	OTHER DEDUCTIONS				
455	TOTAL DEDUCTIONS FROM REVENUE				
457	CAPITATION PREMIUM REVENUE				
460	NET PATIENT REVENUE				

PATIENT REVENUE PRODUCING CENTERS		----- OTHER THIRD PARTIES -----			
		---- TRADITIONAL ---- (13) GROSS INPATIENT REVENUE	(14) GROSS OUTPATIENT REVENUE	---- MANAGED CARE ---- (15) GROSS INPATIENT REVENUE	(16) GROSS OUTPATIENT REVENUE
DAILY HOSPITAL SERVICES					
005	MEDICAL/SURGICAL IC	844,830		3,430,695	
010	CORONARY CARE				
015	PEDIATRIC IC				
020	NEONATAL IC				
025	PSYCHIATRIC IC				
030	BURN CARE				
035	OTHER INTENSIVE CARE				
040	DEFINITIVE OBSERVATION				
045	MEDICAL/SURGICAL ACUTE	2,448,588		18,478,049	
050	PEDIATRIC ACUTE				
055	PSYCHIATRIC ACUTE - ADULT				
060	PSYCH ACUTE-ADOL & CHILD				
065	OBSTETRICS ACUTE	40,170		4,646,330	
070	ALTERNATE BIRTHING CENTER				
075	CHEMICAL DEPEND SERVICES				
080	PHYSICAL REHABILITATION	220,935		2,739,475	
085	HOSPICE INPATIENT CARE				
090	OTHER ACUTE CARE				
095	NURSERY ACUTE	4,642		2,827,271	
100	SUB-ACUTE CARE				
101	SUB-ACUTE CARE-PEDIATRIC				
105	SKILLED NURSING				
110	PSYCHIATRIC LONG-TERM				
115	INTERMEDIATE CARE				
120	RESIDENTIAL				
125	OTHER LONG TERM CARE SRVC				
145	OTHER DAILY SERVICES				
150	TOTAL DAILY HOSP SERVICES	3,559,165		32,121,820	
	AMBULATORY SERVICES				
160	EMERGENCY ROOM	517,281	2,820,317	4,335,565	17,496,010
165	MEDICAL TRANSPORTATION				
170	PSYCHIATRIC ER'S				
175	CLINIC		3,768,834		1,470,028
180	SATELLITE CLINICS				
185	SATELLITE ASC				
190	OUTPAT CHEMICAL DEP SVCS				
195	OBSERVATION CARE		214,567		6,557,023
200	PART HOSPITALIZATION PSY				
205	HOME HEALTH CARE SERVICES		1,564,416		
210	HOSPICE-OUTPATIENT SVCS				
215	ADULT DAY HEALTH CARE SVC				
220	OTHER AMBULATORY SERVICES	51,313	69,748	712,716	3,063,914
225	TOTAL AMBULATORY SERVICES	568,594	8,437,882	5,048,281	28,586,975

PATIENT REVENUE PRODUCING CENTERS		----- OTHER THIRD PARTIES -----			
		---- TRADITIONAL ----		---- MANAGED CARE ----	
		(13) GROSS INPATIENT REVENUE	(14) GROSS OUTPATIENT REVENUE	(15) GROSS INPATIENT REVENUE	(16) GROSS OUTPATIENT REVENUE
230	ANCILLARY SERVICES				
	LABOR AND DELIVERY	20,295	16,422	2,908,044	609,325
235	SURGERY AND RECOVERY	329,703	457,451	4,384,611	14,562,135
240	AMBULATORY SURGERY SVCS				
245	ANESTHESIOLOGY	104,168	160,308	1,733,398	4,740,096
250	MED SUPPLIES SOLD TO PAT	414,937	359,590	5,294,818	9,713,013
255	DURABLE MEDICAL EQUIPMENT				
260	CLINICAL LABORATORY SVCS	1,040,086	572,644	8,190,991	10,448,601
265	PATHOLOGICAL LAB SVCS	1,038		589	1,125
270	BLOOD BANK	19,207	1,594	55,645	29,729
275	ECHOCARDIOLOGY	108,600	24,155	880,723	1,381,057
280	CARDIAC CATH SERVICES	38,198		246,987	324,152
285	CARDIOLOGY SERVICES	41,545	125,815	289,347	1,405,388
290	ELECTROMYOGRAPHY				
295	ELECTROENCEPHALOGRAPHY				
300	RADIOLOGY-DIAGNOSTIC	177,963	1,150,917	1,053,727	3,314,375
305	RADIOLOGY-THERAPEUTIC				
310	NUCLEAR MEDICINE	33,357	6,435	137,157	720,227
315	MAGNETIC RESONANCE IMAGNG	53,045		491,878	151,514
320	ULTRASONOGRAPHY	80,166	83,894	570,001	2,620,345
325	CAT SCANNER	633,090	3,111,793	4,530,609	15,794,822
330	DRUGS SOLD TO PATIENTS	1,359,923	432,393	12,159,274	8,774,275
335	RESPIRATORY THERAPY	983,414	59,789	5,043,067	715,743
340	PULMONARY FUNCTION SVCS	16,539	15,967	50,796	385,142
345	RENAL DIALYSIS	7,656		114,840	
350	LITHOTRIPSY				
355	GASTRO-INTESTINAL SVCS	19,096		107,475	18,311
360	PHYSICAL THERAPY	96,337	471,520	676,080	660,164
365	SPEECH-LANGUAGE PATHOLOGY	5,258	6,282	305,546	68,649
370	OCCUPATIONAL THERAPY	39,306	41,939	427,638	152,518
375	OTHER PHYSICAL MEDICINE				
380	ELECTROCONVULSIVE THERAPY				
385	PSYCHIATRIC/PSYCHOLOGICAL				
390	PSYCH INDIV/GROUP THERAPY				
395	ORGAN ACQUISITION				
400	OTHER ANCILLARY SERVICES		37,514		869,623
405	TOTAL ANCILLARY SERVICES	5,622,927	7,136,422	49,653,241	77,460,329
415	TOTAL PATIENT REVENUE	9,750,686	15,574,304	86,823,342	106,047,304

PATIENT REVENUE PRODUCING CENTERS		----- OTHER THIRD PARTIES -----			
		---- TRADITIONAL ----		---- MANAGED CARE ----	
		(13)	(14)	(15)	(16)
		GROSS	GROSS	GROSS	GROSS
		INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT
		REVENUE	REVENUE	REVENUE	REVENUE
420	DEDUCTIONS FROM REVENUE				
425	PROVISION FOR BAD DEBTS				
425	CONTRACTUAL ADJUSTMENTS				
426	DISPROPORTIONATE SHARE:MEDI-CAL	7,915,636	9,242,010	129,112,072	
430	CHARITY				
435	RESTRICTED DONATIONS				
440	TEACHING ALLOWANCES				
445	SUPPORT FOR CLINICAL TEACHING				
450	OTHER DEDUCTIONS	519,445	779,168	825,577	
455	TOTAL DEDUCTIONS FROM REVENUE	8,435,081	10,021,178	129,937,649	
457	CAPITATION PREMIUM REVENUE			141,825	
460	NET PATIENT REVENUE	1,315,605	5,553,126	63,074,822	

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

	PATIENT REVENUE PRODUCING CENTERS	-- OTHER INDIGENT ---		--- OTHER PAYORS ----	
		(17) GROSS INPATIENT REVENUE	(18) GROSS OUTPATIENT REVENUE	(19) GROSS INPATIENT REVENUE	(20) GROSS OUTPATIENT REVENUE
	DAILY HOSPITAL SERVICES				
005	MEDICAL/SURGICAL IC	100,128		197,127	
010	CORONARY CARE				
015	PEDIATRIC IC				
020	NEONATAL IC				
025	PSYCHIATRIC IC				
030	BURN CARE				
035	OTHER INTENSIVE CARE				
040	DEFINITIVE OBSERVATION				
045	MEDICAL/SURGICAL ACUTE	626,852		896,004	
050	PEDIATRIC ACUTE				
055	PSYCHIATRIC ACUTE - ADULT				
060	PSYCH ACUTE-ADOL & CHILD				
065	OBSTETRICS ACUTE	6,695		33,475	
070	ALTERNATE BIRTHING CENTER				
075	CHEMICAL DEPEND SERVICES				
080	PHYSICAL REHABILITATION				
085	HOSPICE INPATIENT CARE				
090	OTHER ACUTE CARE				
095	NURSERY ACUTE			22,959	
100	SUB-ACUTE CARE				
101	SUB-ACUTE CARE-PEDIATRIC				
105	SKILLED NURSING				
110	PSYCHIATRIC LONG-TERM				
115	INTERMEDIATE CARE				
120	RESIDENTIAL				
125	OTHER LONG TERM CARE SRVC				
145	OTHER DAILY SERVICES				
150	TOTAL DAILY HOSP SERVICES	733,675		1,149,565	
	AMBULATORY SERVICES				
160	EMERGENCY ROOM	166,940	629,344	263,867	5,256,277
165	MEDICAL TRANSPORTATION				
170	PSYCHIATRIC ER'S				
175	CLINIC		26,516		363,035
180	SATELLITE CLINICS				
185	SATELLITE ASC				
190	OUTPAT CHEMICAL DEP SVCS				
195	OBSERVATION CARE		94,053		444,211
200	PART HOSPITALIZATION PSY				
205	HOME HEALTH CARE SERVICES		8,490		
210	HOSPICE-OUTPATIENT SVCS				
215	ADULT DAY HEALTH CARE SVC				168,176
220	OTHER AMBULATORY SERVICES	12,142	14,480	16,430	61,210
225	TOTAL AMBULATORY SERVICES	179,082	772,883	280,297	6,292,909

PATIENT REVENUE PRODUCING CENTERS	-- OTHER INDIGENT ---		--- OTHER PAYORS ----	
	(17) GROSS INPATIENT REVENUE	(18) GROSS OUTPATIENT REVENUE	(19) GROSS INPATIENT REVENUE	(20) GROSS OUTPATIENT REVENUE
ANCILLARY SERVICES				
230 LABOR AND DELIVERY	6,609		20,073	25,116
235 SURGERY AND RECOVERY	38,724	51,771	69,382	419,304
240 AMBULATORY SURGERY SVCS				
245 ANESTHESIOLOGY	16,490	19,750	25,210	129,950
250 MED SUPPLIES SOLD TO PAT	33,107	56,249	72,890	303,229
255 DURABLE MEDICAL EQUIPMENT				
260 CLINICAL LABORATORY SVCS	232,056	271,880	328,392	2,259,462
265 PATHOLOGICAL LAB SVCS			155	
270 BLOOD BANK	624		1,208	4,640
275 ECHOCARDIOLOGY	38,118	15,508	38,413	93,493
280 CARDIAC CATH SERVICES			4,860	
285 CARDIOLOGY SERVICES	9,817	26,349	14,134	222,022
290 ELECTROMYOGRAPHY				
295 ELECTROENCEPHALOGRAPHY				
300 RADIOLOGY-DIAGNOSTIC	21,198	107,353	37,954	894,118
305 RADIOLOGY-THERAPEUTIC				
310 NUCLEAR MEDICINE	3,790		8,801	49,022
315 MAGNETIC RESONANCE IMAGNG	8,794		9,802	8,794
320 ULTRASONOGRAPHY	26,535	42,922	23,363	459,159
325 CAT SCANNER	167,180	401,152	278,515	3,570,105
330 DRUGS SOLD TO PATIENTS	292,662	92,335	357,808	999,343
335 RESPIRATORY THERAPY	99,489	29,470	234,481	112,883
340 PULMONARY FUNCTION SVCS	1,549		5,650	4,091
345 RENAL DIALYSIS				
350 LITHOTRIPSY				
355 GASTRO-INTESTINAL SVCS	5,729		7,911	2,728
360 PHYSICAL THERAPY	3,642		5,636	8,506
365 SPEECH-LANGUAGE PATHOLOGY				
370 OCCUPATIONAL THERAPY				297
375 OTHER PHYSICAL MEDICINE				
380 ELECTROCONVULSIVE THERAPY				
385 PSYCHIATRIC/PSYCHOLOGICAL				
390 PSYCH INDIV/GROUP THERAPY				
395 ORGAN ACQUISITION				
400 OTHER ANCILLARY SERVICES				585,166
405 TOTAL ANCILLARY SERVICES	1,006,113	1,114,739	1,544,638	10,151,428
415 TOTAL PATIENT REVENUE	1,918,870	1,887,622	2,974,500	16,444,337

PATIENT REVENUE PRODUCING CENTERS		-- OTHER INDIGENT ---		--- OTHER PAYORS ----	
		(17)	(18)	(19)	(20)
		GROSS	GROSS	GROSS	GROSS
		INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT
		REVENUE	REVENUE	REVENUE	REVENUE
420	DEDUCTIONS FROM REVENUE				
	PROVISION FOR BAD DEBTS			2,650,652	13,915,926
425	CONTRACTUAL ADJUSTMENTS				
426	DISPROPORTIONATE SHARE:MEDI-CAL				
430	CHARITY	1,912,543	1,887,622		
435	RESTRICTED DONATIONS				
440	TEACHING ALLOWANCES				
445	SUPPORT FOR CLINICAL TEACHING				
450	OTHER DEDUCTIONS			192,630	770,521
455	TOTAL DEDUCTIONS FROM REVENUE	1,912,543	1,887,622	2,843,282	14,686,447
457	CAPITATION PREMIUM REVENUE				
460	NET PATIENT REVENUE	6,327		131,218	1,757,890

		----- TOTAL -----		
		(21)	(22)	(23)
		GROSS	GROSS	GROSS
		INPATIENT	OUTPATIENT	PATIENT
		REVENUE	REVENUE	REVENUE
DAILY HOSPITAL SERVICES				
005	MEDICAL/SURGICAL IC	31,189,335		31,189,335
010	CORONARY CARE			
015	PEDIATRIC IC			
020	NEONATAL IC			
025	PSYCHIATRIC IC			
030	BURN CARE			
035	OTHER INTENSIVE CARE			
040	DEFINITIVE OBSERVATION			
045	MEDICAL/SURGICAL ACUTE	197,123,748		197,123,748
050	PEDIATRIC ACUTE			
055	PSYCHIATRIC ACUTE - ADULT			
060	PSYCH ACUTE-ADOL & CHILD			
065	OBSTETRICS ACUTE	13,702,924		13,702,924
070	ALTERNATE BIRTHING CENTER			
075	CHEMICAL DEPEND SERVICES			
080	PHYSICAL REHABILITATION	11,613,715		11,613,715
085	HOSPICE INPATIENT CARE			
090	OTHER ACUTE CARE			
095	NURSERY ACUTE	8,382,893		8,382,893
100	SUB-ACUTE CARE			
101	SUB-ACUTE CARE-PEDIATRIC			
105	SKILLED NURSING			
110	PSYCHIATRIC LONG-TERM			
115	INTERMEDIATE CARE			
120	RESIDENTIAL			
125	OTHER LONG TERM CARE SRVC			
145	OTHER DAILY SERVICES			
150	TOTAL DAILY HOSP SERVICES	262,012,615		262,012,615
	AMBULATORY SERVICES			
160	EMERGENCY ROOM	37,867,443	87,196,023	125,063,466
165	MEDICAL TRANSPORTATION			
170	PSYCHIATRIC ER'S			
175	CLINIC		28,679,197	28,679,197
180	SATELLITE CLINICS			
185	SATELLITE ASC			
190	OUTPAT CHEMICAL DEP SVCS			
195	OBSERVATION CARE		26,252,436	26,252,436
200	PART HOSPITALIZATION PSY			
205	HOME HEALTH CARE SERVICES		6,349,756	6,349,756
210	HOSPICE-OUTPATIENT SVCS			
215	ADULT DAY HEALTH CARE SVC		168,176	168,176
220	OTHER AMBULATORY SERVICES	4,528,987	9,087,070	13,616,057
225	TOTAL AMBULATORY SERVICES	42,396,430	157,732,658	200,129,088

	(21)	TOTAL	(23)
	GROSS	GROSS	GROSS
	INPATIENT	OUTPATIENT	PATIENT
	REVENUE	REVENUE	REVENUE
ANCILLARY SERVICES			
230 LABOR AND DELIVERY	8,211,129	1,949,214	10,160,343
235 SURGERY AND RECOVERY	23,593,684	33,964,889	57,558,573
240 AMBULATORY SURGERY SVCS			
245 ANESTHESIOLOGY	8,259,194	11,558,511	19,817,705
250 MED SUPPLIES SOLD TO PAT	31,814,967	26,979,528	58,794,495
255 DURABLE MEDICAL EQUIPMENT			
260 CLINICAL LABORATORY SVCS	73,320,079	49,028,483	122,348,562
265 PATHOLOGICAL LAB SVCS	146,435	181,861	328,296
270 BLOOD BANK	644,829	260,652	905,481
275 ECHOCARDIOLOGY	9,307,764	5,276,809	14,584,573
280 CARDIAC CATH SERVICES	2,421,756	2,793,711	5,215,467
285 RADIOLOGY SERVICES	3,141,039	6,611,293	9,752,332
290 ELECTROMYOGRAPHY			
295 ELECTROENCEPHALOGRAPHY			
300 RADIOLOGY-DIAGNOSTIC	10,662,085	17,453,963	28,116,048
305 RADIOLOGY-THERAPEUTIC			
310 NUCLEAR MEDICINE	1,861,276	3,133,611	4,994,887
315 MAGNETIC RESONANCE IMAGNG	4,171,542	931,760	5,103,302
320 ULTRASONOGRAPHY	4,820,550	10,692,612	15,513,162
325 CAT SCANNER	37,743,450	74,303,540	112,046,990
330 DRUGS SOLD TO PATIENTS	97,259,117	29,243,151	126,502,268
335 RESPIRATORY THERAPY	50,456,510	4,497,571	54,954,081
340 PULMONARY FUNCTION SVCS	617,059	3,295,753	3,912,812
345 RENAL DIALYSIS	1,918,950		1,918,950
350 LITHOTRIPSY			
355 GASTRO-INTESTINAL SVCS	843,563	127,792	971,355
360 PHYSICAL THERAPY	5,216,867	3,167,992	8,384,859
365 SPEECH-LANGUAGE PATHOLOGY	1,588,691	276,323	1,865,014
370 OCCUPATIONAL THERAPY	1,986,310	438,610	2,424,920
375 OTHER PHYSICAL MEDICINE			
380 ELECTROCONVULSIVE THERAPY			
385 PSYCHIATRIC/PSYCHOLOGICAL			
390 PSYCH INDIV/GROUP THERAPY			
395 ORGAN ACQUISITION		9,613,848	9,613,848
400 OTHER ANCILLARY SERVICES			
405 TOTAL ANCILLARY SERVICES	380,006,846	295,781,477	675,788,323
415 TOTAL PATIENT REVENUE	684,415,891	453,514,135	1,137,930,026

		----- TOTAL -----		
		(21)	(22)	(23)
		GROSS	GROSS	GROSS
		INPATIENT	OUTPATIENT	PATIENT
		REVENUE	REVENUE	REVENUE
	DEDUCTIONS FROM REVENUE			
420	PROVISION FOR BAD DEBTS			17,238,481
425	CONTRACTUAL ADJUSTMENTS			950,077,249
426	DISPROPORTIONATE SHARE:MEDI-CAL			
430	CHARITY			3,800,165
435	RESTRICTED DONATIONS			
440	TEACHING ALLOWANCES			
445	SUPPORT FOR CLINICAL TEACHING			
450	OTHER DEDUCTIONS			8,696,948
455	TOTAL DEDUCTIONS FROM REVENUE			979,812,843
457	CAPITATION PREMIUM REVENUE			1,492,299
460	NET PATIENT REVENUE			159,609,482

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END: 12/31/2014

	OTHER OPERATING REVENUE		
PART I: COST REDUCTIONS DISTRIBUTED TO SEVERAL COST CENTERS			
005.00	DONATED COMMODITIES		
010.00	CASH DISCOUNTS ON PURCHASES	949	18 155
015.00	SALE OF SCRAP AND WASTE	1023	18 100
020.00	REBATES AND REFUNDS-MATERIALS	123198	18 100
020.01	REBATES AND REFUNDS-ENERGY	26871	18 125
020.02	REBATES AND REFUNDS-PHARMACY	6032	18 95
020.03	REBATES AND REFUNDS-DIETARY	11061	18 70
025.00	OTHER COMMISSIONS-FINANCE AP C	96013	18 155
030.00	NON-PATIENT ROOM RENTALS		
035.00	EDUCATION REVENUE/CLASS FEES	26062	18 270
040.00	CARDIAC REHAB REVNU	11511	17 285
045.00	OTHER REV-PHARMACY	7492	18 95
050.00	OTHER REVENUE-SURGERY	13146	17 235
PART II: MINOR RECOVERIES DISTRIBUTED TO ONE COST CENTER			
065.00	TELEPHONE AND TELEGRAPH REVENUE		
070.00	DONATED BLOOD		
075.00	VENDING MACHINE COMMISSIONS	5054	18 70
080.00	TELEVISION/RADIO RENTALS		
085.00	FINANCE CHRGS ON PAT ACCOUNTS	7385	18 160
090.00	CHILD CARE SERVICES REVENUE		
095.00	COMMUNITY HEALTH-FLU SHOTS	350	18 280
100.00	OTHER REVENUE-AUXILLARY	10936	18 235
105.00	OTHER REVENUE-CLINICS	2450	17 175
110.00	OTHER REVENUE-ADULT DAY CARE	945	17 400
115.00	OTHER REVENUE-ADMINISTRATIVE	6000	18 205
115.01	OTHER REVENUE-OB	445	17 65
115.02	OTHER REVENUE-EMERGENCY DEPT	1313	17 160
115.03	OTHER REVENUE-UTILIZATION MANA	575	18 275
115.04	OTHER REVENUE-PHYSICAL THERAPY	360	17 360
115.05	OTHER REVENUE-OTHER ANCILLARY	1442	17 400
120.00	TOTAL PARTS I AND II	360613	
PART III: OTHER OPERATING REVENUE ALLOCATED			
130.00	NON-PATIENT FOOD SALES	531987	20 100
135.00	LAUNDRY AND LINEN REVENUE		
140.00	SOCIAL WORK SERVICES REVENUE		
145.00	SUPPLIES SOLD TO NON-PATIENT		
150.00	DRUGS SOLD TO NON-PATIENT		
155.00	PURCHASING SERVICES REVENUE		
160.00	PARKING REVENUE		
165.00	HOUSEKEEPING & MAINT. SERV	5101	20 135
170.00	DATA PROCESSING SERV REVENUE	12907	20 160
175.00	MED RECORDS ABSTRACTS SALES	33729	20 185
180.00	MANAGEMENT SERVICES REVENUE		
185.00	TRNSFR RESTR FUND OPER-EDUC/NU	11126	20 230
185.01	TRNSFR RESTR FUND OPER-HUMAN R	6066	20 85
185.02	TRNSFR RESTR FUND OPER-NURSE A	380	20 225
185.03	TRNSFR RESTR FUND OPER-OTHER A	13521	20 60
185.04	TRNSFR RESTR FUND OPER-SECURIT	383	20 120
185.05	TRNSFR RESTR FUND OPER-HOUSEKE	576	20 110
190.00	WORKERS COMPENSATION REFUNDS		
195.00	COMMUNITY HEALTH EDUCATION REV		
196.00	REINSURANCE RECOVERIES		
200.00	MEANINGFUL USE-MEDICARE	370060	20 160
205.00	MEANINGFUL USE / EHR - MEDI-CA	186961	20 160
210.00			
215.00			
220.00	TOTAL PART III	1172797	
PART IV: RESEARCH/EDUC/REVENUES AND TRANSFERS			
225.00	TRANSFERS FROM RESTR TO RESRCH		
230.00	SCHOOL OF NURSING TUITION		
235.00	LVN PROGRAM TUITION		
240.00	MEDICAL POSTGRAD EDUC TUITION		
245.00	PARAMEDICAL EDUCATION TUITION		
250.00	STUDENT HOUSING REVENUE		
255.00	OTH HEALTH PROF EDUC REVENUE		
260.00	TRANSFERS FROM RESTR FOR EDUC		
270.00	TRSFRE RESTR FOR OPER-ADULT DAY	59707	20 715
270.01	TRSFRE RESTR FOR OPER-CLINICS	24970	20 675
270.02	TRSFRE RESTR FOR OPER-OTHER ANC	2757	20 900
270.03	TRSFRE RESTR FOR OPER-EMERGENCY	3984	20 660
270.04	TRSFRE RESTR FOR OPER-OB	2137	20 565
270.05	TRSFRE RESTR FOR OPER-CARDIOLOG	3149	20 785
270.06	TRSFRE RESTR FOR OPER-HHA	25	20 705
270.07	TRSFRE RESTR FOR OPER-SURGERY	73386	20 735
275.00	TOTAL PART IV	170115	
280.00	TOTAL OTHER OPERATING REVENUE	1703525	

		-----COMPENSATION PAID-----				
		(1)	(2)	(3)	(4)	(5)
PATIENT REVENUE PRODUCING CENTERS		SALARIES AND WAGES .07	EMPLOYEE BENEFITS .10 - .19	PROFESSIONAL FEES .20	TOTAL COMPENSATION	RESEARCH SUPPORTED BY HOSPITAL
DAILY HOSPITAL SERVICES						
005	MEDICAL/SURGICAL IC	73,343	19,098	365,611	458,052	
010	CORONARY CARE					
015	PEDIATRIC IC					
020	NEONATAL IC					
025	PSYCHIATRIC IC					
030	BURN CARE					
035	OTHER INTENSIVE CARE					
040	DEFINITIVE OBSERVATION					
045	MEDICAL/SURGICAL ACUTE			2176,949	2176,949	
050	PEDIATRIC ACUTE					
055	PSYCHIATRIC ACUTE - ADULT					
060	PSYCH ACUTE-ADOL & CHILD					
065	OBSTETRICS ACUTE					
070	ALTERNATE BIRTHING CENTER					
075	CHEMICAL DEPEND SERVICES					
080	PHYSICAL REHABILITATION			96,583	96,583	
085	HOSPICE INPATIENT CARE					
090	OTHER ACUTE CARE					
095	NURSERY ACUTE					
100	SUB-ACUTE CARE					
101	SUB-ACUTE CARE-PEDIATRIC					
105	SKILLED NURSING					
110	PSYCHIATRIC LONG-TERM					
115	INTERMEDIATE CARE					
120	RESIDENTIAL					
125	OTHER LONG TERM CARE SRVC					
145	OTHER DAILY SERVICES					
150	TOTAL DAILY HOSP SERVICES AMBULATORY SERVICES	73,343	19,098	2639,143	2731,584	
160	EMERGENCY ROOM	387,725	82,865	1068,882	1539,472	
165	MEDICAL TRANSPORTATION					
170	PSYCHIATRIC ER'S					
175	CLINIC	2706,369	650,850	847,821	4205,040	
180	SATELLITE CLINICS					
185	SATELLITE ASC					
190	OUTPAT CHEMICAL DEP SVCS					
195	OBSERVATION CARE			164,638	164,638	
200	PART HOSPITALIZATION PSY					
205	HOME HEALTH CARE SERVICES					
210	HOSPICE-OUTPATIENT SVCS					
215	ADULT DAY HEALTH CARE SVC					
220	OTHER AMBULATORY SERVICES					
225	TOTAL AMBULATORY SERVICES	3094,094	733,715	2081,341	5909,150	

PATIENT REVENUE PRODUCING CENTERS	-----COMPENSATION PAID-----				(5) RESEARCH SUPPORTED BY HOSPITAL
	(1) SALARIES AND WAGES .07	(2) EMPLOYEE BENEFITS .10 - .19	(3) PROFESSIONAL FEES .20	(4) TOTAL COMPENSATION	
ANCILLARY SERVICES					
230 LABOR AND DELIVERY			232,350	232,350	
235 SURGERY AND RECOVERY					
240 AMBULATORY SURGERY SVCS					
245 ANESTHESIOLOGY			1483,471	1483,471	
250 MED SUPPLIES SOLD TO PAT					
255 DURABLE MEDICAL EQUIPMENT					
260 CLINICAL LABORATORY SVCS			54,720	54,720	
265 PATHOLOGICAL LAB SVCS					
270 BLOOD BANK					
275 ECHOCARDIOLOGY			243	243	
280 CARDIAC CATH SERVICES					
285 CARDIOLOGY SERVICES					
290 ELECTROMYOGRAPHY					
295 ELECTROENCEPHALOGRAPHY					
300 RADIOLOGY-DIAGNOSTIC			300,000	300,000	
305 RADIOLOGY-THERAPEUTIC					
310 NUCLEAR MEDICINE					
315 MAGNETIC RESONANCE IMAGNG					
320 ULTRASONOGRAPHY					
325 CAT SCANNER					
330 DRUGS SOLD TO PATIENTS					
335 RESPIRATORY THERAPY	21,584	4,835		26,419	
340 PULMONARY FUNCTION SVCS					
345 RENAL DIALYSIS			9,100	9,100	
350 LITHOTRIPSY					
355 GASTRO-INTESTINAL SVCS					
360 PHYSICAL THERAPY					
365 SPEECH-LANGUAGE PATHOLOGY					
370 OCCUPATIONAL THERAPY					
375 OTHER PHYSICAL MEDICINE					
380 ELECTROCONVULSIVE THERAPY					
385 PSYCHIATRIC/PSYCHOLOGICAL					
390 PSYCH INDIV/GROUP THERAPY					
395 ORGAN ACQUISITION					
400 OTHER ANCILLARY SERVICES			2,750	2,750	
405 TOTAL ANCILLARY SERVICES	21,584	4,835	2082,634	2109,053	

PATIENT REVENUE PRODUCING CENTERS		RECLASSIFICATION OF COMPENSATION BY PERCENT OF TIME SPENT BY FUNCTION							
		(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		MED EDUCATION	GENERAL	NURSING AND	PHYSICIAN AND	SUPERVISION	ALLOCATION O		
		SUPPORTED BY ADMINISTRATION	PARAMEDICAL	INTERN/RES	AND OTHER	PAGE 16, COL			
		BY HOSPITAL AND HOSPITAL	CARE OF HOSP	CARE OF HOSP	FUNCTIONS OF	TO REVENUE			
		(NON-INSERVIC)	COMMITTEES	PATIENTS	PATIENTS	OF COST CNTR			
005	DAILY HOSPITAL SERVICES								
010	MEDICAL/SURGICAL IC		100441			357611			
015	CORONARY CARE								
020	PEDIATRIC IC								
025	NEONATAL IC								
030	PSYCHIATRIC IC								
035	BURN CARE								
040	OTHER INTENSIVE CARE								
045	DEFINITIVE OBSERVATION								
050	MEDICAL/SURGICAL ACUTE					2176949			
055	PEDIATRIC ACUTE								
060	PSYCHIATRIC ACUTE - ADULT								
065	PSYCH ACUTE-ADOL & CHILD								
070	OBSTETRICS ACUTE								
075	ALTERNATE BIRTHING CENTER								
080	CHEMICAL DEPEND SERVICES								
085	PHYSICAL REHABILITATION		96583						
090	HOSPICE INPATIENT CARE								
095	OTHER ACUTE CARE								
100	NURSERY ACUTE								
105	SUB-ACUTE CARE								
110	SUB-ACUTE CARE-PEDIATRIC								
115	SKILLED NURSING								
120	PSYCHIATRIC LONG-TERM								
125	INTERMEDIATE CARE								
130	RESIDENTIAL								
135	OTHER LONG TERM CARE SRVC								
140	OTHER DAILY SERVICES								
145	TOTAL DAILY HOSP SERVICES		197024			2534560			
150	AMBULATORY SERVICES								
155	EMERGENCY ROOM					1539472			
160	MEDICAL TRANSPORTATION								
165	PSYCHIATRIC ER'S								
170	CLINIC		64911			4140129			
175	SATELLITE CLINICS								
180	SATELLITE ASC								
185	OUTPAT CHEMICAL DEP SVCS								
190	OBSERVATION CARE					164638			
195	PART HOSPITALIZATION PSY								
200	HOME HEALTH CARE SERVICES								
205	HOSPICE-OUTPATIENT SVCS								
210	ADULT DAY HEALTH CARE SVC								
215	OTHER AMBULATORY SERVICES								
220	TOTAL AMBULATORY SERVICES		64911			5844239			
225									

PATIENT REVENUE PRODUCING CENTERS		RECLASSIFICATION OF COMPENSATION BY PERCENT OF TIME SPENT BY FUNCTION							
		(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
		MED EDUCATION SUPPORTED BY HOSPITAL AND (NON-INSERVIC)	GENERAL ADMINISTRATION COMMITTEES	NURSING AND PARAMEDICAL CARE OF PATIENTS	PHYSICIAN AND INTERN/RES CARE OF HOSP PATIENTS	AND SUPERVISION OF FUNCTIONS OF COST CNTR	ALLOCATION OF TO REVENUE		
230	ANCILLARY SERVICES								
235	LABOR AND DELIVERY					232350			
240	SURGERY AND RECOVERY								
245	AMBULATORY SURGERY SVCS								
250	ANESTHESIOLOGY		18600			1464871			
255	MED SUPPLIES SOLD TO PAT								
260	DURABLE MEDICAL EQUIPMENT								
265	CLINICAL LABORATORY SVCS		54720						
270	PATHOLOGICAL LAB SVCS								
275	BLOOD BANK								
280	ECHOCARDIOLOGY					243			
285	CARDIAC CATH SERVICES								
290	CARDIOLOGY SERVICES								
295	ELECTROMYOGRAPHY								
300	ELECTROENCEPHALOGRAPHY								
305	RADIOLOGY-DIAGNOSTIC		115000			185000			
310	RADIOLOGY-THERAPEUTIC								
315	NUCLEAR MEDICINE								
320	MAGNETIC RESONANCE IMAGNG								
325	ULTRASONOGRAPHY								
330	CAT SCANNER								
335	DRUGS SOLD TO PATIENTS								
340	RESPIRATORY THERAPY		26419						
345	PULMONARY FUNCTION SVCS								
350	RENAL DIALYSIS		9100						
355	LITHOTRIPSY								
360	GASTRO-INTESTINAL SVCS								
365	PHYSICAL THERAPY								
370	SPEECH-LANGUAGE PATHOLOGY								
375	OCCUPATIONAL THERAPY								
380	OTHER PHYSICAL MEDICINE								
385	ELECTROCONVULSIVE THERAPY								
390	PSYCHIATRIC/PSYCHOLOGICAL								
395	PSYCH INDIV/GROUP THERAPY								
400	ORGAN ACQUISITION		2750						
405	OTHER ANCILLARY SERVICES								
	TOTAL ANCILLARY SERVICES		226589			1882464			

NON OSHPD DATA
(14)
PAGE 16
NURSING

DAILY HOSPITAL SERVICES
005 MEDICAL/SURGICAL IC
010 CORONARY CARE
015 PEDIATRIC IC
020 NEONATAL IC
025 PSYCHIATRIC IC
030 BURN CARE
035 OTHER INTENSIVE CARE
040 DEFINITIVE OBSERVATION
045 MEDICAL/SURGICAL ACUTE
050 PEDIATRIC ACUTE
055 PSYCHIATRIC ACUTE - ADULT
060 PSYCH ACUTE-ADOL & CHILD
065 OBSTETRICS ACUTE
070 ALTERNATE BIRTHING CENTER
075 CHEMICAL DEPEND SERVICES
080 PHYSICAL REHABILITATION
085 HOSPICE INPATIENT CARE
090 OTHER ACUTE CARE
095 NURSERY ACUTE
100 SUB-ACUTE CARE
101 SUB-ACUTE CARE-PEDIATRIC
105 SKILLED NURSING
110 PSYCHIATRIC LONG-TERM
115 INTERMEDIATE CARE
120 RESIDENTIAL
125 OTHER LONG TERM CARE SRVC
145 OTHER DAILY SERVICES
150 TOTAL DAILY HOSP SERVICES
 AMBULATORY SERVICES
160 EMERGENCY ROOM
165 MEDICAL TRANSPORTATION
170 PSYCHIATRIC ER'S
175 CLINIC
180 SATELLITE CLINICS
185 SATELLITE ASC
190 OUTPAT CHEMICAL DEP SVCS
195 OBSERVATION CARE
200 PART HOSPITALIZATION PSY
205 HOME HEALTH CARE SERVICES
210 HOSPICE-OUTPATIENT SVCS
215 ADULT DAY HEALTH CARE SVC
220 OTHER AMBULATORY SERVICES
225 TOTAL AMBULATORY SERVICES

NON OSHPD DATA
(14)
PAGE 16
NURSING

ANCILLARY SERVICES
230 LABOR AND DELIVERY
235 SURGERY AND RECOVERY
240 AMBULATORY SURGERY SVCS
245 ANESTHESIOLOGY
250 MED SUPPLIES SOLD TO PAT
255 DURABLE MEDICAL EQUIPMENT
260 CLINICAL LABORATORY SVCS
265 PATHOLOGICAL LAB SVCS
270 BLOOD BANK
275 ECHOCARDIOLOGY
280 CARDIAC CATH SERVICES
285 CARDIOLOGY SERVICES
290 ELECTROMYOGRAPHY
295 ELECTROENCEPHALOGRAPHY
300 RADIOLOGY-DIAGNOSTIC
305 RADIOLOGY-THERAPEUTIC
310 NUCLEAR MEDICINE
315 MAGNETIC RESONANCE IMAGNG
320 ULTRASONOGRAPHY
325 CAT SCANNER
330 DRUGS SOLD TO PATIENTS
335 RESPIRATORY THERAPY
340 PULMONARY FUNCTION SVCS
345 RENAL DIALYSIS
350 LITHOTRIPSY
355 GASTRO-INTESTINAL SVCS
360 PHYSICAL THERAPY
365 SPEECH-LANGUAGE PATHOLOGY
370 OCCUPATIONAL THERAPY
375 OTHER PHYSICAL MEDICINE
380 ELECTROCONVULSIVE THERAPY
385 PSYCHIATRIC/PSYCHOLOGICAL
390 PSYCH INDIV/GROUP THERAPY
395 ORGAN ACQUISITION
400 OTHER ANCILLARY SERVICES
405 TOTAL ANCILLARY SERVICES

		-----COMPENSATION PAID-----				
		(1)	(2)	(3)	(4)	(5)
NON-REVENUE PRODUCING CENTERS		SALARIES AND WAGES	EMPLOYEE BENEFITS	PROFESSIONAL FEES	TOTAL COMPENSATION	RESEARCH SUPPORTED BY HOSPITAL
	RESEARCH COSTS					
005	RESEARCH PROJ AND ADMIN					
010	TOTAL RESEARCH					
	EDUCATION COSTS					
015	EDUCATION ADMIN OFFICE					
020	SCHOOL OF NURSING					
025	LVN PROGRAM					
030	MEDICAL POST GRAD EDUC					
035	PARAMEDICAL EDUCATION					
040	STUDENT HOUSING					
045	OTHER EDUC ACTIVITIES					
050	TOTAL EDUCATION					
	ADMINISTRATIVE SERVICES					
205	HOSPITAL ADMINISTRATION					
210	GOVERNING BOARD EXPENSE					
215	PUBLIC RELATIONS					
220	MANAGEMENT ENGINEERING					
225	PERSONNEL					
230	EMPLOYEE HEALTH SERVICES					
235	AUXILIARY GROUPS					
240	CHAPLAINCY SERVICES					
245	MEDICAL LIBRARY					
250	MEDICAL RECORDS					
255	MEDICAL STAFF ADMIN	19,875	4,327	5,283	29,485	
260	NURSING ADMINISTRATION					
265	NURSING FLOAT PERSONNEL					
270	INSERVICE EDUCATION-NURSG					
275	UTILIZATION MANAGEMENT					
280	COMMUNITY HEALTH EDUC					
295	OTHER ADMINISTRATIVE SRV			48,496	48,496	
300	TOTAL ADMINISTRATIVE SVCS	19,875	4,327	53,779	77,981	
305	TOTAL PAGES 15 AND 16	3208,896	761,975	6856,897	10827,768	
DO NOT INCLUDE ANY COMPENSATION LISTED ABOVE ON PAGE 17 OR 18 COL. 1, COL. 3, OR COL. 7						TOTAL LINE 305 TO PAGE 18, COLUMN 3 LINE 5

		RECLASSIFICATION OF COMPENSATION BY PERCENT OF TIME SPENT BY FUNCTION				
		(6)	(7)	(8)	(9)	(10)
NON-REVENUE PRODUCING CENTERS		MED EDUCATION SUPPORTED BY ADMINISTRATION BY HOSPITAL AND HOSPITAL (NON-INSERVC)	GENERAL PARAMEDICAL COMMITTEES	NURSING AND PHYSICIAN AND CARE OF HOSP PATIENTS	PHYSICIAN AND SUPERVISION INTERM/RES CARE OF HOSP PATIENTS	AND OTHER FUNCTIONS OF COST CNTR
005	RESEARCH COSTS					
010	RESEARCH PROJ AND ADMIN					
	TOTAL RESEARCH					
	EDUCATION COSTS					
015	EDUCATION ADMIN OFFICE					
020	SCHOOL OF NURSING					
025	LVN PROGRAM					
030	MEDICAL POST GRAD EDUC					
035	PARAMEDICAL EDUCATION					
040	STUDENT HOUSING					
045	OTHER EDUC ACTIVITIES					
050	TOTAL EDUCATION					
	ADMINISTRATIVE SERVICES					
205	HOSPITAL ADMINISTRATION					
210	GOVERNING BOARD EXPENSE					
215	PUBLIC RELATIONS					
220	MANAGEMENT ENGINEERING					
225	PERSONNEL					
230	EMPLOYEE HEALTH SERVICES					
235	AUXILIARY GROUPS					
240	CHAPLAINCY SERVICES					
245	MEDICAL LIBRARY					
250	MEDICAL RECORDS					
255	MEDICAL STAFF ADMIN		29,485			
260	NURSING ADMINISTRATION					
265	NURSING FLOAT PERSONNEL					
270	INSERVICE EDUCATION-NURSG					
275	UTILIZATION MANAGEMENT					
280	COMMUNITY HEALTH EDUC					
295	OTHER ADMINISTRATIVE SRV		48,496			
300	TOTAL ADMINISTRATIVE SVCS		77,981			
305	TOTAL PAGES 15 AND 16		566,505		10261,263	

LINES 15-50 TOTAL LINE LINE ITEMS TO LINE 50 TO LINE ITEMS TO
 PAGE 16 TO 305 TO PAGE PAGE 17 COL 3 PAGE 15, PAGE 17 & 18
 SAME LINES ON 18, COL 3 LINE AS COLUMN 13 COL 3, LINES
 PAGE 18, COL 3 LINE 295 APPROPRIATE AS APPROPRIATE
 OTHERS TO P.18
 COL 3, LINE 15

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	SALARIES AND WAGES	EMPLOYEE BENEFITS	RECLASS. PHYS. AND STUDENT COMP	PROFESSIONL FEES	SUPPLIES	PURCHASED SERVICES	DEPRECIATION
PATIENT REVENUE PRODUCING CENTERS							
DAILY HOSPITAL SERVICES							
005 MEDICAL/SURGICAL IC	2544658	662614			128795	2641	55960
010 CORONARY CARE							
015 PEDIATRIC IC							
020 NEONATAL IC							
025 PSYCHIATRIC IC							
030 BURN CARE							
035 OTHER INTENSIVE CARE							
040 DEFINITIVE OBSERVATION							
045 MEDICAL/SURGICAL ACUTE	11829932	2864185		6565	791974	13837	394586
050 PEDIATRIC ACUTE							
055 PSYCHIATRIC ACUTE - ADULT							
060 PSYCH ACUTE-ADOL & CHILD							
065 OBSTETRICS ACUTE	1327804	247877		14200	29354	12138	10600
070 ALTERNATE BIRTHING CENTER							
075 CHEMICAL DEPEND SERVICES							
080 PHYSICAL REHABILITATION	780138	181656			26478	9322	21729
085 HOSPICE INPATIENT CARE							
090 OTHER ACUTE CARE							
095 NURSERY ACUTE	460874	134972			30325	14576	17007
100 SUB-ACUTE CARE							
101 SUB-ACUTE CARE-PEDIATRIC							
105 SKILLED NURSING							
110 PSYCHIATRIC LONG-TERM							
115 INTERMEDIATE CARE							
120 RESIDENTIAL							
125 OTHER LONG TERM CARE SRVC							
145 OTHER DAILY SERVICES							
150 TOTAL DAILY HOSP SERVICES	16943406	4091304		20765	1006926	52514	499882
AMBULATORY SERVICES							
160 EMERGENCY ROOM	4200858	897810		464477	651925	86412	121022
165 MEDICAL TRANSPORTATION						197193	
170 PSYCHIATRIC ER'S							
175 CLINIC	3594839	872876		6990	462328	140498	24935
180 SATELLITE CLINICS							
185 SATELLITE ASC							
190 OUTPAT CHEMICAL DEP SVCS							
195 OBSERVATION CARE	1436608	281875			2259		2072
200 PART HOSPITALIZATION PSY							
205 HOME HEALTH CARE SERVICES	2287395	542806		8680	65453	46430	
210 HOSPICE-OUTPATIENT SVCS							
215 ADULT DAY HEALTH CARE SVC	158273	39656			5087	4902	
220 OTHER AMBULATORY SERVICES	1714755	426621			119183	1930	31894
225 TOTAL AMBULATORY SERVICES	13392728	3061644		480147	1306235	477365	179923

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	SALARIES AND WAGES	EMPLOYEE BENEFITS	RECLASS. PHYS. AND STUDENT COMP	PROFESSIONL FEES	SUPPLIES	PURCHASED SERVICES	DEPRECIATION
PATIENT REVENUE PRODUCING CENTERS							
ANCILLARY SERVICES							
230 LABOR AND DELIVERY	2097569	520205		6025	234604	56599	64156
235 SURGERY AND RECOVERY	1906741	434493		13387	881628	381769	246212
240 AMBULATORY SURGERY SVCS							
245 ANESTHESIOLOGY	43872	9657			73698	4340	21719
250 MED SUPPLIES SOLD TO PAT					5364848		
255 DURABLE MEDICAL EQUIPMENT							
260 CLINICAL LABORATORY SVCS	3384910	837049		10058	2083301	725165	189686
265 PATHOLOGICAL LAB SVCS					1151	116865	4228
270 BLOOD BANK	8483	2456			749332		
275 ECHOCARDIOLOGY	314084	84301			2698	42490	112978
280 CARDIAC CATH SERVICES	195304	41989			18548	13309	184451
285 CARDIOLOGY SERVICES	497113	120491			16596	15079	74996
290 ELECTROMYOGRAPHY							
295 ELECTROENCEPHALOGRAPHY							
300 RADIOLOGY-DIAGNOSTIC	896327	215534			52160	159013	250845
305 RADIOLOGY-THERAPEUTIC							
310 NUCLEAR MEDICINE	239088	49489			112089	9023	
315 MAGNETIC RESONANCE IMAGNG	48344	7349			4570	317152	993
320 ULTRASONOGRAPHY	647308	143746		18748	54268	36	73152
325 CAT SCANNER	503445	127518			54126	134747	209349
330 DRUGS SOLD TO PATIENTS					5529562		
335 RESPIRATORY THERAPY	1838067	411790			339495	1800	132165
340 PULMONARY FUNCTION SVCS	315985	69661			37805	4481	14655
345 RENAL DIALYSIS	185322	31468			34778	316761	10389
350 LITHOTRIPSY							
355 GASTRO-INTESTINAL SVCS	52312	8065			36605	12989	8954
360 PHYSICAL THERAPY	946660	271101			16428	10262	6529
365 SPEECH-LANGUAGE PATHOLOGY	190212	44489		10527	608		
370 OCCUPATIONAL THERAPY	231029	53832		14350	1066	838	3434
375 OTHER PHYSICAL MEDICINE							
380 ELECTROCONVULSIVE THERAPY							
385 PSYCHIATRIC/PSYCHOLOGICAL							
390 PSYCH INDIV/GROUP THERAPY							
395 ORGAN ACQUISITION							
400 OTHER ANCILLARY SERVICES	715750	177043			451631	507208	15034
405 TOTAL ANCILLARY SERVICES	15257925	3661726		73095	16151595	2829926	1623925
410 PURCHASED INPATIENT SERVICES							
411 PURCHASED OUTPATIENT SERVICES							
415 TOTAL PATIENT CARE SERVICES	45594059	10814674		574007	18464756	3359805	2303730

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	LEASES AND RENTALS	OTHR DIRECT EXPENSES	TOTAL DIRECT EXPENSES	ADJSTMNT OF DIRECT EXPENSES	ADJUSTED DIRECT EXPENSES	UNITS OF SERVICE	ADJUSTED DIRECT EXP PER UNIT
DAILY HOSPITAL SERVICES							
005 MEDICAL/SURGICAL IC	1967	4181	3400816		3400816	2002	1698.71
010 CORONARY CARE							
015 PEDIATRIC IC							
020 NEONATAL IC							
025 PSYCHIATRIC IC							
030 BURN CARE							
035 OTHER INTENSIVE CARE							
040 DEFINITIVE OBSERVATION							
045 MEDICAL/SURGICAL ACUTE	61917	9241	15972237		15972237	25522	625.82
050 PEDIATRIC ACUTE							
055 PSYCHIATRIC ACUTE - ADULT							
060 PSYCH ACUTE-ADOL & CHILD							
065 OBSTETRICS ACUTE		2409	1644382	445	1643937	2046	803.49
070 ALTERNATE BIRTHING CENTER							
075 CHEMICAL DEPEND SERVICES							
080 PHYSICAL REHABILITATION	1090	10666	1031079		1031079	1643	627.56
085 HOSPICE INPATIENT CARE							
090 OTHER ACUTE CARE							
095 NURSERY ACUTE		274	658028		658028	1772	371.35
100 SUB-ACUTE CARE							
101 SUB-ACUTE CARE-PEDIATRIC							
105 SKILLED NURSING							
110 PSYCHIATRIC LONG-TERM							
115 INTERMEDIATE CARE							
120 RESIDENTIAL							
125 OTHER LONG TERM CARE SRVC							
145 OTHER DAILY SERVICES							
150 TOTAL DAILY HOSP SERVICES	64974	26771	22706542	445	22706097	32985	
160 AMBULATORY SERVICES							
160 EMERGENCY ROOM		12774	6435278	1313	6433965	38126	168.76
165 MEDICAL TRANSPORTATION			197193		197193	876	225.11
170 PSYCHIATRIC ER'S							
175 CLINIC	57250	418117	5577833	2450	5575383	101679	54.83
180 SATELLITE CLINICS							
185 SATELLITE ASC							
190 OUTPAT CHEMICAL DEP SVCS							
195 OBSERVATION CARE	1935		1724749		1724749	50882	33.90
200 PART HOSPITALIZATION PSY							
205 HOME HEALTH CARE SERVICES		107342	3058106		3058106	13336	229.31
210 HOSPICE-OUTPATIENT SVCS							
215 ADULT DAY HEALTH CARE SVC		11367	219285		219285	4696	46.70
220 OTHER AMBULATORY SERVICES	1030	6953	2302366		2302366		
225 TOTAL AMBULATORY SERVICES	60215	556553	19514810	3763	19511047		

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	LEASES AND RENTALS	OTHR DIRECT EXPENSES	TOTAL DIRECT EXPENSES	ADJSTMNT OF DIRECT EXPENSES	ADJUSTED DIRECT EXPENSES	UNITS OF SERVICE	ADJUSTED DIRECT PER UNIT
230 ANCILLARY SERVICES							
235 LABOR AND DELIVERY		22358	3001516		3001516	1046	2869.52
240 SURGERY AND RECOVERY	415569	44485	4324284	13146	4311138	350792	12.29
245 AMBULATORY SURGERY SVCS							
250 ANESTHESIOLOGY			153286		153286	350792	.44
255 MED SUPPLIES SOLD TO PAT			5364848		5364848	57682	93.01
260 DURABLE MEDICAL EQUIPMENT							
265 CLINICAL LABORATORY SVCS	208090	44493	7482752		7482752	517263	14.47
270 PATHOLOGICAL LAB SVCS			122244		122244	2258	54.14
275 BLOOD BANK			760271		760271	4027	188.79
280 ECHOCARDIOLOGY		882	557433		557433	3077	181.16
285 CARDIAC CATH SERVICES			453601		453601	867	523.18
290 RADIOLOGY SERVICES		658	724933	11511	713422	18044	39.54
295 ELECTROMYOGRAPHY							
300 RADIOLOGY-DIAGNOSTIC		9409	1583288		1583288	35597	44.48
305 RADIOLOGY-THERAPEUTIC							
310 NUCLEAR MEDICINE		5084	414773		414773	825	502.76
315 MAGNETIC RESONANCE IMAGNG			378408		378408	566	668.57
320 ULTRASONOGRAPHY		12	937270		937270	8589	109.12
325 CAT SCANNER		14	1029199		1029199	13980	73.62
330 DRUGS SOLD TO PATIENTS			5529562		5529562	40598	136.20
335 RESPIRATORY THERAPY	43402	7522	2774241		2774241	33995	81.61
340 PULMONARY FUNCTION SVCS		482	443069		443069	4531	97.79
345 RENAL DIALYSIS	1200	81	579999		579999	1080	537.04
350 LITHOTRIPSY							
355 GASTRO-INTESTINAL SVCS		33	118958		118958	364	326.81
360 PHYSICAL THERAPY		5176	1256156	360	1255796	48054	26.13
365 SPEECH-LANGUAGE PATHOLOGY			245836		245836	8444	29.11
370 OCCUPATIONAL THERAPY		97	304646		304646	11628	26.20
375 OTHER PHYSICAL MEDICINE							
380 ELECTROCONVULSIVE THERAPY							
385 PSYCHIATRIC/PSYCHOLOGICAL							
390 PSYCH INDIV/GROUP THERAPY							
395 ORGAN ACQUISITION							
400 OTHER ANCILLARY SERVICES	39620	37895	1944181	2387	1941794		
405 TOTAL ANCILLARY SERVICES	707881	178681	40484754	27404	40457350	1514099	
410 PURCHASED INPATIENT SERVICES							
411 PURCHASED OUTPATIENT SERVICES							
415 TOTAL PATIENT CARE SERVICES	833070	762005	82706106	31612	82674494	1756679	

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	SALARIES AND WAGES	EMPLOYEE BENEFITS	RECLASS. PHYS. AND STUDENT COMP	PROFESSIONL FEES	SUPPLIES	PURCHASED SERVICES	DEPRECIATION
NON-REVENUE PRODUCING CENTERS							
RESEARCH COSTS							
005 RESEARCH PROJ AND ADMIN							
010 TOTAL RESEARCH							
EDUCATION COSTS							
015 EDUCATION ADMIN OFFICE							
020 SCHOOL OF NURSING							
025 LVN PROGRAM							
030 MEDICAL POST GRAD EDUC							
035 PARAMEDICAL EDUCATION							
040 STUDENT HOUSING							
045 OTHER EDUC ACTIVITIES							
050 TOTAL EDUCATION							
GENERAL SERVICES							
055 PRINTING AND DUPLICATING					2269	108027	55227
060 KITCHEN							
065 NON-PATIENT FOOD SERVICES	452517	95744			379094	40375	42178
070 DIETARY	1308148	319605			627352	65685	91309
075 LAUNDRY AND LINEN	53748	12727			173909	342769	5693
080 SOCIAL SERVICES	397712	86513			95		
085 CENTRAL TRANSPORTATION							
090 CENTRAL SRVC AND SUPPLY	655335	167246		5644	121078	39779	63969
095 PHARMACY	2704907	643917		1541	95043	219402	253815
100 PURCHASING AND STORES	247219	66666		23611	7405	62392	48006
105 GROUNDS						90527	
110 SECURITY	644340	146684			7761	24496	3562
115 PARKING							
120 HOUSEKEEPING	1827825	401678			335830	359031	23383
125 PLANT OPERATIONS							
130 PLANT MAINTENANCE	1162172	323395		15179	40988	1639810	48920
135 COMMUNICATIONS	316883	79694			14239	117623	31886
140 DATA PROCESSING	1275365	328225		129190	219086	1611902	1366305
145 OTHER GENERAL SERVICES							
150 TOTAL GENERAL SERVICES	11046171	2672094		175165	2024149	4721818	2034253
FISCAL SERVICES							
155 GENERAL ACCOUNTING	501187	144189		92797	20650	277709	
160 PATIENT ACCOUNTING	1239402	348003		45679	140958	742953	5210
165 CREDIT AND COLLECTION						733989	
170 ADMITTING	660587	139603		14105	28270	97015	9613
175 OUTPATIENT REGISTRATION	441857	101133			5962	583	
195 OTHER FISCAL SERVICES	304989	89013			1354	64715	100224
200 TOTAL FISCAL SERVICES	3148022	821941		152581	197194	1916964	115047

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	SALARIES AND WAGES	EMPLOYEE BENEFITS	RECLASS. PHYS. AND STUDENT COMP	PROFESSIONL FEES	SUPPLIES	PURCHASED SERVICES	DEPRECIATION
NON-REVENUE PRODUCING CENTERS							
ADMINISTRATIVE SERVICES							
205 HOSPITAL ADMINISTRATION	1249075	348326		1313556	43961	181786	14903
210 GOVERNING BOARD EXPENSE							
215 PUBLIC RELATIONS	185268	54971			14511	91950	19552
220 MANAGEMENT ENGINEERING							
225 PERSONNEL	408068	246210		63215	17624	73831	244
230 EMPLOYEE HEALTH SERVICES	155925	44058			29845	23938	267
235 AUXILIARY GROUPS	26636	7958			3125		
240 CHAPLAINCY SERVICES							
245 MEDICAL LIBRARY	5637	825			378	116	851
250 MEDICAL RECORDS	797279	218555		57098	16987	347223	5688
255 MEDICAL STAFF ADMIN	143698	31285		27229	2051	2591	
260 NURSING ADMINISTRATION	1020789	276247			17292	3280	
265 NURSING FLOAT PERSONNEL							
270 INSERVICE EDUCATION-NURSG	1340327	264317		787	46634	70304	
275 UTILIZATION MANAGEMENT	1755467	396213		31200	11176	32479	
280 COMMUNITY HEALTH EDUC	191475	37760		113	6662	10043	
295 OTHER ADMINISTRATIVE SRV	1160779	259789	566505		13065	166139	
300 TOTAL ADMINISTRATIVE SVCS	8440423	2186514	566505	1598644	223311	1003680	41505
UNASSIGNED COSTS							
305 DEPRECIATION AND AMORTIZATION							7087659
310 LEASES AND RENTALS							
315 INSURANCE-PROF LIABILITY							
320 INSURANCE-OTHER							
325 LICENSES AND TAXES							
330 INTEREST-WORKING CAPITAL							
345 INTEREST-OTHER							
350 EMPLOYEE BENEFITS							
355 OTHER UNASSIGNED COSTS							
360 TOTAL UNASSIGNED COST							7087659
365 TOTAL DIRECT OPER COST	68228675	16495223	566505	2500397	20909410	11002267	11582194
370 NON-OPERATING COST CNTRS	138516	37432		9460	56870	56193	43796
375 TOTAL	68367191	16532655	566505	2509857	20966280	11058460	11625990

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	LEASES AND RENTALS	OTHR DIRECT EXPENSES	TOTAL DIRECT EXPENSES	ADJSTMNT OF DIRECT EXPENSES	ADJUSTED DIRECT EXPENSES	UNITS OF SERVICE	ADJUSTED DIRECT EXP PER UNIT
RESEARCH COSTS							
005	RESEARCH PROJ AND ADMIN						
010	TOTAL RESEARCH						
	EDUCATION COSTS						
015	EDUCATION ADMIN OFFICE						
020	SCHOOL OF NURSING						
025	LVN PROGRAM						
030	MEDICAL POST GRAD EDUC						
035	PARAMEDICAL EDUCATION						
040	STUDENT HOUSING						
045	OTHER EDUC ACTIVITIES						
050	TOTAL EDUCATION						
	GENERAL SERVICES						
055	PRINTING AND DUPLICATING		165523		165523	25000	6.62
060	KITCHEN						
065	NON-PATIENT FOOD SERVICES		11	1009919	1009919	216883	4.66
070	DIETARY		5355	2417454	16115	2401339	24.02
075	LAUNDRY AND LINEN			588846		588846	.69
080	SOCIAL SERVICES		3058	487378		487378	59.73
085	CENTRAL TRANSPORTATION						
090	CENTRAL SRVC AND SUPPLY	4048	4677	1061776		1061776	18.41
095	PHARMACY		12655	3931280	13524	3917756	96.50
100	PURCHASING AND STORES	69300	30501	555100	124221	430879	31.14
105	GROUNDS			90527		90527	.24
110	SECURITY		738	827581		827581	828.41
115	PARKING						
120	HOUSEKEEPING		1077	2948824		2948824	9.20
125	PLANT OPERATIONS		2051346	2051346	26871	2024475	5.09
130	PLANT MAINTENANCE	1078	29241	3260783		3260783	8.19
135	COMMUNICATIONS	2944	125369	688638		688638	689.33
140	DATA PROCESSING	4000	65762	4999835		4999835	4.39
145	OTHER GENERAL SERVICES						
150	TOTAL GENERAL SERVICES	81370	2329790	25084810	180731	24904079	
	FISCAL SERVICES						
155	GENERAL ACCOUNTING		9379	1045911	96962	948949	949.90
160	PATIENT ACCOUNTING		4703	2526908	7385	2519523	2.21
165	CREDIT AND COLLECTION			733989		733989	.65
170	ADMITTING		10907	960100		960100	136.69
175	OUTPATIENT REGISTRATION		72	549607		549607	4.40
195	OTHER FISCAL SERVICES		3759	564054		564054	
200	TOTAL FISCAL SERVICES		28820	6380569	104347	6276222	

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	LEASES AND RENTALS	OTHR DIRECT EXPENSES	TOTAL DIRECT EXPENSES	ADJSTMNT OF DIRECT EXPENSES	ADJUSTED DIRECT EXPENSES	UNITS OF SERVICE	ADJUSTED DIRECT EXP PER UNIT
ADMINISTRATIVE SERVICES							
205		9354219	12505826	6000	12499826	999	12512.34
210		12504	12504		12504	1139634	.01
215		26458	392710		392710	1139634	.34
220							
225		40942	850134		850134	999	850.98
230		429	254462		254462	999	254.72
235			37719	10936	26783	15133	1.77
240							
245		9102	16909		16909	196	86.27
250		6106	1448936		1448936	51896	27.92
255		36711	243565		243565	196	1242.68
260		7764	1325372		1325372	311	4261.65
265							
270		8927	1731296	26062	1705234	27000	63.16
275		8979	2235514	375	2234939	7024	318.19
280		1275	247328	350	246978	2400	102.91
295		50805	2322528		2322528		
300		9564221	23624803	43923	23580880		
UNASSIGNED COSTS							
305			7087659		7087659	382050	18.55
310							
315		578526	578526		578526	1137930	.51
320		324716	324716		324716	397979	.82
325		64271	64271		64271	397979	.16
330							
345		7465043	7465043		7465043	397979	18.76
350							
355		847315	847315		847315		
360		9279871	16367530		16367530		
365	914440	21964707	154163818	360613	153803205		
370		188284	530551		530551		
375	914440	22152991	154694369	360613	154333756		

NO	COST CENTER BASIS OF ALLOCATION	(1)	(2) SQUARE FEET	(3)	(4) ACCUMULATED COST	(5) HOSPITAL FTE	(6) SUPPLIES	(7) SQUARE FEET SERVICED
	LINES BEING ALLOCATED		5 - 25		30 - 80	85 - 100	105	110
005	INTEREST-OTHER							
010	INSURANCE-OTHER							
015	LICENSES AND TAXES							
020	TOTAL PAGES 15 AND 16							
025	LEASES AND RENTALS							
030	INTEREST-WORKING CAPITAL							
035	HOSPITAL ADMINISTRATION		1940					
040	GOVERNING BOARD EXPENSE							
045	PUBLIC RELATIONS		1851					
050	MANAGEMENT ENGINEERING							
055	COMMUNITY HEALTH EDUC							
060	OTHER ADMINISTRATIVE SRV		1145					
065	GENERAL ACCOUNTING		2096					
070	COMMUNICATIONS		340					
075	OTHER FISCAL SERVICES		1322					
080	PRINTING AND DUPLICATING		136					
085	PERSONNEL		1241		906837			
090	EMPLOYEE HEALTH SERVICES		1026		301341			
095	EMPLOYEE BENEFITS							
100	NON-PATIENT FOOD SERVICES		7218		1339719			
105	PURCHASING AND STORES		11909		975016	4.49		
110	HOUSEKEEPING		3311		3100108	46.21	335830	
115	GROUPS				90527			
120	SECURITY		592		854630	17.05	7761	592
125	PARKING							
130	PLANT OPERATIONS		36729		3702670			
135	PLANT MAINTENANCE		2529		3376336	15.90	40988	2529
140	OTHER GENERAL SERVICES							
145	DIETARY		6664		2705826	29.03	627352	6664
150	LAUNDRY AND LINEN		1556		659942	1.41	173909	1556
155	PATIENT ACCOUNTING		6490		2816059	24.63	140958	6490
160	DATA PROCESSING		6611		5301900	14.98	219086	6611
165	CREDIT AND COLLECTION				733989			
170	AUXILIARY GROUPS				26783	.51	3125	
175	CHAPLAINCY SERVICES							
180	MEDICAL LIBRARY		399		35140	.05	378	399
185	MEDICAL RECORDS		2894		1581167	15.27	16987	2894
190	MEDICAL STAFF ADMIN		600		270980	2.00	2051	600
195	SOCIAL SERVICES				487378	4.71	95	
200	UTILIZATION MANAGEMENT		1003		2280767	19.93	11176	1003
205	INSURANCE-PROF LIABILITY				578526			
210	ADMITTING		1527		1029871	14.91	28270	1527
215	OTHER UNASSIGNED COSTS				847315			
220	OUTPATIENT REGISTRATION		659		579718	10.46	5962	659
225	NURSING ADMINISTRATION		1645		1400534	9.87	17292	1645
230	INSERVICE EDUCATION-NURSG		9995		2161918	14.37	46634	9995
235	CENTRAL SRVC AND SUPPLY		3260		1210730	16.28	121078	3260
240	PHARMACY		3301		4068583	28.43	95043	3301
245	RESEARCH PROJ AND ADMIN							
250	EDUCATION ADMIN OFFICE							
255	STUDENT HOUSING							
260	LVN PROGRAM							
265	SCHOOL OF NURSING							
270	PARAMEDICAL EDUCATION							
275	OTHER EDUC ACTIVITIES							
280	MEDICAL POST GRAD EDUC							
505	MEDICAL/SURGICAL IC		5041		3631146	23.94	128795	5041
510	CORONARY CARE							
515	PEDIATRIC IC							
520	NEONATAL IC							
525	PSYCHIATRIC IC							
530	BURN CARE							
535	OTHER INTENSIVE CARE							
540	DEFINITIVE OBSERVATION							
545	MEDICAL/SURGICAL ACUTE		61461		18780468	143.83	791974	61461
550	PEDIATRIC ACUTE							
555	PSYCHIATRIC ACUTE - ADULT							
560	PSYCH ACUTE-ADOL & CHILD							
565	OBSTETRICS ACUTE		12503		2215215	12.94	29354	12503
570	ALTERNATE BIRTHING CENTER							
575	CHEMICAL DEPEND SERVICES							
580	PHYSICAL REHABILITATION		6066		1308242	9.35	26478	6066
585	HOSPICE INPATIENT CARE							
590	OTHER ACUTE CARE							
595	NURSERY ACUTE		1013		704313	3.80	30325	1013
600	SUB-ACUTE CARE							
601	SUB-ACUTE CARE-PEDIATRIC							
605	SKILLED NURSING							
610	PSYCHIATRIC LONG-TERM							
615	INTERMEDIATE CARE							
620	RESIDENTIAL							
625	OTHER LONG TERM CARE SRVC							
645	OTHER DAILY SERVICES							
660	EMERGENCY ROOM		19732		7335545	47.60	651925	19732
665	MEDICAL TRANSPORTATION				197193			

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NO	(1) COST CENTER BASIS OF ALLOCATION	(2) SQUARE FEET 5 - 25	(3)	(4) ACCUMULATED COST 30 - 80	(5) HOSPITAL FTE 85 - 100	(6) SUPPLIES 105	(7) SQUARE FEET SERVICED 110
	670 PSYCHIATRIC ER'S						
	675 CLINIC	29221		6910528	72.48	462328	29221
	680 SATELLITE CLINICS						
	685 SATELLITE ASC						
	690 OUTPAT CHEMICAL DEP SVCS						
	695 OBSERVATION CARE	4634		1936482	17.74	2259	4634
	700 PART HOSPITALIZATION PSY						
	705 HOME HEALTH CARE SERVICES	3621		3223554	23.99	65453	3621
	710 HOSPICE-OUTPATIENT SVCS						
	715 ADULT DAY HEALTH CARE SVC	2754		345119	3.62	5087	2754
	720 OTHER AMBULATORY SERVICES	6941		2619509	15.64	119183	6941
	730 LABOR AND DELIVERY	3432		3158328	20.36	234604	3432
	735 SURGERY AND RECOVERY	11627		4842391	22.75	881628	11627
	740 AMBULATORY SURGERY SVCS						
	745 ANESTHESIOLOGY			153286	.81	73698	
	750 MED SUPPLIES SOLD TO PAT			5364848		5364848	
	755 DURABLE MEDICAL EQUIPMENT						
	760 CLINICAL LABORATORY SVCS	7807		7839464	48.62	2083301	7807
	765 PATHOLOGICAL LAB SVCS	733		155736		1151	733
	770 BLOOD BANK			760271	.04	749332	
	775 ECHOCARDIOLOGY	347		573288	3.39	2698	347
	780 CARDIAC CATH SERVICES	1454		520036	2.00	18548	1454
	785 RADIOLOGY SERVICES	1976		803708	7.76	16596	1976
	790 ELECTROMYOGRAPHY						
	795 ELECTROENCEPHALOGRAPHY						
	800 RADIOLOGY-DIAGNOSTIC	5486		1833950	10.17	52160	5486
	805 RADIOLOGY-THERAPEUTIC						
	810 NUCLEAR MEDICINE	687		446163	1.93	112089	687
	815 MAGNETIC RESONANCE IMAGNG			378408	.43	4570	
	820 ULTRASONOGRAPHY	777		972772	6.20	54268	777
	825 CAT SCANNER	1075		1078317	5.10	54126	1075
	830 DRUGS SOLD TO PATIENTS			5529562		5529562	
	835 RESPIRATORY THERAPY	1570		2845976	22.90	339495	1570
	840 PULMONARY FUNCTION SVCS	1158		495980	3.64	37805	1158
	845 RENAL DIALYSIS	580		606500	1.35	34778	580
	850 LITHOTRIPSY						
	855 GASTRO-INTESTINAL SVCS	1642		193983	.45	36605	1642
	860 PHYSICAL THERAPY	3195		1401780	11.83	16428	3195
	865 SPEECH-LANGUAGE PATHOLOGY	421		265072	2.35	608	421
	870 OCCUPATIONAL THERAPY	147		311363	2.75	1066	147
	875 OTHER PHYSICAL MEDICINE						
	880 ELECTROCONVULSIVE THERAPY						
	885 PSYCHIATRIC/PSYCHOLOGICAL						
	890 PSYCH INDIV/GROUP THERAPY						
	895 ORGAN ACQUISITION						
	900 OTHER ANCILLARY SERVICES	8681		2338440	15.62	451631	8681
	910 PURCHASED INPATIENT SERVI						
	911 PURCHASED OUTPATIENT SERV						
	915 NON-OPERATING COST CENTER	1243		587345	1.78	56870	1243
	920 TOTAL	327014		136088591	857.65	20415601	256750

NO	COST CENTER BASIS OF ALLOCATION	(8) SQUARE FEET	(9) MEALS SERVED	(10) DRY POUNDS PROCESSED	(11) GROSS PATIENT REVENUE	(12) GROSS OUTPAT REVENUE	(13) NURSING FTE	(14) CTRL SVC SPLY COSTED REQUIS
	LINES BEING ALLOCATED	115 - 140	145	150	155 - 215	220	225 - 230	235
005	INTEREST-OTHER							
010	INSURANCE-OTHER							
015	LICENSES AND TAXES							
020	TOTAL PAGES 15 AND 16							
025	LEASES AND RENTALS							
030	INTEREST-WORKING CAPITAL							
035	HOSPITAL ADMINISTRATION							
040	GOVERNING BOARD EXPENSE							
045	PUBLIC RELATIONS							
050	MANAGEMENT ENGINEERING							
055	COMMUNITY HEALTH EDUC							
060	OTHER ADMINISTRATIVE SRV							
065	GENERAL ACCOUNTING							
070	COMMUNICATIONS							
075	OTHER FISCAL SERVICES							
080	PRINTING AND DUPLICATING							
085	PERSONNEL							
090	EMPLOYEE HEALTH SERVICES							
095	EMPLOYEE BENEFITS							
100	NON-PATIENT FOOD SERVICES							
105	PURCHASING AND STORES							
110	HOUSEKEEPING							
115	GROUPS							
120	SECURITY							
125	PARKING							
130	PLANT OPERATIONS							
135	PLANT MAINTENANCE							
140	OTHER GENERAL SERVICES							
145	DIETARY	6664						
150	LAUNDRY AND LINEN	1556						
155	PATIENT ACCOUNTING	6490						
160	DATA PROCESSING	6611						
165	CREDIT AND COLLECTION							
170	AUXILIARY GROUPS							
175	CHAPLAINCY SERVICES							
180	MEDICAL LIBRARY	399						
185	MEDICAL RECORDS	2894						
190	MEDICAL STAFF ADMIN	600						
195	SOCIAL SERVICES							
200	UTILIZATION MANAGEMENT	1003						
205	INSURANCE-PROF LIABILITY							
210	ADMITTING	1527						
215	OTHER UNASSIGNED COSTS							
220	OUTPATIENT REGISTRATION	659						
225	NURSING ADMINISTRATION	1645						
230	INSERVICE EDUCATION-NURSG	9995						
235	CENTRAL SRVC AND SUPPLY	3260		451	58794495	26979528		
240	PHARMACY	3301			126502268	29243151		15979
245	RESEARCH PROJ AND ADMIN							
250	EDUCATION ADMIN OFFICE							
255	STUDENT HOUSING							
260	LVN PROGRAM							
265	SCHOOL OF NURSING							
270	PARAMEDICAL EDUCATION							
275	OTHER EDUC ACTIVITIES							
280	MEDICAL POST GRAD EDUC							
505	MEDICAL/SURGICAL IC	5041	3380	33060	31189335		18.87	86126
510	CORONARY CARE							
515	PEDIATRIC IC							
520	NEONATAL IC							
525	PSYCHIATRIC IC							
530	BURN CARE							
535	OTHER INTENSIVE CARE							
540	DEFINITIVE OBSERVATION							
545	MEDICAL/SURGICAL ACUTE	61461	74075	384137	197123748		128.13	293056
550	PEDIATRIC ACUTE							
555	PSYCHIATRIC ACUTE - ADULT							
560	PSYCH ACUTE-ADOL & CHILD							
565	OBSTETRICS ACUTE	12503	5425	30795	13702924		9.32	2600
570	ALTERNATE BIRTHING CENTER							
575	CHEMICAL DEPEND SERVICES							
580	PHYSICAL REHABILITATION	6066	8004	20016	11613715		8.90	5312
585	HOSPICE INPATIENT CARE							
590	OTHER ACUTE CARE							
595	NURSERY ACUTE	1013		26400	8382893		3.80	19149
600	SUB-ACUTE CARE							
601	SUB-ACUTE CARE-PEDIATRIC							
605	SKILLED NURSING							
610	PSYCHIATRIC LONG-TERM							
615	INTERMEDIATE CARE							
620	RESIDENTIAL							
625	OTHER LONG TERM CARE SRVC							
645	OTHER DAILY SERVICES							
660	EMERGENCY ROOM	19732		83075	125063466	87196023	30.74	526839
665	MEDICAL TRANSPORTATION							

19(2)

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NO	COST CENTER BASIS OF ALLOCATION	(8) SQUARE FEET	(9) MEALS SERVED	(10) DRY POUNDS PROCESSED	(11) GROSS PATIENT REVENUE	(12) GROSS OUTPAT REVENUE	(13) NURSING FTE	(14) CTRL SVC SPLY COSTED REQUIS
	LINE# BEING ALLOCATED	115 - 140	145	150	155 - 215	220	225 - 230	235
670	PSYCHIATRIC ER'S							
675	CLINIC	29221			28679197	28679197	39.32	166379
680	SATELLITE CLINICS							
685	SATELLITE ASC							
690	OUTPAT CHEMICAL DEP SVCS							
695	OBSERVATION CARE	4634	4841	31894	26252436	26252436	14.27	107
700	PART HOSPITALIZATION PSY							
705	HOME HEALTH CARE SERVICES	3621			6349756	6349756	10.52	41655
710	HOSPICE-OUTPATIENT SVCS							
715	ADULT DAY HEALTH CARE SVC	2754	3762		168176	168176	2.32	106
720	OTHER AMBULATORY SERVICES	6941	479	20745	13616057	9087070	12.41	97195
730	LABOR AND DELIVERY	3432		40871	10160343	1949214	15.03	179819
735	SURGERY AND RECOVERY	11627		158871	57558573	33964889	8.52	321730
740	AMBULATORY SURGERY SVCS							
745	ANESTHESIOLOGY				19817705	11558511		64592
750	MED SUPPLIES SOLD TO PAT							5364848
755	DURABLE MEDICAL EQUIPMENT							
760	CLINICAL LABORATORY SVCS	7807		3714	122348562	49028483	.49	1996716
765	PATHOLOGICAL LAB SVCS	733			328296	181861		256
770	BLOOD BANK				905481	260652		749332
775	ECHOCARDIOLOGY	347			14584573	5276809	.03	1847
780	CARDIAC CATH SERVICES	1454		3993	5215467	2793711	.32	13325
785	CARDIOLOGY SERVICES	1976			9752332	6611293	1.15	9084
790	ELECTROMYOGRAPHY							
795	ELECTROENCEPHALOGRAPHY							
800	RADIOLOGY-DIAGNOSTIC	5486		9202	28116048	17453963	.05	30002
805	RADIOLOGY-THERAPEUTIC							
810	NUCLEAR MEDICINE	687		1828	4994887	3133611		106343
815	MAGNETIC RESONANCE IMAGNG				5103302	931760		3299
820	ULTRASONOGRAPHY	777			15513162	10692612		48201
825	CAT SCANNER	1075			112046990	74303540	.07	50637
830	DRUGS SOLD TO PATIENTS							
835	RESPIRATORY THERAPY	1570		868	54954081	4497571		311926
840	PULMONARY FUNCTION SVCS	1158			3912812	3295753	.11	28820
845	RENAL DIALYSIS	580			1918950		1.17	30236
850	LITHOTRIPSY							
855	GASTRO-INTESTINAL SVCS	1642		798	971355	127792	.25	29116
860	PHYSICAL THERAPY	3195			8384859	3167992		5831
865	SPEECH-LANGUAGE PATHOLOGY	421			1865014	276323		
870	OCCUPATIONAL THERAPY	147			2424920	438610		751
875	OTHER PHYSICAL MEDICINE							
880	ELECTROCONVULSIVE THERAPY							
885	PSYCHIATRIC/PSYCHOLOGICAL							
890	PSYCH INDIV/GROUP THERAPY							
895	ORGAN ACQUISITION							
900	OTHER ANCILLARY SERVICES	8681			9613848	9613848	5.35	396205
910	PURCHASED INPATIENT SERVI							
911	PURCHASED OUTPATIENT SERV							
915	NON-OPERATING COST CENTER	1243						
920	TOTAL	327014	99966	850718	1137930026	453514135	311.14	10997419

NO	COST CENTER BASIS OF ALLOCATION	(15) COSTED REQUISITIONS	(16) SUBTOTAL	(17) GROSS PATIENT REVENUE	(18) STUDENTS ON PROGRAM	(19) NURSING STDNT DEPT ASSGN	(20) PARAMED STDNT DEPT ASSGN	(21) POSTGRAD STDNT DEPT ASSGN
	LINES BEING ALLOCATED	240		245	250 - 255	265 - 265	270 - 275	280
005	INTEREST-OTHER							
010	INSURANCE-OTHER							
015	LICENSES AND TAXES							
020	TOTAL PAGES 15 AND 16							
025	LEASES AND RENTALS							
030	INTEREST-WORKING CAPITAL							
035	HOSPITAL ADMINISTRATION							
040	GOVERNING BOARD EXPENSE							
045	PUBLIC RELATIONS							
050	MANAGEMENT ENGINEERING							
055	COMMUNITY HEALTH EDUC							
060	OTHER ADMINISTRATIVE SRV							
065	GENERAL ACCOUNTING							
070	COMMUNICATIONS							
075	OTHER FISCAL SERVICES							
080	PRINTING AND DUPLICATING							
085	PERSONNEL							
090	EMPLOYEE HEALTH SERVICES							
095	EMPLOYEE BENEFITS							
100	NON-PATIENT FOOD SERVICES							
105	PURCHASING AND STORES							
110	HOUSEKEEPING							
115	GROUPS							
120	SECURITY							
125	PARKING							
130	PLANT OPERATIONS							
135	PLANT MAINTENANCE							
140	OTHER GENERAL SERVICES							
145	DIETARY							
150	LAUNDRY AND LINEN							
155	PATIENT ACCOUNTING							
160	DATA PROCESSING							
165	CREDIT AND COLLECTION							
170	AUXILIARY GROUPS							
175	CHAPLAINCY SERVICES							
180	MEDICAL LIBRARY							
185	MEDICAL RECORDS							
190	MEDICAL STAFF ADMIN							
195	SOCIAL SERVICES							
200	UTILIZATION MANAGEMENT							
205	INSURANCE-PROF LIABILITY							
210	ADMITTING							
215	OTHER UNASSIGNED COSTS							
220	OUTPATIENT REGISTRATION							
225	NURSING ADMINISTRATION							
230	INSERVICE EDUCATION-NURSG							
235	CENTRAL SRVC AND SUPPLY							
240	PHARMACY							
245	RESEARCH PROJ AND ADMIN							
250	EDUCATION ADMIN OFFICE							
255	STUDENT HOUSING							
260	LVN PROGRAM							
265	SCHOOL OF NURSING							
270	PARAMEDICAL EDUCATION							
275	OTHER EDUC ACTIVITIES							
280	MEDICAL POST GRAD EDUC							
505	MEDICAL/SURGICAL IC	228		31189335				
510	CORONARY CARE							
515	PEDIATRIC IC							
520	NEONATAL IC							
525	PSYCHIATRIC IC							
530	BURN CARE							
535	OTHER INTENSIVE CARE							
540	DEFINITIVE OBSERVATION							
545	MEDICAL/SURGICAL ACUTE	343		197123748				
550	PEDIATRIC ACUTE							
555	PSYCHIATRIC ACUTE - ADULT							
560	PSYCH ACUTE-ADOL & CHILD							
565	OBSTETRICS ACUTE	5044		13702924				
570	ALTERNATE BIRTHING CENTER							
575	CHEMICAL DEPEND SERVICES							
580	PHYSICAL REHABILITATION	45		11613715				
585	HOSPICE INPATIENT CARE							
590	OTHER ACUTE CARE							
595	NURSERY ACUTE			8382893				
600	SUB-ACUTE CARE							
601	SUB-ACUTE CARE-PEDIATRIC							
605	SKILLED NURSING							
610	PSYCHIATRIC LONG-TERM							
615	INTERMEDIATE CARE							
620	RESIDENTIAL							
625	OTHER LONG TERM CARE SRVC							
645	OTHER DAILY SERVICES							
660	EMERGENCY ROOM	38		125063466				
665	MEDICAL TRANSPORTATION				19(3)			

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NO	COST CENTER BASIS OF ALLOCATION	(15) COSTED REQUISITIONS	(16) SUBTOTAL	(17) GROSS PATIENT REVENUE	(18) STUDENTS ON PROGRAM	(19) NURSING STDNT DEPT ASSGN	(20) PARAMED STDNT DEPT ASSGN	(21) POSTGRAD STDNT DEPT ASSGN
	240			245	250 - 255	265 - 265	270 - 275	280
670	PSYCHIATRIC ER'S							
675	CLINIC	181376		28679197				
680	SATELLITE CLINICS							
685	SATELLITE ASC							
690	OUTPAT CHEMICAL DEP SVCS							
695	OBSERVATION CARE			26252436				
700	PART HOSPITALIZATION PSY							
705	HOME HEALTH CARE SERVICES			6349756				
710	HOSPICE-OUTPATIENT SVCS							
715	ADULT DAY HEALTH CARE SVC			168176				
720	OTHER AMBULATORY SERVICES			13616057				
730	LABOR AND DELIVERY			10160343				
735	SURGERY AND RECOVERY			57558573				
740	AMBULATORY SURGERY SVCS							
745	ANESTHESIOLOGY			19817705				
750	MED SUPPLIES SOLD TO PAT							
755	DURABLE MEDICAL EQUIPMENT							
760	CLINICAL LABORATORY SVCS			122348562				
765	PATHOLOGICAL LAB SVCS			328296				
770	BLOOD BANK			905481				
775	ECHOCARDIOLOGY			14584573				
780	CARDIAC CATH SERVICES			5215467				
785	CARDIOLOGY SERVICES			9752332				
790	ELECTROMYOGRAPHY							
795	ELECTROENCEPHALOGRAPHY							
800	RADIOLOGY-DIAGNOSTIC	2359		28116048				
805	RADIOLOGY-THERAPEUTIC							
810	NUCLEAR MEDICINE	3772		4994887				
815	MAGNETIC RESONANCE IMAGNG			5103302				
820	ULTRASONOGRAPHY	147		15513162				
825	CAT SCANNER	692		112046990				
830	DRUGS SOLD TO PATIENTS	5529562						
835	RESPIRATORY THERAPY	105		54954081				
840	PULMONARY FUNCTION SVCS	2405		3912812				
845	RENAL DIALYSIS			1918950				
850	LITHOTRIPSY							
855	GASTRO-INTESTINAL SVCS	186		971355				
860	PHYSICAL THERAPY			8384859				
865	SPEECH-LANGUAGE PATHOLOGY			1865014				
870	OCCUPATIONAL THERAPY			2424920				
875	OTHER PHYSICAL MEDICINE							
880	ELECTROCONVULSIVE THERAPY							
885	PSYCHIATRIC/PSYCHOLOGICAL							
890	PSYCH INDIV/GROUP THERAPY							
895	ORGAN ACQUISITION							
900	OTHER ANCILLARY SERVICES	3599		9613848				
910	PURCHASED INPATIENT SERVI							
911	PURCHASED OUTPATIENT SERV							
915	NON-OPERATING COST CENTER							
920	TOTAL	5729901		952633263				

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION		SUBTOTAL				
005 INTEREST-OTHER	7465043	5 - 25		30 - 80	85 - 100	105	110
010 INSURANCE-OTHER	324716						
015 LICENSES AND TAXES	64271						
020 TOTAL PAGES 15 AND 16	7087659						
025 LEASES AND RENTALS							
030 INTEREST-WORKING CAPITAL							
035 HOSPITAL ADMINISTRATION	12499826	88641	12588467				
040 GOVERNING BOARD EXPENSE	12504		12504				
045 PUBLIC RELATIONS	392710	84575	477285				
050 MANAGEMENT ENGINEERING							
055 COMMUNITY HEALTH EDUC	246978		246978				
060 OTHER ADMINISTRATIVE SRV	2322528	52317	2374845				
065 GENERAL ACCOUNTING	948949	95769	1044718				
070 COMMUNICATIONS	688638	15535	704173				
075 OTHER FISCAL SERVICES	564054	60404	624458				
080 PRINTING AND DUPLICATING	165523	6214	171737				
085 PERSONNEL	850134	56703	906837	121578			
090 EMPLOYEE HEALTH SERVICES	254462	46879	301341	40400			
095 EMPLOYEE BENEFITS							
100 NON-PATIENT FOOD SERVICES	1009919	329800	1339719	179614			
105 PURCHASING AND STORES	430879	544137	975016	130719	15127		
110 HOUSEKEEPING	2948824	151284	3100108	415626	155685	18438	
115 GROUNDS	90527		90527	12137			
120 SECURITY	827581	27049	854630	114579	57443	426	8508
125 PARKING							
130 PLANT OPERATIONS	2024475	1678195	3702670	496411			
135 PLANT MAINTENANCE	3260783	115553	3376336	452660	53568	2250	36345
140 OTHER GENERAL SERVICES							
145 DIETARY	2401339	304487	2705826	362765	97804	34443	95771
150 LAUNDRY AND LINEN	588846	71096	659942	88477	4750	9548	22362
155 PATIENT ACCOUNTING	2519523	296536	2816059	377544	82980	7739	93270
160 DATA PROCESSING	4999835	302065	5301900	710817	50469	12028	95009
165 CREDIT AND COLLECTION	733989		733989	98405			
170 AUXILIARY GROUPS	26783		26783	3591	1718	172	
175 CHAPLAINCY SERVICES							
180 MEDICAL LIBRARY	16909	18231	35140	4711	168	21	5734
185 MEDICAL RECORDS	1448936	132231	1581167	211984	51446	933	41591
190 MEDICAL STAFF ADMIN	243565	27415	270980	36330	6738	113	8623
195 SOCIAL SERVICES	487378		487378	65342	15868	5	
200 UTILIZATION MANAGEMENT	2234939	45828	2280767	305779	67146	614	14415
205 INSURANCE-PROF LIABILITY	578526		578526	77562			
210 ADMITTING	960100	69771	1029871	138073	50233	1552	21945
215 OTHER UNASSIGNED COSTS	847315		847315	113598			
220 OUTPATIENT REGISTRATION	549607	30111	579718	77722	35241	327	9471
225 NURSING ADMINISTRATION	1325372	75162	1400534	187767	33253	949	23641
230 INSERVICE EDUCATION-NURSG	1705234	456684	2161918	289845	48414	2560	143642
235 CENTRAL SRVC AND SUPPLY	1061776	148954	1210730	162321	54849	6647	46851
240 PHARMACY	3917756	150827	4068583	545468	95783	5218	47440
245 RESEARCH PROJ AND ADMIN							
250 EDUCATION ADMIN OFFICE							
255 STUDENT HOUSING							
260 LVN PROGRAM							
265 SCHOOL OF NURSING							
270 PARAMEDICAL EDUCATION							
275 OTHER EDUC ACTIVITIES							
280 MEDICAL POST GRAD EDUC							
505 MEDICAL/SURGICAL IC	3400816	230330	3631146	486822	80656	7071	72446
510 CORONARY CARE							
515 PEDIATRIC IC							
520 NEONATAL IC							
525 PSYCHIATRIC IC							
530 BURN CARE							
535 OTHER INTENSIVE CARE							
540 DEFINITIVE OBSERVATION							
545 MEDICAL/SURGICAL ACUTE	15972237	2808231	18780468	2517862	484576	43481	883279
550 PEDIATRIC ACUTE							
555 PSYCHIATRIC ACUTE - ADULT							
560 PSYCH ACUTE-ADOL & CHILD							
565 OBSTETRICS ACUTE	1643937	571278	2215215	296990	43596	1612	179686
570 ALTERNATE BIRTHING CENTER							
575 CHEMICAL DEPEND SERVICES							
580 PHYSICAL REHABILITATION	1031079	277163	1308242	175394	31501	1454	87177
585 HOSPICE INPATIENT CARE							
590 OTHER ACUTE CARE							
595 NURSERY ACUTE	658028	46285	704313	94426	12802	1665	14558
600 SUB-ACUTE CARE							
601 SUB-ACUTE CARE-PEDIATRIC							
605 SKILLED NURSING							
610 PSYCHIATRIC LONG-TERM							
615 INTERMEDIATE CARE							
620 RESIDENTIAL							
625 OTHER LONG TERM CARE SRVC							
645 OTHER DAILY SERVICES							
660 EMERGENCY ROOM	6433965	901580	7335545	983464	160368	35792	283576
			20(1)			CHC 7041 f-1	(6-09)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION		SUBTOTAL				
665 MEDICAL TRANSPORTATION	197193	5 - 25	197193	30 - 80 26437	85 - 100		110
670 PSYCHIATRIC ER'S							
675 CLINIC	5575383	1335145	6910528	926483	244191	25383	419947
680 SATELLITE CLINICS							
685 SATELLITE ASC							
690 OUTPAT CHEMICAL DEP SVCS							
695 OBSERVATION CARE	1724749	211733	1936482	259621	59767	124	66597
700 PART HOSPITALIZATION PSY							
705 HOME HEALTH CARE SERVICES	3058106	165448	3223554	432176	80824	3594	52039
710 HOSPICE-OUTPATIENT SVCS							
715 ADULT DAY HEALTH CARE SVC	219285	125834	345119	46270	12196	279	39579
720 OTHER AMBULATORY SERVICES	2302366	317143	2619509	351193	52692	6543	99752
730 LABOR AND DELIVERY	3001516	156812	3158328	423432	68594	12880	49323
735 SURGERY AND RECOVERY	4311138	531253	4842391	649211	76647	48403	167096
740 AMBULATORY SURGERY SVCS							
745 ANESTHESIOLOGY	153286		153286	20551	2729	4046	
750 MED SUPPLIES SOLD TO PAT	5364848		5364848	719256		294542	
755 DURABLE MEDICAL EQUIPMENT							
760 CLINICAL LABORATORY SVCS	7482752	356712	7839464	1051024	163805	114378	112198
765 PATHOLOGICAL LAB SVCS	122244	33492	155736	20879		63	10534
770 BLOOD BANK	760271		760271	101928	135	41140	
775 ECHOCARDIOLOGY	557433	15855	573288	76860	11421	148	4987
780 CARDIAC CATH SERVICES	453601	66435	520036	69720	6738	1018	20896
785 CARDIOLOGY SERVICES	713422	90286	803708	107752	26144	911	28398
790 ELECTROMYOGRAPHY							
795 ELECTROENCEPHALOGRAPHY							
800 RADIOLOGY-DIAGNOSTIC	1583288	250662	1833950	245875	34264	2864	78842
805 RADIOLOGY-THERAPEUTIC							
810 NUCLEAR MEDICINE	414773	31390	446163	59816	6502	6154	9873
815 MAGNETIC RESONANCE IMAGNG	378408		378408	50733	1449	251	
820 ULTRASONOGRAPHY	937270	35502	972772	130418	20888	2979	11167
825 CAT SCANNER	1029199	49118	1078317	144568	17182	2972	15449
830 DRUGS SOLD TO PATIENTS	5529562		5529562	741339		303586	
835 RESPIRATORY THERAPY	2774241	71735	2845976	381555	77152	18639	22563
840 PULMONARY FUNCTION SVCS	443069	52911	495980	66495	12263	2076	16642
845 RENAL DIALYSIS	579999	26501	606500	81312	4548	1909	8335
850 LITHOTRIPSY							
855 GASTRO-INTESTINAL SVCS	118958	75025	193983	26007		1516	23598
860 PHYSICAL THERAPY	1255796	145984	1401780	187934	39856	902	45917
865 SPEECH-LANGUAGE PATHOLOGY	245836	19236	265072	35538	7917	33	6050
870 OCCUPATIONAL THERAPY	304646	6717	311363	41744	9265	59	2113
875 OTHER PHYSICAL MEDICINE							
880 ELECTROCONVULSIVE THERAPY							
885 PSYCHIATRIC/PSYCHOLOGICAL							
890 PSYCH INDIV/GROUP THERAPY							
895 ORGAN ACQUISITION							
900 OTHER ANCLLLARY SERVICES	1941794	396646	2338440	313511	52625	24796	124758
910 PURCHASED INPATIENT SERVI							
911 PURCHASED OUTPATIENT SERV							
915 NON-OPERATING COST CENTER	530551	56794	587345	78744	5997	3122	17864
920 TOTAL	154333756	14941689	154333756	18245165	2889489	1120862	3689857

COST CENTER DESCRIPTION	(8)	(9)	(10)	(11)	(12)	(13)	(14)
005 INTEREST-OTHER	115 - 140	145	150	155 - 215	220	225 - 230	235
010 INSURANCE-OTHER							
015 LICENSES AND TAXES							
020 TOTAL PAGES 15 AND 16							
025 LEASES AND RENTALS							
030 INTEREST-WORKING CAPITAL							
035 HOSPITAL ADMINISTRATION							
040 GOVERNING BOARD EXPENSE							
045 PUBLIC RELATIONS							
050 MANAGEMENT ENGINEERING							
055 COMMUNITY HEALTH EDUC							
060 OTHER ADMINISTRATIVE SRV							
065 GENERAL ACCOUNTING							
070 COMMUNICATIONS							
075 OTHER FISCAL SERVICES							
080 PRINTING AND DUPLICATING							
085 PERSONNEL							
090 EMPLOYEE HEALTH SERVICES							
095 EMPLOYEE BENEFITS							
100 NON-PATIENT FOOD SERVICES							
105 PURCHASING AND STORES							
110 HOUSEKEEPING							
115 GROUNDS							
120 SECURITY							
125 PARKING							
130 PLANT OPERATIONS							
135 PLANT MAINTENANCE							
140 OTHER GENERAL SERVICES							
145 DIETARY	243263						
150 LAUNDRY AND LINEN	56800						
155 PATIENT ACCOUNTING	236911						
160 DATA PROCESSING	241328						
165 CREDIT AND COLLECTION							
170 AUXILIARY GROUPS							
175 CHAPLAINCY SERVICES							
180 MEDICAL LIBRARY	14565						
185 MEDICAL RECORDS	105643						
190 MEDICAL STAFF ADMIN	21902						
195 SOCIAL SERVICES							
200 UTILIZATION MANAGEMENT	36614						
205 INSURANCE-PROF LIABILITY							
210 ADMITTING	55742						
215 OTHER UNASSIGNED COSTS							
220 OUTPATIENT REGISTRATION	24056						
225 NURSING ADMINISTRATION	60049						
230 INSERVICE EDUCATION-NURSG	364858						
235 CENTRAL SRVC AND SUPPLY			446	1006328	43221		
240 PHARMACY	120500			2165217	46848		3851
245 RESEARCH PROJ AND ADMIN							
250 EDUCATION ADMIN OFFICE							
255 STUDENT HOUSING							
260 LVN PROGRAM							
265 SCHOOL OF NURSING							
270 PARAMEDICAL EDUCATION							
275 OTHER EDUC ACTIVITIES							
280 MEDICAL POST GRAD EDUC							
505 MEDICAL/SURGICAL IC	184017	119688	32717	533838		286102	20757
510 CORONARY CARE							
515 PEDIATRIC IC							
520 NEONATAL IC							
525 PSYCHIATRIC IC							
530 BURN CARE							
535 OTHER INTENSIVE CARE							
540 DEFINITIVE OBSERVATION							
545 MEDICAL/SURGICAL ACUTE	2243579	2623053	380146	3373975		1942678	70627
550 PEDIATRIC ACUTE							
555 PSYCHIATRIC ACUTE - ADULT							
560 PSYCH ACUTE-ADOL & CHILD							
565 OBSTETRICS ACUTE	456410	192103	30475	234540		141308	627
570 ALTERNATE BIRTHING CENTER							
575 CHEMICAL DEPEND SERVICES							
580 PHYSICAL REHABILITATION	221434	283428	19808	198781		134940	1280
585 HOSPICE INPATIENT CARE							
590 OTHER ACUTE CARE							
595 NURSERY ACUTE	36979		26126	143482		57615	4615
600 SUB-ACUTE CARE							
601 SUB-ACUTE CARE-PEDIATRIC							
605 SKILLED NURSING							
610 PSYCHIATRIC LONG-TERM							
615 INTERMEDIATE CARE							
620 RESIDENTIAL							
625 OTHER LONG TERM CARE SRVC							
645 OTHER DAILY SERVICES							
660 EMERGENCY ROOM	720298		82212	2140590	139689	466073	126969
			20(2)			CHC 7041 f-1 (6-09)	

	COST CENTER	(8)	(9)	(10)	(11)	(12)	(13)	(14)
	COST CENTER DESCRIPTION	115 - 140	145	150	155 - 215	220	225 - 230	235
665	MEDICAL TRANSPORTATION							
670	PSYCHIATRIC ER'S							
675	CLINIC	1066685			490874	45944	596160	40098
680	SATELLITE CLINICS							
685	SATELLITE ASC							
690	OUTPAT CHEMICAL DEP SVCS							
695	OBSERVATION CARE	169160	171423	31563	449337	42057	216358	26
700	PART HOSPITALIZATION PSY							
705	HOME HEALTH CARE SERVICES	132181			108683	10172	159502	10039
710	HOSPICE-OUTPATIENT SVCS							
715	ADULT DAY HEALTH CARE SVC	100532	133215		2879	269	35175	26
720	OTHER AMBULATORY SERVICES	253375	16962	20529	233053	14558	188157	23424
730	LABOR AND DELIVERY	125282		40446	173905	3123	227881	43337
735	SURGERY AND RECOVERY	424433		157220	985174	54412	129178	77537
740	AMBULATORY SURGERY SVCS							
745	ANESTHESIOLOGY				339200	18517		15567
750	MED SUPPLIES SOLD TO PAT							1292934
755	DURABLE MEDICAL EQUIPMENT							
760	CLINICAL LABORATORY SVCS	284987		3675	2094122	78544	7429	481212
765	PATHOLOGICAL LAB SVCS	26757			5619	291		62
770	BLOOD BANK				15498	418		180590
775	ECHOCARDIOLOGY	12667			249630	8454	455	445
780	CARDIAC CATH SERVICES	53077		3952	89268	4476	4852	3211
785	CARDIOLOGY SERVICES	72132			166921	10591	17436	2189
790	ELECTROMYOGRAPHY							
795	ELECTROENCEPHALOGRAPHY							
800	RADIOLOGY-DIAGNOSTIC	200261		9106	481235	27961	758	7231
805	RADIOLOGY-THERAPEUTIC							
810	NUCLEAR MEDICINE	25078		1809	85493	5020		25629
815	MAGNETIC RESONANCE IMAGNG				87348	1493		795
820	ULTRASONOGRAPHY	28364			265524	17130		11617
825	CAT SCANNER	39242			1917800	119035	1061	12204
830	DRUGS SOLD TO PATIENTS							
835	RESPIRATORY THERAPY	57311		859	940596	7205		75175
840	PULMONARY FUNCTION SVCS	42272			66972	5280	1668	6946
845	RENAL DIALYSIS	21172			32845		17739	7287
850	LITHOTRIPSY							
855	GASTRO-INTESTINAL SVCS	59940		790	16626	205	3790	7017
860	PHYSICAL THERAPY	116630			143515	5075		1405
865	SPEECH-LANGUAGE PATHOLOGY	15368			31922	443		
870	OCCUPATIONAL THERAPY	5366			41505	703		181
875	OTHER PHYSICAL MEDICINE							
880	ELECTROCONVULSIVE THERAPY							
885	PSYCHIATRIC/PSYCHOLOGICAL							
890	PSYCH INDIV/GROUP THERAPY							
895	ORGAN ACQUISITION							
900	OTHER ANCILLARY SERVICES	316892			164551	15401	81115	95486
910	PURCHASED INPATIENT SERVI							
911	PURCHASED OUTPATIENT SERV							
915	NON-OPERATING COST CENTER	45375						
920	TOTAL	9258490	3539872	841879	19476846	726535	4717430	2650396

COST CENTER DESCRIPTION	(15)	(16)	(17)	(18)	(19)	(20)	(21)
005 INTEREST-OTHER	240		245	250 - 255	260 - 265	270 - 275	280
010 INSURANCE-OTHER							
015 LICENSES AND TAXES							
020 TOTAL PAGES 15 AND 16							
025 LEASES AND RENTALS							
030 INTEREST-WORKING CAPITAL							
035 HOSPITAL ADMINISTRATION							
040 GOVERNING BOARD EXPENSE							
045 PUBLIC RELATIONS							
050 MANAGEMENT ENGINEERING							
055 COMMUNITY HEALTH EDUC							
060 OTHER ADMINISTRATIVE SRV							
065 GENERAL ACCOUNTING							
070 COMMUNICATIONS							
075 OTHER FISCAL SERVICES							
080 PRINTING AND DUPLICATING							
085 PERSONNEL							
090 EMPLOYEE HEALTH SERVICES							
095 EMPLOYEE BENEFITS							
100 NON-PATIENT FOOD SERVICES							
105 PURCHASING AND STORES							
110 HOUSEKEEPING							
115 GROUNDS							
120 SECURITY							
125 PARKING							
130 PLANT OPERATIONS							
135 PLANT MAINTENANCE							
140 OTHER GENERAL SERVICES							
145 DIETARY							
150 LAUNDRY AND LINEN							
155 PATIENT ACCOUNTING							
160 DATA PROCESSING							
165 CREDIT AND COLLECTION							
170 AUXILIARY GROUPS							
175 CHAPLAINCY SERVICES							
180 MEDICAL LIBRARY							
185 MEDICAL RECORDS							
190 MEDICAL STAFF ADMIN							
195 SOCIAL SERVICES							
200 UTILIZATION MANAGEMENT							
205 INSURANCE-PROF LIABILITY							
210 ADMITTING							
215 OTHER UNASSIGNED COSTS							
220 OUTPATIENT REGISTRATION							
225 NURSING ADMINISTRATION							
230 INSERVICE EDUCATION-NURSG							
235 CENTRAL SRVC AND SUPPLY							
240 PHARMACY							
245 RESEARCH PROJ AND ADMIN							
250 EDUCATION ADMIN OFFICE							
255 STUDENT HOUSING							
260 LVN PROGRAM							
265 SCHOOL OF NURSING							
270 PARAMEDICAL EDUCATION							
275 OTHER EDUC ACTIVITIES							
280 MEDICAL POST GRAD EDUC	282	5455542					
505 MEDICAL/SURGICAL IC							
510 CORONARY CARE							
515 PEDIATRIC IC							
520 NEONATAL IC							
525 PSYCHIATRIC IC							
530 BURN CARE							
535 OTHER INTENSIVE CARE							
540 DEFINITIVE OBSERVATION							
545 MEDICAL/SURGICAL ACUTE	425	33344149					
550 PEDIATRIC ACUTE							
555 PSYCHIATRIC ACUTE - ADULT							
560 PSYCH ACUTE-ADOL & CHILD	6249	3798811					
565 OBSTETRICS ACUTE							
570 ALTERNATE BIRTHING CENTER							
575 CHEMICAL DEPEND SERVICES							
580 PHYSICAL REHABILITATION	56	2463495					
585 HOSPICE INPATIENT CARE							
590 OTHER ACUTE CARE							
595 NURSERY ACUTE		1096581					
600 SUB-ACUTE CARE							
601 SUB-ACUTE CARE-PEDIATRIC							
605 SKILLED NURSING							
610 PSYCHIATRIC LONG-TERM							
615 INTERMEDIATE CARE							
620 RESIDENTIAL							
625 OTHER LONG TERM CARE SRVC							
645 OTHER DAILY SERVICES							
660 EMERGENCY ROOM	47	12474623	20(3)				

COST CENTER DESCRIPTION	(15)	(16)	(17)	(18)	(19)	(20)	(21)
	240		245	250 - 255	260 - 265	270 - 275	280
665 MEDICAL TRANSPORTATION		223630					
670 PSYCHIATRIC ER'S							
675 CLINIC	224711	10991004					
680 SATELLITE CLINICS							
685 SATELLITE ASC							
690 OUTPAT CHEMICAL DEP SVCS							
695 OBSERVATION CARE		3402515					
700 PART HOSPITALIZATION PSY							
705 HOME HEALTH CARE SERVICES		4212764					
710 HOSPICE-OUTPATIENT SVCS							
715 ADULT DAY HEALTH CARE SVC		715539					
720 OTHER AMBULATORY SERVICES		3879747					
730 LABOR AND DELIVERY		4326531					
735 SURGERY AND RECOVERY		7611702					
740 AMBULATORY SURGERY SVCS							
745 ANESTHESIOLOGY		553896					
750 MED SUPPLIES SOLD TO PAT		7671580					
755 DURABLE MEDICAL EQUIPMENT							
760 CLINICAL LABORATORY SVCS		12230838					
765 PATHOLOGICAL LAB SVCS		219941					
770 BLOOD BANK		1099980					
775 ECHOCARDIOLOGY		938355					
780 CARDIAC CATH SERVICES		777244					
785 CARDIOLOGY SERVICES		1236182					
790 ELECTROMYOGRAPHY							
795 ELECTROENCEPHALOGRAPHY							
800 RADIOLOGY-DIAGNOSTIC	2923	2925270					
805 RADIOLOGY-THERAPEUTIC							
810 NUCLEAR MEDICINE	4673	676210					
815 MAGNETIC RESONANCE IMAGNG		520477					
820 ULTRASONOGRAPHY		182	1461041				
825 CAT SCANNER		857	3348687				
830 DRUGS SOLD TO PATIENTS	6850704	13425191					
835 RESPIRATORY THERAPY	130	4427161					
840 PULMONARY FUNCTION SVCS	2980	719574					
845 RENAL DIALYSIS		781647					
850 LITHOTRIPSY							
855 GASTRO-INTESTINAL SVCS	230	335712					
860 PHYSICAL THERAPY		1943014					
865 SPEECH-LANGUAGE PATHOLOGY		362343					
870 OCCUPATIONAL THERAPY		412299					
875 OTHER PHYSICAL MEDICINE							
880 ELECTROCONVULSIVE THERAPY							
885 PSYCHIATRIC/PSYCHOLOGICAL							
890 PSYCH INDIV/GROUP THERAPY							
895 ORGAN ACQUISITION							
900 OTHER ANCILLARY SERVICES	4459	3532034					
910 PURCHASED INPATIENT SERVI							
911 PURCHASED OUTPATIENT SERV		738447					
915 NON-OPERATING COST CENTER							
920 TOTAL	7098908	154333756					

COST CENTER	(22)	(23)	
COST CENTER DESCRIPTION	ADJUSTMENTS	TOTAL	
005 INTEREST-OTHER			
010 INSURANCE-OTHER			
015 LICENSES AND TAXES			
020 TOTAL PAGES 15 AND 16			
025 LEASES AND RENTALS			
030 INTEREST-WORKING CAPITAL			
035 HOSPITAL ADMINISTRATION			
040 GOVERNING BOARD EXPENSE			
045 PUBLIC RELATIONS			
050 MANAGEMENT ENGINEERING			
055 COMMUNITY HEALTH EDUC			
060 OTHER ADMINISTRATIVE SRV			
065 GENERAL ACCOUNTING			
070 COMMUNICATIONS			
075 OTHER FISCAL SERVICES			
080 PRINTING AND DUPLICATING			
085 PERSONNEL			
090 EMPLOYEE HEALTH SERVICES			
095 EMPLOYEE BENEFITS			
100 NON-PATIENT FOOD SERVICES			
105 PURCHASING AND STORES			
110 HOUSEKEEPING			
115 GROUNDS			
120 SECURITY			
125 PARKING			
130 PLANT OPERATIONS			
135 PLANT MAINTENANCE			
140 OTHER GENERAL SERVICES			
145 DIETARY			
150 LAUNDRY AND LINEN			
155 PATIENT ACCOUNTING			
160 DATA PROCESSING			
165 CREDIT AND COLLECTION			
170 AUXILIARY GROUPS			
175 CHAPLAINCY SERVICES			
180 MEDICAL LIBRARY			
185 MEDICAL RECORDS			
190 MEDICAL STAFF ADMIN			
195 SOCIAL SERVICES			
200 UTILIZATION MANAGEMENT			
205 INSURANCE-PROF LIABILITY			
210 ADMITTING			
215 OTHER UNASSIGNED COSTS			
220 OUTPATIENT REGISTRATION			
225 NURSING ADMINISTRATION			
230 INSERVICE EDUCATION-NURSG			
235 CENTRAL SRVC AND SUPPLY			
240 PHARMACY			
245 RESEARCH PROJ AND ADMIN			
250 EDUCATION ADMIN OFFICE			
255 STUDENT HOUSING			
260 LVN PROGRAM			
265 SCHOOL OF NURSING			
270 PARAMEDICAL EDUCATION			
275 OTHER EDUC ACTIVITIES			
280 MEDICAL POST GRAD EDUC		5455542	
505 MEDICAL/SURGICAL IC			
510 CORONARY CARE			
515 PEDIATRIC IC			
520 NEONATAL IC			
525 PSYCHIATRIC IC			
530 BURN CARE			
535 OTHER INTENSIVE CARE			
540 DEFINITIVE OBSERVATION			
545 MEDICAL/SURGICAL ACUTE		33344149	
550 PEDIATRIC ACUTE			
555 PSYCHIATRIC ACUTE - ADULT			
560 PSYCH ACUTE-ADOL & CHILD			
565 OBSTETRICS ACUTE		3798811	
570 ALTERNATE BIRTHING CENTER			
575 CHEMICAL DEPEND SERVICES			
580 PHYSICAL REHABILITATION		2463495	
585 HOSPICE INPATIENT CARE			
590 OTHER ACUTE CARE			
595 NURSERY ACUTE		1096581	
600 SUB-ACUTE CARE			
601 SUB-ACUTE CARE-PEDIATRIC			
605 SKILLED NURSING			
610 PSYCHIATRIC LONG-TERM			
615 INTERMEDIATE CARE			
620 RESIDENTIAL			
625 OTHER LONG TERM CARE SRVC			
645 OTHER DAILY SERVICES			
660 EMERGENCY ROOM		12474623	
			20(4)

COST CENTER	(22)	(23)
COST CENTER DESCRIPTION	ADJUSTMENTS	TOTAL
665 MEDICAL TRANSPORTATION		223630
670 PSYCHIATRIC ER'S		
675 CLINIC		10991004
680 SATELLITE CLINICS		
685 SATELLITE ASC		
690 OUTPAT CHEMICAL DEP SVCS		
695 OBSERVATION CARE		3402515
700 PART HOSPITALIZATION PSY		
705 HOME HEALTH CARE SERVICES		4212764
710 HOSPICE-OUTPATIENT SVCS		
715 ADULT DAY HEALTH CARE SVC		715539
720 OTHER AMBULATORY SERVICES		3879747
730 LABOR AND DELIVERY		4326531
735 SURGERY AND RECOVERY		7611702
740 AMBULATORY SURGERY SVCS		
745 ANESTHESIOLOGY		553896
750 MED SUPPLIES SOLD TO PAT		7671580
755 DURABLE MEDICAL EQUIPMENT		
760 CLINICAL LABORATORY SVCS		12230838
765 PATHOLOGICAL LAB SVCS		219941
770 BLOOD BANK		1099980
775 ECHOCARDIOLOGY		938355
780 CARDIAC CATH SERVICES		777244
785 CARDIOLOGY SERVICES		1236182
790 ELECTROMYOGRAPHY		
795 ELECTROENCEPHALOGRAPHY		
800 RADIOLOGY-DIAGNOSTIC		2925270
805 RADIOLOGY-THERAPEUTIC		
810 NUCLEAR MEDICINE		676210
815 MAGNETIC RESONANCE IMAGNG		520477
820 ULTRASONOGRAPHY		1461041
825 CAT SCANNER		3348687
830 DRUGS SOLD TO PATIENTS		13425191
835 RESPIRATORY THERAPY		4427161
840 PULMONARY FUNCTION SVCS		719574
845 RENAL DIALYSIS		781647
850 LITHOTRIPSY		
855 GASTRO-INTESTINAL SVCS		335712
860 PHYSICAL THERAPY		1943014
865 SPEECH-LANGUAGE PATHOLOGY		362343
870 OCCUPATIONAL THERAPY		412299
875 OTHER PHYSICAL MEDICINE		
880 ELECTROCONVULSIVE THERAPY		
885 PSYCHIATRIC/PSYCHOLOGICAL		
890 PSYCH INDIV/GROUP THERAPY		
895 ORGAN ACQUISITION		
900 OTHER ANCILLARY SERVICES		3532034
910 PURCHASED INPATIENT SERVI		
911 PURCHASED OUTPATIENT SERV		
915 NON-OPERATING COST CENTER		738447
920 TOTAL		154333756

CLASSIFICATION DESCRIPTION NATURAL CLASSIFICATION CODE REVENUE PRODUCING CENTERS	(1) MANAGEMENT AND SUPERVISION .00		(3) TECHNICAL AND SPECIALIST .01		(5) REGISTERED NURSES .02		(7) LICENSED VOCATIONAL NURSES .03	
	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS
DAILY HOSPITAL SERVICES								
005 MEDICAL/SURGICAL IC	75010	1143	1159	51	2269171	39240		
010 CORONARY CARE								
015 PEDIATRIC IC								
020 NEONATAL IC								
025 PSYCHIATRIC IC								
030 BURN CARE								
035 OTHER INTENSIVE CARE								
040 DEFINITIVE OBSERVATION								
045 MEDICAL/SURGICAL ACUTE	364790	5577	170325	8649	9244254	181295		
050 PEDIATRIC ACUTE								
055 PSYCHIATRIC ACUTE - ADULT								
060 PSYCH ACUTE-ADOL & CHILD								
065 OBSTETRICS ACUTE	138701	1972	26548	1195	1075850	19237		
070 ALTERNATE BIRTHING CENTER								
075 CHEMICAL DEPEND SERVICES								
080 PHYSICAL REHABILITATION	46001	728	10620	227	613567	11861		
085 HOSPICE INPATIENT CARE								
090 OTHER ACUTE CARE								
095 NURSERY ACUTE					449256	7898		
100 SUB-ACUTE CARE								
101 SUB-ACUTE CARE-PEDIATRIC								
105 SKILLED NURSING								
110 PSYCHIATRIC LONG-TERM								
115 INTERMEDIATE CARE								
120 RESIDENTIAL								
125 OTHER LONG TERM CARE SRVC								
145 OTHER DAILY SERVICES								
150 TOTAL DAILY HOSP SERVICES AMBULATORY SERVICES	624502	9420	208652	10122	13652098	259531		
160 EMERGENCY ROOM	160425	2361	563765	25386	3166159	56934		
165 MEDICAL TRANSPORTATION								
170 PSYCHIATRIC ER'S								
175 CLINIC	196974	3666	45692	1936	528813	9541	114392	4647
180 SATELLITE CLINICS								
185 SATELLITE ASC								
190 OUTPAT CHEMICAL DEP SVCS								
195 OBSERVATION CARE	36840	565	71555	2921	1127045	22707		
200 PART HOSPITALIZATION PSY								
205 HOME HEALTH CARE SERVICES	255350	4738	641960	14203	1151961	20973		
210 HOSPICE-OUTPATIENT SVCS								
215 ADULT DAY HEALTH CARE SVC	67761	1808						
220 OTHER AMBULATORY SERVICES	112059	1805	18435	959	1495447	25818		
225 TOTAL AMBULATORY SERVICES	829409	14943	1341407	45405	7469425	135973	114392	4647

CLASSIFICATION DESCRIPTION NATURAL CLASSIFICATION CODE REVENUE PRODUCING CENTERS	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	MANAGEMENT AND SUPERVISION .00		TECHNICAL AND SPECIALIST .01		REGISTERED NURSES .02		LICENSED VOCATIONAL NURSES .03	
	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS
230 ANCILLARY SERVICES								
235 LABOR AND DELIVERY	13160	188	162030	7051	1799183	31096		
240 SURGERY AND RECOVERY	126583	1709	597394	21937	1046553	17530		
245 AMBULATORY SURGERY SVCS								
250 ANESTHESIOLOGY			43867	1676				
255 MED SUPPLIES SOLD TO PAT								
260 DURABLE MEDICAL EQUIPMENT								
265 CLINICAL LABORATORY SVCS	173721	3982	3083146	92547				
270 PATHOLOGICAL LAB SVCS								
275 BLOOD BANK			3917	80				
280 ECHOCARDIOLOGY	19702	377	288700	6615	3231	56		
285 CARDIAC CATH SERVICES	72808	1394	88292	2115	35003	660		
290 CARDIOLOGY SERVICES	24753	453	337445	13300	127055	2386		
295 ELECTROMYOGRAPHY								
300 ELECTROENCEPHALOGRAPHY								
305 RADIOLOGY-DIAGNOSTIC	111033	1950	782614	19093	453	8		
310 RADIOLOGY-THERAPEUTIC								
315 NUCLEAR MEDICINE	13695	244	224574	3766				
320 MAGNETIC RESONANCE IMAGNG			44414	898				
325 ULTRASONOGRAPHY	13695	244	625829	12655	50	1		
330 CAT SCANNER	22395	413	470881	10049	7520	140		
335 DRUGS SOLD TO PATIENTS								
340 RESPIRATORY THERAPY	202696	4713	1624477	42770				
345 PULMONARY FUNCTION SVCS	37110	744	257641	6600	12892	223		
350 RENAL DIALYSIS	23581	368			152734	2432		
355 LITHOTRIPSY								
360 GASTRO-INTESTINAL SVCS			16336	413	35674	527		
365 PHYSICAL THERAPY	146829	2541	706361	17467				
370 SPEECH-LANGUAGE PATHOLOGY	5750	91	169917	3938				
375 OCCUPATIONAL THERAPY	5750	91	207121	4724				
380 OTHER PHYSICAL MEDICINE								
385 ELECTROCONVULSIVE THERAPY								
390 PSYCHIATRIC/PSYCHOLOGICAL								
395 PSYCH INDIV/GROUP THERAPY								
400 ORGAN ACQUISITION								
405 OTHER ANCILLARY SERVICES	67253	2237	253867	13665	201251	4839	14777	624
TOTAL ANCILLARY SERVICES	1080514	21739	9988823	281359	3421599	59898	14777	624

CLASSIFICATION DESCRIPTION NATURAL CLASSIFICATION CODE REVENUE PRODUCING CENTERS	(9) AIDES AND ORDERLIES .04		(11) CLERICAL & OTHER ADMIN. .05		(13) ENVIRONMENTAL & FOOD SERVICES .06		(15) PHYSICIANS (SALARIED) .07	
	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS
DAILY HOSPITAL SERVICES								
005 MEDICAL/SURGICAL IC	157	9	197876	9021			69689	327
010 CORONARY CARE								
015 PEDIATRIC IC								
020 NEONATAL IC								
025 PSYCHIATRIC IC								
030 BURN CARE								
035 OTHER INTENSIVE CARE								
040 DEFINITIVE OBSERVATION								
045 MEDICAL/SURGICAL ACUTE	1551982	85119	356848	18533				
050 PEDIATRIC ACUTE								
055 PSYCHIATRIC ACUTE - ADULT								
060 PSYCH ACUTE-ADOL & CHILD								
065 OBSTETRICS ACUTE	2867	151	85055	4354				
070 ALTERNATE BIRTHING CENTER								
075 CHEMICAL DEPEND SERVICES								
080 PHYSICAL REHABILITATION	115461	6642						
085 HOSPICE INPATIENT CARE								
090 OTHER ACUTE CARE								
095 NURSERY ACUTE								
100 SUB-ACUTE CARE								
101 SUB-ACUTE CARE-PEDIATRIC								
105 SKILLED NURSING								
110 PSYCHIATRIC LONG-TERM								
115 INTERMEDIATE CARE								
120 RESIDENTIAL								
125 OTHER LONG TERM CARE SRVC								
145 OTHER DAILY SERVICES								
150 TOTAL DAILY HOSP SERVICES AMBULATORY SERVICES	1670467	91921	639779	31908			69689	327
160 EMERGENCY ROOM	576	33	235354	12204			405029	2080
165 MEDICAL TRANSPORTATION								
170 PSYCHIATRIC ER'S								
175 CLINIC	1227535	67607	627528	31652			2674277	19944
180 SATELLITE CLINICS								
185 SATELLITE ASC								
190 OUTPAT CHEMICAL DEP SVCS								
195 OBSERVATION CARE	128088	6981	74197	3729				
200 PART HOSPITALIZATION PSY								
205 HOME HEALTH CARE SERVICES	16192	901	233444	9074				
210 HOSPICE-OUTPATIENT SVCS								
215 ADULT DAY HEALTH CARE SVC	70273	4825	18918	899				
220 OTHER AMBULATORY SERVICES			66051	3947				
225 TOTAL AMBULATORY SERVICES	1442664	80347	1255492	61505			3079306	22024

REPORT 21

CALIFORNIA HOSPITAL DISCLOSURE REPORT
 DETAIL OF DIRECT PAYROLL COSTS
 (COMPLETE REPORT)

DATE PREPARED: 03/31/2015

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

REPORT PERIOD END 12/31/2014

CLASSIFICATION DESCRIPTION NATURAL CLASSIFICATION CODE REVENUE PRODUCING CENTERS	(9) AIDES AND ORDERLIES .04		(11) CLERICAL & OTHER ADMIN. .05		(13) ENVIRONMENTAL & FOOD SERVICES .06		(15) PHYSICIANS (SALARIED) .07	
	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS
230 ANCILLARY SERVICES								
235 LABOR AND DELIVERY	3108	175	70008	3833				
240 SURGERY AND RECOVERY			113660	5768				
245 AMBULATORY SURGERY SVCS								
250 ANESTHESIOLOGY								
255 MED SUPPLIES SOLD TO PAT								
260 DURABLE MEDICAL EQUIPMENT								
265 CLINICAL LABORATORY SVCS	20406	1027	67807	3580				
270 PATHOLOGICAL LAB SVCS								
275 BLOOD BANK								
280 ECHOCARDIOLOGY								
285 CARDIAC CATH SERVICES								
290 RADIOLOGY SERVICES								
295 ELECTROENCEPHALOGRAPHY								
300 RADIOLOGY-DIAGNOSTIC	2005	104						
305 RADIOLOGY-THERAPEUTIC								
310 NUCLEAR MEDICINE								
315 MAGNETIC RESONANCE IMAGNG								
320 ULTRASONOGRAPHY								
325 CAT SCANNER								
330 DRUGS SOLD TO PATIENTS								
335 RESPIRATORY THERAPY							20998	143
340 PULMONARY FUNCTION SVCS								
345 RENAL DIALYSIS								
350 LITHOTRIPSY								
355 GASTRO-INTESTINAL SVCS								
360 PHYSICAL THERAPY			89221	4590				
365 SPEECH-LANGUAGE PATHOLOGY			14908	857				
370 OCCUPATIONAL THERAPY			16435	901				
375 OTHER PHYSICAL MEDICINE								
380 ELECTROCONVULSIVE THERAPY								
385 PSYCHIATRIC/PSYCHOLOGICAL								
390 PSYCH INDIV/GROUP THERAPY								
395 ORGAN ACQUISITION								
400 OTHER ANCILLARY SERVICES	74310	5670	90990	5453				
405 TOTAL ANCILLARY SERVICES	99829	6976	463029	24982			20998	143

21(2) CONTINUED

CHC 7041 h-6 (6-09)

NATURAL CLASSIFICATION CODE	(17)	(18)	(19)	(20)	(21)	(22) -----HOURS SUMMARY-----			(25)
	NON-PHYSICIAN MED PRACTITIONERS .08 DOLLARS	PROD HOURS	OTHER SALARIES AND WAGES .09 DOLLARS	PROD HOURS	TOTAL DOLLARS	PROD HOURS	NON-PROD HOURS	TOT PD HOURS	FULL TIME EQUIVALENT EMPLOYEES COLUMN 22 DIVIDED BY 2080
REVENUE PRODUCING CENTERS									
005					2936626	49791	6477	56268	23.94
010									
015									
020									
025									
030									
035									
040									
045					12888345	299173	28101	327274	143.83
050									
055									
060									
065					1386479	26909	720	27629	12.94
070									
075									
080					847103	19458	1373	20831	9.35
085									
090									
095					511839	7898	945	8843	3.80
100									
101									
105									
110									
115									
120									
125									
145									
150					18570392	403229	37616	440845	193.86
160									
165					4915048	98998	6897	105895	47.60
170									
175	765641	11757			6828679	150750	11899	162649	72.48
180									
185									
190									
195					1515743	36903	2192	39095	17.74
200									
205					2503907	49889	4593	54482	23.99
210									
215					171123	7532	532	8064	3.62
220					1875622	32529	3361	35890	15.64
225	765641	11757			17810122	376601	29474	406075	181.06

NATURAL CLASSIFICATION CODE	(17)	(18)	(19)	(20)	(21)	(22)-----HOURS SUMMARY-----			(25)
	NON-PHYSICIAN MED PRACTITIONERS DOLLARS	.08 PROD HOURS	OTHER SALARIES AND WAGES DOLLARS	.09 PROD HOURS	TOTAL DOLLARS	PROD HOURS	NON-PROD HOURS	TOT PD HOURS	FULL TIME EQUIVALENT EMPLOYEES COLUMN 22 DIVIDED BY 2080
REVENUE PRODUCING CENTERS									
230									
235									
240									
245									
250									
255									
260									
265									
270									
275									
280									
285									
290									
295									
300									
305									
310									
315									
320									
325									
330									
335									
340									
345									
350									
355									
360									
365									
370									
375									
380									
385									
390									
395									
400									
405									

CLASSIFICATION DESCRIPTION NATURAL CLASSIFICATION CODE REVENUE PRODUCING CENTERS	(1)	(2)	(3)	(4)	(5)
	REGISTRY NURSING PERSONNEL .25 DOLLARS	PROD HOURS	OTHER CONTRACTED SERVICES .21, .26 DOLLARS	PROD HOURS	TOTAL CONTRACTED HOURS
DAILY HOSPITAL SERVICES					
005 MEDICAL/SURGICAL IC					
010 CORONARY CARE					
015 PEDIATRIC IC					
020 NEONATAL IC					
025 PSYCHIATRIC IC					
030 BURN CARE					
035 OTHER INTENSIVE CARE					
040 DEFINITIVE OBSERVATION					
045 MEDICAL/SURGICAL ACUTE	6565	95			95
050 PEDIATRIC ACUTE					
055 PSYCHIATRIC ACUTE - ADULT					
060 PSYCH ACUTE-ADOL & CHILD					
065 OBSTETRICS ACUTE					
070 ALTERNATE BIRTHING CENTER					
075 CHEMICAL DEPEND SERVICES					
080 PHYSICAL REHABILITATION					
085 HOSPICE INPATIENT CARE					
090 OTHER ACUTE CARE					
095 NURSERY ACUTE					
100 SUB-ACUTE CARE					
101 SUB-ACUTE CARE-PEDIATRIC					
105 SKILLED NURSING					
110 PSYCHIATRIC LONG-TERM					
115 INTERMEDIATE CARE					
120 RESIDENTIAL					
125 OTHER LONG TERM CARE SRVC					
145 OTHER DAILY SERVICES					
150 TOTAL DAILY HOSP SERVICES	6565	95			95
AMBULATORY SERVICES					
160 EMERGENCY ROOM	464477	6971			6971
165 MEDICAL TRANSPORTATION					
170 PSYCHIATRIC ER'S					
175 CLINIC					
180 SATELLITE CLINICS					
185 SATELLITE ASC					
190 OUTPAT CHEMICAL DEP SVCS					
195 OBSERVATION CARE					
200 PART HOSPITALIZATION PSY					
205 HOME HEALTH CARE SERVICES			8680	117	117
210 HOSPICE-OUTPATIENT SVCS					
215 ADULT DAY HEALTH CARE SVC					
220 OTHER AMBULATORY SERVICES					
225 TOTAL AMBULATORY SERVICES	464477	6971	8680	117	7088

CLASSIFICATION DESCRIPTION NATURAL CLASSIFICATION CODE REVENUE PRODUCING CENTERS	(1)	(2)	(3)	(4)	(5)
	REGISTRY NURSING PERSONNEL .25	PROD HOURS	OTHER CONTRACTED SERVICES .21, .26	PROD HOURS	TOTAL CONTRACTED HOURS
	DOLLARS		DOLLARS		
230 ANCILLARY SERVICES					
235 LABOR AND DELIVERY					
240 SURGERY AND RECOVERY	13387	198			198
245 AMBULATORY SURGERY SVCS					
245 ANESTHESIOLOGY					
250 MED SUPPLIES SOLD TO PAT					
255 DURABLE MEDICAL EQUIPMENT					
260 CLINICAL LABORATORY SVCS					
265 PATHOLOGICAL LAB SVCS					
270 BLOOD BANK					
275 ECHOCARDIOLOGY					
280 CARDIAC CATH SERVICES					
285 RADIOLOGY SERVICES					
290 ELECTROMYOGRAPHY					
295 ELECTROENCEPHALOGRAPHY					
300 RADIOLOGY-DIAGNOSTIC					
305 RADIOLOGY-THERAPEUTIC					
310 NUCLEAR MEDICINE					
315 MAGNETIC RESONANCE IMAGNG					
320 ULTRASONOGRAPHY			18748	332	332
325 CAT SCANNER					
330 DRUGS SOLD TO PATIENTS					
335 RESPIRATORY THERAPY					
340 PULMONARY FUNCTION SVCS					
345 RENAL DIALYSIS					
350 LITHOTRIPSY					
355 GASTRO-INTESTINAL SVCS					
360 PHYSICAL THERAPY					
365 SPEECH-LANGUAGE PATHOLOGY			10527	147	147
370 OCCUPATIONAL THERAPY			14350	205	205
375 OTHER PHYSICAL MEDICINE					
380 ELECTROCONVULSIVE THERAPY					
385 PSYCHIATRIC/PSYCHOLOGICAL					
390 PSYCH INDIV/GROUP THERAPY					
395 ORGAN ACQUISITION					
400 OTHER ANCILLARY SERVICES					
405 TOTAL ANCILLARY SERVICES	13387	198	43625	684	882

CLASSIFICATION DESCRIPTION NATURAL CLASSIFICATION CODE NON-REVENUE PRODUCING CENTERS	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	MANAGEMENT AND SUPERVISION .00	TECHNICAL AND SPECIALIST .01	REGISTERED NURSES .02	LICENSED VOCATIONAL NURSES .03	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS
	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS	DOLLARS	PROD HOURS
RESEARCH COSTS								
005 RESEARCH PROJ AND ADMIN								
010 TOTAL RESEARCH								
EDUCATION COSTS								
015 EDUCATION ADMIN OFFICE								
020 SCHOOL OF NURSING								
025 LVN PROGRAM								
030 MEDICAL POST GRAD EDUC								
035 PARAMEDICAL EDUCATION								
040 STUDENT HOUSING								
045 OTHER EDUC ACTIVITIES								
050 TOTAL EDUCATION								
GENERAL SERVICES								
055 PRINTING AND DUPLICATING								
060 KITCHEN								
065 NON-PATIENT FOOD SERVICES	71086	1941	212109	10913				
070 DIETARY	198745	5489	296885	11781				
075 LAUNDRY AND LINEN								
080 SOCIAL SERVICES			400002	9801				
085 CENTRAL TRANSPORTATION								
090 CENTRAL SRVC AND SUPPLY			154964	7378				
095 PHARMACY	454693	7006	2197353	50182				
100 PURCHASING AND STORES	77537	1536	118190	5499				
105 GROUNDS								
110 SECURITY	89315	2970						
115 PARKING								
120 HOUSEKEEPING	84620	2960						
125 PLANT OPERATIONS								
130 PLANT MAINTENANCE	337177	6074	171553	4887				
135 COMMUNICATIONS	87883	1920	21654	760				
140 DATA PROCESSING	272614	4905	956605	25626				
145 OTHER GENERAL SERVICES								
150 TOTAL GENERAL SERVICES	1673670	34801	4529315	126827				
FISCAL SERVICES								
155 GENERAL ACCOUNTING	127962	1840	184824	5336				
160 PATIENT ACCOUNTING	267159	6458	139753	4060				
165 CREDIT AND COLLECTION								
170 ADMITTING	45343	1572						
175 OUTPATIENT REGISTRATION	69740	2232						
195 OTHER FISCAL SERVICES	123707	1768	180997	4583				
200 TOTAL FISCAL SERVICES	633911	13870	505574	13979				
ADMINISTRATIVE SERVICES								
205 HOSPITAL ADMINISTRATION	1072322	11144	47483	1360				
210 GOVERNING BOARD EXPENSE								
215 PUBLIC RELATIONS	69317	1092	83246	3832				
220 MANAGEMENT ENGINEERING								
225 PERSONNEL	227218	3390						
230 EMPLOYEE HEALTH SERVICES	117114	1777	4098	74				
235 AUXILIARY GROUPS	10463	168						
240 CHAPLAINCY SERVICES								
245 MEDICAL LIBRARY	5232	84						
250 MEDICAL RECORDS	106764	1924	136687	3502				
255 MEDICAL STAFF ADMIN	64311	902						
260 NURSING ADMINISTRATION	751267	11348	113230	2081				
265 NURSING FLOAT PERSONNEL								
270 INSERVICE EDUCATION-NURSG	101343	1539	1139213	24601				
275 UTILIZATION MANAGEMENT	291382	531	1072851	19840				
280 COMMUNITY HEALTH EDUC	14478	220	162745	3514				
295 OTHER ADMINISTRATIVE SRV	233124	3852	827432	18263				
300 TOTAL ADMINISTRATIVE SVCS	3064335	42971	3586985	77067				
350 EMPLOYEE BENEFITS								
370 NON-OPERATING COST CNTRS	69273	1094	5389	177				
375 TOTAL	3133608	44065	3592374	77244				

CLASSIFICATION DESCRIPTION NATURAL CLASSIFICATION CODE NON-REVENUE PRODUCING CENTERS	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
	DOLLARS	PROD HOURS						
RESEARCH COSTS								
005 RESEARCH PROJ AND ADMIN								
010 TOTAL RESEARCH								
EDUCATION COSTS								
015 EDUCATION ADMIN OFFICE								
020 SCHOOL OF NURSING								
025 LVN PROGRAM								
030 MEDICAL POST GRAD EDUC								
035 PARAMEDICAL EDUCATION								
040 STUDENT HOUSING								
045 OTHER EDUC ACTIVITIES								
050 TOTAL EDUCATION								
GENERAL SERVICES								
055 PRINTING AND DUPLICATING								
060 KITCHEN								
065 NON-PATIENT FOOD SERVICES					167109	10381		
070 DIETARY					805618	43122		
075 LAUNDRY AND LINEN					53094	2927		
080 SOCIAL SERVICES								
085 CENTRAL TRANSPORTATION								
090 CENTRAL SRVC AND SUPPLY			490895	26479				
095 PHARMACY			34099	1941				
100 PURCHASING AND STORES			38316	2302				
105 GROUNDS								
110 SECURITY			112395	6879	436816	25608		
115 PARKING								
120 HOUSEKEEPING					1711698	93162		
125 PLANT OPERATIONS								
130 PLANT MAINTENANCE			55711	2820	590887	19285		
135 COMMUNICATIONS			202908	11132				
140 DATA PROCESSING			198	8				
145 OTHER GENERAL SERVICES								
150 TOTAL GENERAL SERVICES			934522	51561	3765222	194485		
FISCAL SERVICES								
155 GENERAL ACCOUNTING			185261	7642				
160 PATIENT ACCOUNTING			816590	40705				
165 CREDIT AND COLLECTION								
170 ADMITTING			591362	29432				
175 OUTPATIENT REGISTRATION			362569	19527				
195 OTHER FISCAL SERVICES								
200 TOTAL FISCAL SERVICES			1955782	97306				
ADMINISTRATIVE SERVICES								
205 HOSPITAL ADMINISTRATION			117613	3978				
210 GOVERNING BOARD EXPENSE								
215 PUBLIC RELATIONS			32000	1844				
220 MANAGEMENT ENGINEERING								
225 PERSONNEL			175488	7556				
230 EMPLOYEE HEALTH SERVICES			34438	1794				
235 AUXILIARY GROUPS			15790	900				
240 CHAPLAINCY SERVICES								
245 MEDICAL LIBRARY			315	18				
250 MEDICAL RECORDS			542352	26340				
255 MEDICAL STAFF ADMIN			80905	3099				
260 NURSING ADMINISTRATION			145874	7105				
265 NURSING FLOAT PERSONNEL								
270 INSERVICE EDUCATION-NURSG			78440	3720				
275 UTILIZATION MANAGEMENT			375538	16084				
280 COMMUNITY HEALTH EDUC			11206	532				
295 OTHER ADMINISTRATIVE SRV			89983	2278				
300 TOTAL ADMINISTRATIVE SVCS			1699942	75248				
350 EMPLOYEE BENEFITS								
370 NON-OPERATING COST CNTRS			59031	2423				

NATURAL CLASSIFICATION CODE	(17)	(18)	(19)	(20)	(21)	(22)-----HOURS SUMMARY-----			(25)		
	NON-PHYSICIAN MED PRACTITIONERS .08 DOLLARS	PROF HOURS	OTHER SALARIES AND WAGES .09 DOLLARS	PROF HOURS	TOTAL DOLLARS	PROF HOURS	NON-PROF HOURS	TOT PD HOURS	FULL TIME EQUIVALENT EMPLOYEES COLUMN 22 DIVIDED BY 2080		
NON-REVENUE PRODUCING CENTERS											
005	RESEARCH PROJ AND ADMIN										
010	TOTAL RESEARCH										
	EDUCATION COSTS										
015	EDUCATION ADMIN OFFICE										
020	SCHOOL OF NURSING										
025	LVN PROGRAM										
030	MEDICAL POST GRAD EDUC										
035	PARAMEDICAL EDUCATION										
040	STUDENT HOUSING										
045	OTHER EDUC ACTIVITIES										
050	TOTAL EDUCATION										
	GENERAL SERVICES										
055	PRINTING AND DUPLICATING										
060	KITCHEN										
065	NON-PATIENT FOOD SERVICES				483239	23235	1048	24283	11.17		
070	DIETARY				1424749	60392	5307	65699	29.03		
075	LAUNDRY AND LINEN				57142	2927	216	3143	1.41		
080	SOCIAL SERVICES				424458	9801	591	10392	4.71		
085	CENTRAL TRANSPORTATION										
090	CENTRAL SRVC AND SUPPLY				717697	33857	3305	37162	16.28		
095	PHARMACY				2960678	59129	5444	64573	28.43		
100	PURCHASING AND STORES				269543	9337	1604	10941	4.49		
105	GROUPS										
110	SECURITY				683803	35457	2093	37550	17.05		
115	PARKING										
120	HOUSEKEEPING				1948582	96122	6858	102980	46.21		
125	PLANT OPERATIONS										
130	PLANT MAINTENANCE				1297536	33066	4029	37095	15.90		
135	COMMUNICATIONS				339015	13812	1244	15056	6.64		
140	DATA PROCESSING				42078	613	1407074	31152	3626	34778	14.98
145	OTHER GENERAL SERVICES										
150	TOTAL GENERAL SERVICES				42078	613	12013516	408287	35365	443652	196.29
	FISCAL SERVICES										
155	GENERAL ACCOUNTING				576245	14818	1819	16637	7.12		
160	PATIENT ACCOUNTING				1372388	51223	5483	56706	24.63		
165	CREDIT AND COLLECTION										
170	ADMITTING				694757	31004	1829	32833	14.91		
175	OUTPATIENT REGISTRATION				472031	21759	1771	23530	10.46		
195	OTHER FISCAL SERVICES				352172	6351	980	7331	3.05		
200	TOTAL FISCAL SERVICES				3467593	125155	11882	137037	60.17		
	ADMINISTRATIVE SERVICES										
205	HOSPITAL ADMINISTRATION				1402119	16482	1813	18295	7.92		
210	GOVERNING BOARD EXPENSE										
215	PUBLIC RELATIONS				217150	6768	859	7627	3.25		
220	MANAGEMENT ENGINEERING										
225	PERSONNEL				443020	10946	946	11892	5.26		
230	EMPLOYEE HEALTH SERVICES				175557	3645	479	4124	1.75		
235	AUXILIARY GROUPS				31273	1068	283	1351	.51		
240	CHAPLAINCY SERVICES										
245	MEDICAL LIBRARY										
250	MEDICAL RECORDS				5547	102	1	103	.05		
255	MEDICAL STAFF ADMIN				893228	31766	3806	35572	15.27		
260	NURSING ADMINISTRATION				178394	4160	481	4641	2.00		
265	NURSING FLOAT PERSONNEL				1138034	20534	2214	22748	9.87		
270	INSERVICE EDUCATION-NURSG										
275	UTILIZATION MANAGEMENT				1455	24	1383767	29884	1247	31131	14.37
280	COMMUNITY HEALTH EDUC				1899170	41455	3546	45001	19.93		
295	OTHER ADMINISTRATIVE SRV				197473	4266	179	4445	2.05		
300	TOTAL ADMINISTRATIVE SVCS				1251937	24393	2144	26537	11.73		
350	EMPLOYEE BENEFITS				21330	183	9216669	195469	17998	213467	93.98
370	NON-OPERATING COST CNTRS										
					142605	3694	270	3964	1.78		

LODI MEMORIAL HOSPITAL ASSOCIATION, INC.

CLASSIFICATION DESCRIPTION	(3)	(4)
	OTHER CONTRACTED SERVICES	PROD HOURS
NATURAL CLASSIFICATION CODE	.26	
NONREVENUE PRODUCING CENTERS	DOLLARS	HOURS
RESEARCH COSTS		
005 RESEARCH PROJ AND ADMIN		
010 TOTAL RESEARCH		
EDUCATION COSTS		
015 EDUCATION ADMIN OFFICE		
020 SCHOOL OF NURSING		
025 LVN PROGRAM		
030 MEDICAL POST GRAD EDUC		
035 PARAMEDICAL EDUCATION		
040 STUDENT HOUSING		
045 OTHER EDUC ACTIVITIES		
050 TOTAL EDUCATION		
GENERAL SERVICES		
055 PRINTING AND DUPLICATING		
060 KITCHEN		
065 NON-PATIENT FOOD SERVICES		
070 DIETARY		
075 LAUNDRY AND LINEN		
080 SOCIAL SERVICES		
085 CENTRAL TRANSPORTATION		
090 CENTRAL SRVC AND SUPPLY	5644	338
095 PHARMACY		
100 PURCHASING AND STORES	23611	1320
105 GROUNDS		
110 SECURITY		
115 PARKING		
120 HOUSEKEEPING		
125 PLANT OPERATIONS		
130 PLANT MAINTENANCE		
135 COMMUNICATIONS		
140 DATA PROCESSING		
145 OTHER GENERAL SERVICES		
150 TOTAL GENERAL SERVICES	29255	1658
FISCAL SERVICES		
155 GENERAL ACCOUNTING		
160 PATIENT ACCOUNTING	38116	1651
165 CREDIT AND COLLECTION		
170 ADMITTING	14105	680
175 OUTPATIENT REGISTRATION		
195 OTHER FISCAL SERVICES		
200 TOTAL FISCAL SERVICES	52221	2331
ADMINISTRATIVE SERVICES		
205 HOSPITAL ADMINISTRATION		
210 GOVERNING BOARD EXPENSE		
215 PUBLIC RELATIONS		
220 MANAGEMENT ENGINEERING		
225 PERSONNEL		
230 EMPLOYEE HEALTH SERVICES		
235 AUXILIARY GROUPS		
240 CHAPLAINCY SERVICES		
245 MEDICAL LIBRARY		
250 MEDICAL RECORDS	30698	580
255 MEDICAL STAFF ADMIN		
260 NURSING ADMINISTRATION		
265 NURSING FLOAT PERSONNEL		
270 INSERVICE EDUCATION-NURSG		
275 UTILIZATION MANAGEMENT		
280 COMMUNITY HEALTH EDUC		
295 OTHER ADMINISTRATIVE SRV		
300 TOTAL ADMINISTRATIVE SVCS	30698	580
350 EMPLOYEE BENEFITS		
370 NON-OPERATING COST CNTRS		

ATTACHMENT "I"



Report of Independent Auditors and
Consolidated Financial Statements

Lodi Memorial Hospital Association,
Inc. and Affiliates

December 31, 2014 and 2013

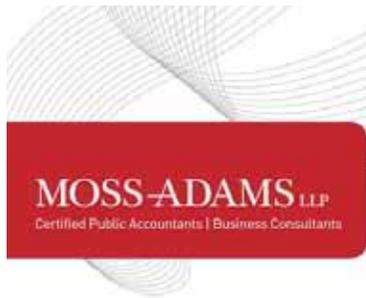
MOSS ADAMS LLP

Certified Public Accountants | Business Consultants

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REPORT OF INDEPENDENT AUDITORS

Board of Directors
Lodi Memorial Hospital Association, Inc. and Affiliates

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Lodi Memorial Hospital Association, Inc. and Affiliates, which comprise the consolidated balance sheets as of December 31, 2014, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements. The accompanying consolidated balance sheet as of December 31, 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements were audited by other auditors whose report dated March 25, 2014, expressed an unmodified opinion on those statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Lodi Memorial Hospital Association, Inc. and Affiliates as of December 31, 2014, and the results of their consolidated operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Disclaimer of Opinion on Other matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The uncompensated care and community benefit costs information in Note 18, which is the responsibility of management, is presented for purposes of additional analysis, and is not a required part of the consolidated financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

Moss Adams LLP

Sacramento, California

March 25, 2015

CONSOLIDATED FINANCIAL STATEMENTS

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
CONSOLIDATED BALANCE SHEETS (IN THOUSANDS)

	ASSETS	
	DECEMBER 31,	
	2014	2013
CURRENT ASSETS		
Cash and cash equivalents	\$ 8,658	\$ 7,143
Short-term investments	753	502
Assets limited as to use	3,160	3,190
Patient accounts receivable, less allowance for uncollectible accounts of \$14,617 and \$43,097 at 2014 and 2013, respectively	25,100	29,228
Other receivables	15,485	7,479
Estimated third-party payor settlements	510	193
Suppliers and other current assets	8,284	8,782
Total current assets	<u>61,950</u>	<u>56,517</u>
LONG-TERM INVESTMENTS	600	845
ASSETS LIMITED AS TO USE, net of current portion	32,518	31,609
PROPERTY AND EQUIPMENT, net	165,765	173,915
OTHER NONCURRENT ASSETS	10,051	9,748
TOTAL ASSETS	<u>\$ 270,884</u>	<u>\$ 272,634</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	\$ 29,756	\$ 23,873
Current maturities of long-term debt	4,971	4,357
Total current liabilities	34,727	28,230
NON-CURRENT LIABILITIES		
Long-term debt, net of current maturities	140,415	144,521
Other non-current liabilities	6,003	5,226
Total liabilities	<u>181,145</u>	<u>177,977</u>
NET ASSETS		
Unrestricted - attributable to Lodi Memorial Hospital Association, Inc. (LMH)	89,477	94,960
Unrestricted - attributable to non-controlling interests in affiliates	(338)	(1,125)
Temporarily restricted	89,139	93,835
Total net assets	<u>600</u>	<u>822</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 270,884</u>	<u>\$ 272,634</u>

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
CONSOLIDATED STATEMENTS OF OPERATIONS (IN THOUSANDS)

	YEARS ENDED DECEMBER 31,	
	2014	2013
OPERATING REVENUES		
Patient service revenues, net of contractual allowances and discounts	\$ 177,013	\$ 209,485
Less provision for uncollectible accounts	(9,454)	(40,077)
Net patient service revenues	167,559	169,408
Other revenue	7,405	7,074
Total operating revenues	174,964	176,482
OPERATING EXPENSES		
Salaries and wages	86,129	84,001
Employee benefits	12,567	13,070
Supplies	22,300	23,101
Purchased services	14,355	14,267
Medical professional fees	6,962	7,007
Nurse registry services	681	1,100
Depreciation	12,901	12,854
Interest	7,756	7,845
Other expenses	17,861	22,079
Total operating expenses	181,512	185,324
OPERATING LOSS	(6,548)	(8,842)
NON-OPERATING INCOME (EXPENSES)		
Investment income	1,614	2,496
Excess of expenses over revenues before discontinued operations	(4,934)	(6,346)
DISCONTINUED OPERATIONS		
Loss from operations	(46)	(911)
Impairment of long-lived assets	-	(92)
Gain (loss) on disposal of assets	12	(577)
Loss from discontinued operations	(34)	(1,580)
Excess of expenses over revenues	(4,968)	(7,926)
Change in net unrealized gains on other than trading investments	122	(145)
Net assets released from restrictions used for purchases of property and equipment	150	18
Decrease in unrestricted net assets	\$ (4,696)	\$ (8,053)

See accompanying notes to consolidated financial statements

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LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS (IN THOUSANDS)

	Controlling Interest	Noncontrolling Interests	Total	Temporarily Restricted	Total Net Assets
Net assets January 1, 2013	\$ 102,924	\$ (1,036)	\$ 101,888	\$ 737	\$ 102,625
Excess of expenses over revenues	(7,837)	(89)	(7,926)	-	(7,926)
Changes in net unrealized gains on other than trading investments	(145)	-	(145)	-	(145)
Temporarily restricted contributions	-	-	-	394	394
Net assets released from restrictions	18	-	18	(309)	(291)
Decrease in net assets	(7,964)	(89)	(8,053)	85	(7,968)
Net assets December 31, 2013	94,960	(1,125)	93,835	822	94,657
Excess of expenses over revenues	(4,980)	12	(4,968)	-	(4,968)
Changes in net unrealized gains on other than trading investments	122	-	122	-	122
Temporarily restricted contributions	-	-	-	126	126
Net assets released from restrictions	150	-	150	(348)	(198)
Dissolution of Trinity Plaza Surgery Center	(775)	775	-	-	-
Decrease in net assets	(5,483)	787	(4,696)	(222)	(4,918)
Net assets December 31, 2014	<u>\$ 89,477</u>	<u>\$ (338)</u>	<u>\$ 89,139</u>	<u>\$ 600</u>	<u>\$ 89,739</u>

CONSOLIDATED STATEMENTS OF CASH FLOWS

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
CONSOLIDATED STATEMENTS OF CASH FLOWS (IN THOUSANDS)

	YEARS ENDED DECEMBER 31,	
	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Decrease in net assets	\$ (4,918)	\$ (7,968)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation and amortization	12,734	13,465
Provision for bad debts	9,454	40,081
Loss on disposal of assets – discontinued operations	-	577
Impairment of long-lived assets – discontinued operations	-	92
Change in net unrealized gains and losses on investments	203	(1,537)
Restricted contributions	(126)	(394)
Undistributed earnings from affiliate	89	25
Changes in operating assets and liabilities:		
Patient accounts receivable	(5,327)	(40,685)
Other receivables, supplies, and other current assets	(7,900)	1,937
Accounts payable and accrued expenses	6,659	1,707
Third-party payor settlements	(317)	(538)
	<u>10,551</u>	<u>6,762</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Sales or maturities of investments	18,341	19,514
Purchases of investments	(19,144)	(18,792)
Purchases of property and equipment, net of proceeds	(3,670)	(5,967)
Proceeds from sale of assets – discontinued operations	-	768
Investment in affiliate	-	(128)
	<u>(4,473)</u>	<u>(4,605)</u>

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
CONSOLIDATED STATEMENTS OF CASH FLOWS (IN THOUSANDS) (CONTINUED)

	YEARS ENDED DECEMBER 31,	
	2014	2013
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on long-term debt	(4,689)	(4,890)
Restricted contributions received	126	198
Net cash used in financing activities	(4,563)	(4,692)
Net changed in cash and cash equivalents	1,515	(2,535)
CASH AND CASH EQUIVALENTS		
Beginning of year	7,143	9,678
End of year	\$ 8,658	\$ 7,143
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Long-term debt assumed by buyer in connection with sale of assets – discontinued operations	\$ -	\$ 1,145
Equipment and prepaid maintenance assets acquired through equipment contracts payable	\$ 1,196	\$ -

See accompanying notes to consolidated financial statements

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LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 1 – ORGANIZATION AND DESCRIPTION OF BUSINESS

In these notes, the use of “we,” “us,” and “our” means Lodi Memorial Hospital Association, Inc. (LMH) and our affiliates, Vital Enterprises, Inc. (Vital), Lodi Regional Health Systems, Inc. (LRHS), Trinity Plaza Surgery Center, LLC (TPSC), and Lodi Surgical Ventures, LLC (LSV). LMH is a California not for profit, public benefit corporation which owns and operates Lodi Memorial Hospital (Hospital). The Hospital is located on two campuses that contain 190 general- acute- care and 24 physical rehab beds. We provide a full range of acute care, skilled nursing, and rehabilitation medical services to both inpatients and outpatients from Lodi, California, the surrounding communities and visitors to the area. Lodi Memorial Hospital and all of our separate businesses and other programs and services fall under the Lodi Health brand name.

Vital and LRHS are wholly owned subsidiaries of LMH. Vital's operations consist primarily of leasing and selling medical equipment to individuals. LRHS's primary purpose is to provide management services and office space to physicians and physician associations.

We own 61% of LSV and LSV owns 51% of Artel, LLC d/b/a Lodi Outpatient Surgical Center, an operator of two nearby surgical centers.

TPSC, a California limited liability company, owned and operated an ambulatory surgery center in our Stockton medical office building. We own 94% of TPSC. During 2013, we closed TPSC, terminated our operations, and sold selected assets to a privately-owned operator of ambulatory surgery centers (see Note 3). Effective November 1, 2014, the members consented to approve the dissolution and winding up of TPSC.

We also own 51% of Advanced Imaging Center at Lodi Memorial Hospital, LLC (AIC), a California limited liability corporation. AIC owns and operates a medical imaging center on property leased from the Hospital.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation and principles of consolidation – Our consolidated financial statements include the assets, liabilities, results of operations, and cash flows of the Hospital, Vital, LRHS, TPSC, and LSV. All significant intercompany accounts and transactions are eliminated. We include the results of operations of newly acquired businesses from the dates they are acquired. Generally, when our ownership interest in an affiliate is greater than 50% and we have a controlling interest, the ownership interests are consolidated and a non-controlling interest is recorded in unrestricted net assets. The investment in AIC is accounted for on the equity method because we do not have a controlling financial interest in AIC.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of estimates – When preparing our consolidated financial statements in conformity with accounting principles generally accepted in the United States of America, we make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the consolidated financial statements, as well as the reported amount of revenues and expenses during the reporting period. We regularly evaluate our estimates and assumptions using historical experience and other factors, including assessment of the economic environment. Our estimates often are based on complex judgments and assumptions that we believe are reasonable but that are inherently uncertain and unpredictable. Actual results could differ from those estimates.

As future events and their effects cannot be determined with precision, our estimates and assumptions may prove to be incomplete or inaccurate, or unanticipated events and circumstances may occur that might cause us to change those estimates and assumptions. Those changes generally will be included in our consolidated financial statements on a prospective basis unless they are required to be treated retroactively under relevant accounting standards.

Cash and cash equivalents – For purposes of the consolidated statements of cash flows, we consider all highly liquid investments with original maturities of three months or less when purchased to be cash equivalents. We routinely invest our surplus operating funds in bank certificates of deposit or in money market mutual funds. The mutual funds generally invest in highly liquid U.S. government and agency obligations with limited market risk. The carrying amount of our cash equivalents approximates fair value because of their short maturity period.

Concentration of credit risk – Financial instruments that potentially subject us to concentration of credit risk consist of demand deposit cash accounts with financial institutions and receivables generated in the normal course of business. We periodically maintain balances in depository accounts in excess of the Federal Deposit Insurance Corporation insurance limit, perform ongoing credit evaluations of our depository institutions, and have not experienced any losses on our depository accounts. We grant credit without collateral to our patients and third-party payors for receivables generated in the normal course of business.

Investments – Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at fair value. Investment income (including realized gains and losses, interest and dividends, and unrealized gains and losses on trading securities) is included in non-operating gains and the excess of expenses over revenues before discontinued operations (performance indicator). Unrealized gains and losses on other-than-trading securities are excluded from the performance indicator. Realized gains and losses on sales of investments are determined using the specific identification cost method. We review all investments to identify those with declines in value that would be considered other-than-temporary. Such investment declines are accounted for as realized losses.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Patient accounts receivable – Patient accounts receivable for services provided to patients covered under the Medicare and Medicaid (Medi-Cal in California) programs, privately sponsored managed care programs for which payment is made based on terms defined under formal contracts, and other payors (including self-pay) are recorded at their estimated realizable value based on contractual billing rates or our standard billing rates for non-contract payors. We regularly review accounts and contracts and provide appropriate estimates of contractual allowances that are then netted against patient accounts receivable.

We also provide an estimated allowance for uncollectible accounts based on our evaluation of the aging of our patient accounts receivable, our historical collection experience for each type of payor, and other relevant factors. A significant portion of our allowances for doubtful accounts relates to self-pay patients, as well as co-payments and deductibles owed to us by patients with insurance. Payment pressure from managed care payors also affects our allowance for uncollectible accounts.

There are various factors that can impact collection trends such as changes in the economy which, in turn, can affect unemployment rates and the number of uninsured and underinsured patients, the volume of patients through our emergency department, the increased burden of co-payments and deductibles to be made by patients with insurance, and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and our estimation process.

We believe there are no significant credit risks associated with receivables from government programs. Receivables from managed care programs and others are from various payors who are subject to changing economic conditions. They do not represent any concentrated credit risk to us.

Our allowance for doubtful accounts consists primarily of self-pay or uninsured accounts. The Affordable Care Act greatly decreased the amount of uninsured, largely due to the expansion of Medicaid (Medi-Cal in California) in 2014. As a result, the allowance for doubtful accounts decreased from \$43,097 in 2013 to \$14,617 in 2014. During 2014 and 2013, self-pay write-offs amounted to \$37,934 and \$36,590, respectively.

Supplies – Supplies, which consist principally of medical and other supplies, are reported at cost determined by the first-in, first-out method, which is not in excess of market.

Assets limited as to use – Assets limited as to use include assets held by a trustee under an indenture agreement and investments set aside by our Board of Directors (Board) for future capital improvements, over which the Board retains control and may, at its discretion, subsequently use for other purposes.

Property and equipment – Property and equipment are reported on the basis of cost or, in the case of donated items, on the basis of fair value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Net interest costs incurred on borrowed funds during periods of construction of long-lived capital assets are capitalized as a component of the cost of acquiring the assets. Depreciation is computed by the straight-line method over the estimated useful lives of 10 to 50 years for buildings and improvements and 3 to 20 years for equipment.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Asset retirement obligations – Generally, these obligations are related to the costs of asbestos abatement resulting from our plans to renovate and/or demolish certain facilities. We initially record the liability when incurred and we capitalize the cost of the conditional asset retirement obligation by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted and the capitalized cost associated with the conditional asset retirement obligation is depreciated over the remaining useful life of the related asset.

Asset impairment – We routinely evaluate the carrying value of our long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset, or a related group of assets, may not be recoverable from estimated future undiscounted cash flows generated by the underlying tangible assets. When the carrying value of an asset exceeds its estimated recoverability, an asset impairment charge representing the difference between the asset’s carrying value and its fair value, is recognized. The fair value of the asset is estimated based on appraisals, established market values of comparable assets, or internal estimates of future net cash flows expected to result from the use and ultimate disposition of the asset. The estimate of future cash flows are \$0 in 2014 and 2013 based on assumptions and projections we believe are reasonable and supportable.

Deferred financing costs – Costs incurred in obtaining long-term financing are deferred and amortized over the terms of the related obligations using the effective-interest method.

Fair value measurements – We follow Accounting Standard Codification (ASC) 820, *Fair Value Measurements*, that defines fair value, establishes a framework for measuring fair value, and expands disclosure about fair value measurements. This guidance applies to fair value measurements of financial assets and financial liabilities and to fair value measurements of non-financial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis.

The fair value of investments and other assets and liabilities is disclosed in Note 5. The estimated fair value of long-term debt is disclosed in Note 10. Other financial instruments include cash and cash equivalents, patient and other accounts receivable, estimated Medicare and Medi-Cal settlements, and accounts payable and accrued expenses. The carrying amount of these instruments approximates fair value because these items are expected to mature in less than one year.

Risk management – We are exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; errors and omissions; injuries to employees; and natural disasters. We self-insure for workers’ compensation and employee medical benefits and purchase commercial insurance for all other risks of loss, including medical malpractice risks. Effective February 1, 1990, we obtained a claims-made insurance policy that provides basic coverage for individual professional liability claims. As long as we continually renew our claims-made policy, claims incurred after January 31, 1990, will be insured under the policy. Should we terminate our coverage, individual claims incurred prior to termination but not reported until after termination would not be insured under the policy.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risk management (continued) – We believe we will be able to renew or replace current levels of professional liability and other insurance and are unaware of any claims against us that would cause final expenses to materially exceed amounts provided in the consolidated financial statements. It is reasonably possible, however, that the accrued estimated liabilities for medical malpractice and general liability claims or self-insured workers' compensation and employee medical benefit claims may change in the near term.

Self-insurance programs – We self-insure against workers' compensation losses with supplemental coverage for losses on individual claims in excess of \$1,000. Losses from asserted and unasserted claims identified under our incident reporting system are accrued along with an estimate of possible losses attributable to incidents that may have occurred but that have not yet been reported. We employ an independent actuary to estimate the ultimate costs to settle such claims, which include indemnity and medical payments, and all loss adjustment expenses. Estimated future payments relating to workers' compensation claims have been discounted at 3% in 2014 and 2013. The estimated liability is continually monitored and reviewed and, as settlements are made or estimates are adjusted, differences are reflected in current operations. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. Accordingly, there is at least a reasonable possibility that a material change to the estimated reserves could occur in the near term. While the ultimate payments of self-insured workers' compensation claims are dependent upon future developments, management is of the opinion that the recorded reserves are adequate. As of December 31, 2014 and 2013, a total of \$4,065 (net of \$237 of related insurance claims receivable) and \$3,927 (net of \$286 of related insurance claims receivable), respectively, was recorded under accrued expenses and other long-term liabilities related to our workers' compensation plan.

We also self-insured medical and dental costs up to \$300 for 2014 and \$300 for 2013 per employee under a contributory plan. As of December 31, 2014 and 2013, a total of \$1,296 and \$810, respectively, was recorded in accrued expenses related to medical and dental insurance claims. The reserve is based on actuarial determined estimates that include incurred but not reported claims as well as historical experience.

Medical malpractice and general liability insurance – We maintain claims-made insurance coverage for our medical malpractice and general liability risks up to \$5,000 per claim and \$25,000 annual aggregate, subject to a per claim deductible of \$25. A reserve for the estimated costs of medical malpractice and general liability claims reported and those incurred but not reported to the insurance carrier is accrued based upon an evaluation of our exposure to such losses.

We intend to maintain these coverages on a continuous basis. Losses from claims incurred but not reported during the coverage period and claims identified under our incident reporting system are accrued. As of December 31, 2014 and 2013, a total of \$1,869 (net of \$2,105 of related insurance claims receivable) and \$938 (net of \$1,148 of related insurance claims receivable), respectively, was recorded in accrued expenses and other long-term liabilities related to medical malpractice claims. Given the inherent variability of such estimates, the actual liability could differ significantly from the amounts provided. Accordingly, there is at least a reasonable possibility that a material change to the estimated reserves could occur in the near term.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Performance indicator – The statements of operations include the performance indicator “excess of expenses over revenues before discontinued operations.” Our performance indicator includes all changes in unrestricted net assets except for cumulative effects of changes in accounting principles, losses from discontinued operations, changes in net unrealized gains and losses on other-than-trading securities, and contributions of long-lived assets, including assets acquired using contributions restricted for such purposes.

Net patient service revenues – We recognize patient service revenues before a provision for uncollectible accounts in the period in which our services are performed. Net patient service revenues before the provision for doubtful accounts primarily consist of net patient service revenues that are recorded based on established billing rates (i.e., gross charges), less estimated discounts for contractual and other allowances, principally for patients covered by Medicare, Medi-Cal, managed care, and other health plans.

Gross charges are retail charges. They are not the same as actual pricing, and they generally do not reflect what we are ultimately paid and, therefore, are not displayed in our consolidated financial statements of operations. We are typically paid amounts that are negotiated with insurance companies or are set by the government. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Because Medicare and Medi-Cal require gross charges to be the same for all patients regardless of payor category, gross charges are what we also charge all other patients prior to the application of discounts and allowances.

Revenues under the traditional fee-for-service Medicare and Medi-Cal programs are based primarily on prospective payment systems. Retrospectively determined cost-based revenues under these programs and certain other payments, such as disproportionate share hospital and bad debt expense, which are based on our cost reports, are estimated using historical trends and current factors. Cost report settlements under these programs are subject to audit and administrative and judicial review by Medicare and Medi-Cal. This process can take several years before final settlement of such matters is determined and completely resolved. Because the laws, regulations, instructions, and rule interpretations governing Medicare and Medi-Cal reimbursement are complex and change frequently, the estimates recorded by us could change by material amounts.

We have a system and estimation process for recording Medicare and Medi-Cal net patient revenues and estimated cost report settlements. This results in recording accruals to reflect the expected final settlements on our cost reports. For filed cost reports, we record our accrual based on those cost reports and subsequent activity, and may record a valuation allowance against those cost reports based on historical settlement trends. The accrual for periods for which a cost report is yet to be filed is recorded based on estimates of what we expect to report on the filed cost reports, and a corresponding valuation allowance may be recorded as previously described. Cost reports generally must be filed within five months after the end of the annual cost reporting period. After the cost report is filed, the accrual and corresponding valuation allowances may need to be adjusted. We believe that we have made adequate provision for any adjustments that may result from final determination of amounts earned under our current arrangements with Medicare and Medi-Cal. Our Medicare cost reports have been audited by the Medicare fiscal intermediary for years ended December 31, 2011, with related final settlements subject to filed appeals. Medi-Cal cost reports have been audited by the Medi-Cal fiscal intermediary through December 31, 2012 and final settlements have been received through that date.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net patient service revenues (continued) – Revenues under managed care plans are based primarily on payment terms involving predetermined rates per diagnosis, per-diem rates, discounted fee-for-service rates, and/or other similar contractual arrangements. These revenues are also subject to review and possible audit by the payors. The payors are billed for services on an individual patient basis. An individual patient's bill is subject to adjustment on a patient-by-patient basis in the ordinary course of business by the payors following their review and adjudication of each particular bill. We estimate the discounts for contractual allowances utilizing billing data on an individual patient basis. At the end of each month, we estimate our expected reimbursement for patients of managed care plans based on the applicable contract terms. Contractual allowance estimates are periodically reviewed for accuracy by taking into consideration known contract terms, as well as payment history. Although we do not separately accumulate and disclose the aggregate amount of adjustment to the estimated reimbursement for every patient bill, we believe our estimation and review process enables us to identify instances on a timely basis where such estimates need to be revised. We do not believe there are any adjustments to estimates of individual patient bills that are material to our revenues. In addition, we do not record any general provision for adjustments to estimated contractual allowances for managed care plans. Managed care accounts, net of contractual allowances recorded, are further reduced to their net realizable value through our provision for uncollectible accounts based on historical collection trends for these payors and other factors that affect the estimation process.

Estimation changes – Adjustments for prior-year cost reports and related valuation allowances applicable to Medicare and Medi-Cal increased net patient service revenues in the years ended December 31, 2014 and 2013 by \$443 and \$249, respectively.

Electronic Health Record Incentive – Under certain provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), federal incentive payments are available to hospitals, physicians, and certain other professionals (Providers) when they adopt, implement, or upgrade certified electronic health record (EHR) technology or become “meaningful users,” of EHR technology in ways that demonstrate quality, safety, and effectiveness of care. Providers can become eligible for annual Medicare and Medi-Cal incentive payments by demonstrating meaningful use of EHR technology in each year over four annual periods. Hospitals that are meaningful users under the Medicare EHR incentive payment program are deemed meaningful use under the Medi-Cal EHR incentive payment program and do not need to meet additional criteria imposed by the state. Medi-Cal EHR incentive payments to Providers are 100% federally funded and administered by the state. We recognize these incentive payments in other revenues following the grant accounting model, recognizing income ratably over the applicable reporting periods as we become reasonably assured of meeting the required criteria. Amounts recognized as revenue represent our best estimates for payments ultimately expected to be received based on estimated discharges, charity care, and other input data. Subsequent changes to these estimates will be recognized in periods in which additional information becomes available. During 2014 and 2013, EHR amounted to \$582 and \$1,073 and were included in operating revenues, respectively.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Charity care – We accept all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies. Essentially, these policies define charity services as those services for which no payment is anticipated. Because we do not pursue collection of amounts determined to qualify as charity care, they are not reported as revenues. The estimates are based on direct and indirect costs obtained using information from our cost accounting system or by using a ratio of cost to gross charges where data from our cost accounting system is not available. Charity care provided in 2014 and 2013 measured on the basis of estimated uncompensated costs was approximately \$700 and \$2,503, respectively (Note 18).

Income taxes – We are a tax-exempt organization under the provisions of the Internal Revenue Service and the state of California and are not generally subject to federal or state income taxes. With respect to our for-profit affiliates and taxable activities, we record income taxes using the liability method under which deferred tax assets and liabilities are determined based on differences between the financial accounting and tax bases of assets and liabilities. Deferred tax assets and liabilities at the end of each year are determined using the currently enacted tax rates expected to apply to taxable income in the years a deferred tax asset or liability is expected to be realized or settled.

Deferred income taxes relate primarily to differences in financial reporting and tax bases of depreciation and net operating losses. Additionally, the provision for income taxes differs from amounts computed at the federal statutory rate of 34% primarily due to state income taxes. We evaluate recoverability of our future tax deductions by assessing the adequacy of future expected taxable income from all sources, including reversal of taxable temporary differences and projected operating earnings. To the extent we do not consider it more likely than not that a deferred tax asset will be recovered, a valuation allowance is established. Our deferred tax assets and liabilities consist of the following at December 31:

	<u>2014</u>	<u>2013</u>
Deferred tax assets, net of valuation allowance (\$1,098,000 and \$1,010,000 in 2014 and 2013, respectively)	\$ 2,654	\$ 2,739
Deferred tax liabilities	-	(56)
Net deferred tax assets	<u>\$ 2,654</u>	<u>\$ 2,683</u>
Current assets	\$ 15	\$ 26
Non-current assets, net	<u>2,639</u>	<u>2,657</u>
Net deferred tax assets	<u>\$ 2,654</u>	<u>\$ 2,683</u>

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

At December 31, 2014, we have net operating loss carry forwards (NOLs) for federal and state income tax purposes of approximately \$7,000 and \$6,500, respectively. The federal NOLs expire between 2026 and 2034 and the state NOLs expire between 2016 and 2034.

Effective January 1, 2009, we follow ASC 740-10 guidance relating to accounting for uncertain tax positions. These guidelines prescribe a comprehensive model for recognizing, measuring, presenting, and disclosing in the consolidated financial statements, tax positions taken or expected to be taken on a tax return. They also provide accounting guidance on derecognition, classification, interest, and penalties, accounting in interim periods, disclosure, and transition. As of December 31, 2014, we are not aware of any uncertain tax positions for any years open under federal or state of California statutes of limitations.

Temporarily restricted net assets – We receive contributions which are temporarily restricted as to use by donors. Unconditional promises to give cash or other assets to us are reported at fair value at the date the promises are received. Conditional promises to give and indications of intentions to give are recorded at fair value upon receipt of the gift. When donor-purpose restrictions are accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the consolidated statement of operations and changes in net assets as net assets released from restrictions.

Reclassifications – Certain amounts in the prior year consolidated financial statements have been reclassified for comparative purposes to conform to presentation in the current year consolidated financial statements.

Subsequent events – Subsequent events are events or transactions that occur after the consolidated balance sheet date but before the consolidated financial statements are issued. We recognize in the consolidated financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the consolidated balance sheet, including the estimates inherent in the process of preparing the consolidated financial statements. Our consolidated financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the consolidated balance sheet but arose after the consolidated balance sheet date and before the consolidated financial statements are issued. We have evaluated subsequent events through March 25, 2015, which is the date the consolidated financial statements were issued.

NOTE 3 – DISCONTINUED OPERATIONS

In March 2013, our affiliate, TPSC, discontinued its operating activities and in May sold all of its leasehold improvements and most of its equipment and supply inventories to an unrelated operator of ambulatory surgical centers in exchange for cash of \$744 and the assumption of debt with a carrying amount of \$1,145. As a result of the sale, we reclassified TPSC into discontinued operations and recognized a loss of \$577 on the asset sale. During 2014 and 2013, TPSC's operating revenues amounted to \$13 and \$176, respectively. We also recognized impairment charges of \$92 in 2013 related to TPSC's long-lived assets. There were no impairment charges in 2014.

During 2014, TPSC was dissolved. Upon dissolution, we recorded a transfer of \$775 of unrestricted net deficit attributable to the non-controlling interest to unrestricted net assets attributable to LMH.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 4 - INVESTMENTS AND ASSETS WHOSE USE IS LIMITED

Investments and assets whose use is limited consist of the following at December 31:

	December 31,	
	2014	2013
Short-term investments		
Money market accounts and other cash equivalents	\$ 253	\$ 2
Certificates of deposit	500	500
	\$ 753	\$ 502
Long-term investments		
Mutual funds	\$ -	\$ 245
Certificates of deposit	600	600
	\$ 600	\$ 845
Assets limited as to use		
Under bond trust agreements		
Money market accounts and other cash equivalents for debt service	\$ 754	\$ 843
Bond reserves	1,142	73
	1,896	916
U.S. government and federal agency securities for bond reserves	10,367	11,149
	12,263	12,065
Internally designated for capital projects		
Money market accounts and other cash equivalents	1,899	1,137
Certificates of deposit	764	1,473
Mutual funds	9,212	6,057
Marketable equity securities	1,524	2,806
Corporate and municipal bonds	2,188	3,098
U.S. government and federal agency securities	7,828	8,163
	23,415	22,734
	35,678	34,799
Less amount classified as current	(3,160)	(3,190)
	\$ 32,518	\$ 31,609

Investments and assets whose use is limited are allocated between current and non-current categories based upon the maturity dates of individual investments.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 4 – INVESTMENTS AND ASSETS WHOSE USE IS LIMITED (CONTINUED)

Investment income includes the following:

	YEARS ENDED DECEMBER 31,	
	2014	2013
Interest and dividends	\$ 1,320	\$ 922
Investment fees	(114)	(109)
Realized net gains on sales of securities	489	291
(Decrease) increase in net unrealized gains on trading securities	(100)	1,155
Change in fair value of interest rate swap	19	237
Total investment income	<u>\$ 1,614</u>	<u>\$ 2,496</u>

NOTE 5 – FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received upon sale of an asset or paid upon transfer of a liability (an exit price) in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. Fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk including our own credit risk.

Additionally, the inputs used to measure fair value are prioritized based on a three-level hierarchy. This hierarchy requires us to maximize the use of observable inputs and minimize the use of unobservable inputs. The three-levels of inputs used to measure fair value are:

Level 1 – Quoted prices in active markets for identical assets or liabilities as of the measurement date.

Level 2 – Observable inputs other than quoted prices included in level 1. These inputs include dealer and broker quotations, bid prices, quoted prices for similar assets and liabilities in active markets, or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. These include certain pricing models, discounted cash flow methodologies, and similar techniques that use significant unobservable inputs.

- a. *Market approach.* Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- b. *Cost approach.* Amount that would be required to replace the service capacity of an asset (replacement cost).
- c. *Income approach.* Technique to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing, and excess earnings models).

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following represents assets and liabilities measured at fair value on a recurring basis as of December 31, 2014 and 2013:

	Fair Value Measurements at December 31, 2014 Using				
	Total	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Valuation Techniques (a, b, c)
ASSETS					
Investments					
Money market accounts and other cash equivalents	\$ 1,899	\$ 1,899	\$ -	\$ -	a
Certificates of deposit	1,855	1,848	-	7	a, c
Mutual funds	4,862	4,862	-	-	a
U.S. government and federal agency securities	13,786	-	13,710	76	a, c
Corporate and municipal bonds	2,177	2,140	-	37	a, c
Marketable equity securities	12,452	12,452	-	-	a
Total investments	\$ 37,031	\$ 23,201	\$ 13,710	\$ 120	a
LIABILITIES					
Interest rate swap	\$ 165		\$ 165		

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

	Fair Value Measurements at December 31, 2013 Using				
	Total	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Valuation Techniques (a, b, c)
ASSETS					
Investments					
Money market accounts and other cash equivalents	\$ 1,139	\$ 1,139	\$ -	\$ -	a
Certificates of deposit	2,573	2,571	-	2	a, c
Mutual funds	6,302	6,302	-	-	a
U.S. government and federal agency securities	14,871	-	14,791	80	a, c
Corporate and municipal bonds	3,098	-	3,048	50	a, c
Marketable equity securities	8,163	8,163	-	-	a
Total investments	<u>\$ 36,146</u>	<u>\$ 18,175</u>	<u>\$ 17,839</u>	<u>\$ 132</u>	a
LIABILITIES					
Interest rate swap	<u>\$ 184</u>		<u>\$ 184</u>		

Balances of financial assets and liabilities using significant unobservable inputs (level 3) measured on a recurring basis are not significant and tables detailing components of the changes are not presented.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 6 – PATIENT ACCOUNTS RECEIVABLE

Our primary concentration of credit risk is patient accounts receivable, which consists of amounts owed by various governmental agencies, insurance companies, and private patients. We grant credit without collateral to our patients and third-party payors. Concentrations of patient accounts receivable at December 31 are as follows:

	<u>2014</u>	<u>2013</u>
Medicare	\$ 6,375	\$ 6,912
Medi-Cal	4,222	3,341
Others	<u>14,503</u>	<u>18,975</u>
Total patient accounts receivable	<u>\$ 25,100</u>	<u>\$ 29,228</u>

Blue Cross litigation – In 2009, we sued Blue Cross and several other defendants in the Superior Court of San Joaquin County, asserting causes of action for, among other things, breach of contract and intentional and/or negligent misrepresentation and unfair business practices. At December 31, 2012, patient accounts receivable related to this matter include approximately \$6,200 of unpaid billings to Blue Cross, against which we provided a reserve for uncollectible accounts of \$3,100. The remaining net patient receivables of \$3,100 as of December 31, 2012 represented our estimate of the realizable amount of underpayments by Blue Cross during the period from April 1, 2007 through December 31, 2008. In September 2013, we entered into a settlement agreement with Blue Cross, which provides for payment of \$1,000 and future increases to our contract rates for services to Blue Cross patients in 2014, 2015, and 2016. Our provision for bad debts for 2013 includes a charge of \$2,100 to recognize the changes in our 2012 estimates. During 2014 and 2013, legal fees related to this action amounted to \$0 and \$899, respectively.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 7 – PROPERTY AND EQUIPMENT

Property and equipment consist of the following at December 31:

	<u>2014</u>	<u>2013</u>
Land and improvements	\$ 4,132	\$ 4,093
Leasehold improvements	6,961	6,870
Buildings and improvements	143,119	141,714
Equipment	<u>115,357</u>	<u>111,298</u>
	269,569	263,975
Less accumulated depreciation	<u>(111,611)</u>	<u>(101,483)</u>
	157,958	162,492
Land	6,599	6,599
Construction in progress	<u>1,208</u>	<u>4,824</u>
Total property and equipment	<u>\$ 165,765</u>	<u>\$ 173,915</u>

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 8 – OTHER NON-CURRENT ASSETS

At December 31 other assets consist of the following:

	2014	2013
Unamortized loan costs	\$ 4,802	\$ 5,152
Deferred income taxes	2,627	2,657
Self-insurance risk receivable	1,402	940
Investment in AIC	268	359
Prepaid service contracts	200	134
Physician income guarantee contracts	176	67
Other	576	439
Total other non-current assets	\$ 10,051	\$ 9,748

NOTE 9 – ACCOUNTS PAYABLE AND ACCRUED EXPENSES

Accounts payable and accrued expenses consist of the following at December 31:

	2014	2013
Due vendors, physicians, and others	\$ 7,380	\$ 8,411
Accrued payroll and related benefits	7,584	7,525
Accruals for self-insured risks	2,700	2,150
Hospital Quality Assurance fees	8,945	2,225
Medicare RAC audit recoveries and other contingencies	1,118	1,208
Refunds and credit balances in patient accounts receivable	470	907
Accrued interest	596	607
Payable to related organizations	383	411
Construction and equipment costs payable	187	341
Other accrued expenses	393	88
Total accounts payable and accrued expenses	\$ 29,756	\$ 23,873

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 10 – LONG-TERM DEBT

Long-term debt consists of the following obligations at December 31:

	<u>2014</u>	<u>2013</u>
California Statewide Communities Development Authority Insured Revenue Bonds, Series 2007A, payable in annual installments ranging from \$3,125 in 2014 to \$2,860 in 2037, plus interest at rates ranging from 4% to 5%	\$ 136,905	\$ 140,030
Note payable to bank, principal and interest at variable rates (2.66% at December 31, 2014) payable monthly, collateralized by a deed of trust on a medical office building and an assignment of rents	5,232	5,982
Notes payable to bank, interest from 6.25% to 6.50%, principal and interest payable monthly through December 31, 2020, collateralized by equipment, fixtures, and tenant improvements	1,617	2,134
Equipment contract, interest at 5.26%, principal and interest payable monthly through November 2017, collateralized by equipment	400	529
Equipment contracts, interest at 5.3%, principal and interest payable monthly through September 2017, collateralized by equipment	153	203
Equipment contracts, interest at 4.02%, principal and interest payable monthly through October 2017, collateralized by equipment	946	-
Other long-term debt	<u>133</u>	<u>-</u>
	145,386	148,878
Less current maturities	<u>(4,971)</u>	<u>(4,357)</u>
	<u>\$ 140,415</u>	<u>\$ 144,521</u>

The Insured Revenue Bonds, Series 2007A, issued through the California Statewide Communities Development Authority are insured by the Office of Statewide Health Planning and Development of the state of California (OSHPD) pursuant to the California Health Facility Construction Loan Insurance Law. The Bonds are collateralized by a security interest in the Hospital's gross revenues and a lien on substantially all of the Hospital's property and equipment pursuant to a Deed of Trust dated October 1, 2000 (see Notes 14 and 17). Provisions of the bond agreements include, among other things, restrictions on additional borrowings and acquisition of assets, the maintenance of a current ratio of 2.0 to 1.30 days cash on hand, and an annual debt coverage ratio of 1.25 times maximum aggregate annual debt service. We have complied with the restrictive provisions of our debt agreements.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 10 – LONG-TERM DEBT (CONTINUED)

Maturities of long-term debt are as follows at December 31, 2014:

<u>Years ending December 31,</u>	
2015	\$ 4,971
2016	5,220
2017	5,318
2018	5,130
2019	5,096
Thereafter	<u>119,651</u>
Total maturities of long-term debt	<u>\$ 145,386</u>

On October 15, 2011, we entered into an interest rate swap agreement with a notional amount of \$8,125. The swap agreement requires us to pay a fixed interest rate in exchange for a variable interest rate payment from a bank. A market rate risk exposure under the swap agreement occurs when the fixed rate paid is greater than the variable rate received. Fair value of the swap agreement is based on an independent valuation using model-based valuation techniques for which significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the interest rate swap agreement. At December 31, 2014 and 2013, the fair value of the interest rate swap is \$165 and \$184, respectively, which represents the estimated amount we would have paid in 2014 or 2013 had we terminated the agreement on those dates. Changes in the fair value of the interest rate swap are included within net non-operating gains.

Interest costs incurred during the years ended December 31 are summarized as follows:

	<u>2014</u>	<u>2013</u>
Paid	\$ 7,429	\$ 7,729
Accrued	<u>(79)</u>	<u>(29)</u>
Total incurred	7,350	7,700
Plus amortization of deferred financing and bond insurance costs and accretion of liability for conditional asset retirement obligation	427	409
Less interest charged to discontinued operations	-	(198)
Less amount capitalized	<u>(21)</u>	<u>(66)</u>
	<u>\$ 7,756</u>	<u>\$ 7,845</u>

The estimated fair value (see Note 5) of our revenue bonds is based on current traded values (level 2 inputs) and the fair value of the remaining long-term debt is estimated using discounted cash flow analyses (level 3 inputs). At December 31, 2014, the estimated fair value of our long-term debt is approximately \$149,000.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 11- NET PATIENT SERVICE REVENUES

The following table reflects the estimated percentages of gross patient service revenues by major payor groups for the years ended December 31:

	<u>2014</u>	<u>2013</u>
Medicare	48.9%	51.8%
Medi-Cal	27.9%	22.4%
Others	23.2%	25.8%
	<u>100.0%</u>	<u>100.0%</u>

Net patient service revenues summarized by payor for the years ended December 31 are as follows:

	<u>2014</u>	<u>2013</u>
Medicare, including Medicare managed care revenues of \$9,776 in 2014 and \$8,069 in 2013	\$ 53,270	\$ 48,186
Medi-Cal, including Medi-Cal managed care revenues of \$17,764 in 2014 and \$21,566 in 2013	37,610	40,841
Others	76,679	80,381
Total net patient service revenues	<u>\$ 167,559</u>	<u>\$ 169,408</u>

Medi-Cal supplemental reimbursement program – Net patient service revenues include \$12,613 and \$18,219 related to supplemental Medi-Cal payments provided under the California provider fee programs in 2014 and 2013, respectively. These programs are funded by quality assurance fees paid by participating hospitals along with matching federal funds. We recorded \$8,659 and \$12,995 in such fees in other expenses in 2014 and 2013, respectively. Grant payments to the California Health Foundation and Trust amounting to \$102 and \$202 were also reported in other expenses in 2014 and 2013, respectively. Our total net benefit amounted to \$3,852 in 2014 and \$5,022 in 2013.

Medicare RAC activities – The Centers for Medicare and Medicaid Services (CMS) contracts with Medicare Recovery Audit Contractors (RACs) on a contingency basis to conduct post-payment reviews for Medicare claims in order to detect and correct possible improper payments in the fee-for-service Medicare program. CMS implemented the RAC program on a permanent, nationwide basis in 2011, as required by statute. In its ongoing review process, the RACs select Medicare patient claims about every 45 days for patient services provided during the previous three year period. During September 2014, CMS offered an administrative agreement to any acute care hospital willing to withdraw their pending appeals (or waive right to request an appeal) in exchange for timely partial payment (68% of the net payable amount). The administrative agreement covers admissions prior to October 1, 2013. On December 3, 2014, we submitted our final estimate for a timely partial payment to CMS. On December 26, 2014, we received \$625 for this settlement. During the year ended 2014, we increased our Medicare net patient revenues by approximately \$537 to recognize actual and expected net benefit from RAC recoveries while during the year ended 2013 we reduced our Medicare net patient revenues by \$1,702 to recognize actual and expected RAC denials.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 12 – OTHER REVENUES

Other revenues for the years ended December 31 are as follows:

	2014	2013
Income from capitation contracts	\$ 2,798	\$ 2,089
Rentals and sales of supplies	1,507	1,371
Electronic Health Records incentive payments		
Medicare	387	587
Medi-Cal	195	486
	582	1,073
Physician practice management fees	701	736
Dietary services	537	506
Day care services	388	363
Unrestricted contributions	75	55
Temporarily restricted net assets used for operating purposes	222	291
Partnership loss	(89)	(25)
Other, net	684	615
	\$ 7,405	\$ 7,074

NOTE 13 – FUNCTIONAL EXPENSES

We provide general health care services to residents within our geographic service area. Our operating expenses related to providing these services for the years ended December 31, are as follows:

	2014	2013
Health care services	\$ 128,706	\$ 132,019
General and administrative	52,806	53,305
	\$ 181,512	\$ 185,324
Total functional expenses	\$ 181,512	\$ 185,324

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 14 – RELATED ORGANIZATIONS

Lodi Memorial Hospital Foundation – Lodi Memorial Hospital Foundation, Inc. (Foundation) is incorporated as a not-for-profit organization, which is generally exempt from federal and state income taxes. The Foundation’s purpose is to promote the delivery of health care services of organizations located in San Joaquin County. Management has determined that LMH does not control or direct the activities of the Foundation. The Foundation’s Board of Directors determines the amount and timing of contributions made from its general funds to recipient organizations.

In connection with its fund raising activities, the Foundation also solicits and accepts contributions on our behalf. Amounts received for our benefit may be unrestricted or contain donor-imposed restrictions and are accounted for as liabilities by the Foundation and as receivables and unrestricted or temporarily restricted contributions by us.

During the years ended December 31, 2014 and 2013, we recognized the following contributions from or through the Foundation:

	2014	2013
Amounts specifically designated for Hospital	\$ 21	\$ 9
Amounts from the Foundation’s general funds	-	196
	\$ 21	\$ 205

In early 2008, the Foundation, with our expressed consent, formally opened the Lodi Memorial Hospital’s South Wing Capital Campaign. During 2010, the Foundation expanded its fund raising activities to encompass other capital projects on our behalf. As of December 31, 2014 and 2013, South Wing Capital Campaign and other capital pledges receivable (included in other receivables and other non-current assets) consist of the following unconditional promises to give, discounted at 4.0% in 2013:

	2014	2013
Pledges due in one year or less	\$ 389	\$ 2,302
Less allowances for uncollectible pledges	-	(506)
Total pledges	\$ 389	\$ 1,796

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 14 – RELATED ORGANIZATIONS (CONTINUED)

The sources of total pledges receivable at December 31 are:

	2014	2013
Foundation, as our agent (including \$389 and \$1,282 collected by the Foundation but not remitted to us as of December 31, 2014 and 2013, respectively)	\$ 389	\$ 1,393
Foundation general funds	-	400
Our employees	3	3
	\$ 392	\$ 1,796

During 2014, approximately \$785 of pledges receivable from the South Wing Campaign that began in 2008 were written off as that capital campaign has ended.

The Foundation leases office space from us and reimburses us for a share of payroll and benefit costs of our employees along with general and administrative expenses. We incurred Foundation related costs and expenses of \$196 in 2014 and \$310 in 2013 and received reimbursements from the Foundation of \$95 in 2014 and \$182 in 2013. We also reimbursed the Foundation \$23 and \$25 in 2014 and 2013, respectively, for a share of the Foundation’s fundraising and administrative expenses. We owed the Foundation \$9 at December 31, 2014 and \$22 at December 31, 2013.

Advanced Imaging Center at Lodi Memorial Hospital – We and Delta Radiology Medical Group, Inc. (DRMG), a California professional corporation, own Advanced Imaging Center (AIC) at Lodi Memorial Hospital, LLC. AIC, which began operations in 2002, provides direct x-ray and high-speed magnetic resonance imaging (MRI) services in a facility located on our property.

AIC leases land from us under a 40-year lease agreement. At the termination of the lease, all improvements made by AIC will revert to us free and clear of all claims, liens, or encumbrances. DRMG is responsible for management of AIC, including employment of physicians, medical technicians, and other support personnel. The administrative service agreement has a base fee of \$50 per year plus 5% of collections for MRI services and 9% of collections for all other services.

On December 31, 2013, AIC refinanced its long-term debt (\$630) with a local bank. The loan is payable in monthly installments through December 2028, and is secured by a deed of trust, assignment of rents, and security interest in substantially all of AIC’s real and personal property. We, along with DRMG, each guaranteed the loan up to \$630. At December 31, 2014 and 2013, the outstanding balance of AIC’s construction loan was \$598 and \$630, respectively.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 14 – RELATED ORGANIZATIONS (CONTINUED)

Regent Surgical Management, LLC – In connection with our acquisition of a controlling financial interest in Artel, Artel entered into a seven year management services agreement with Regent Surgical Management, LLC (RSM). RSM is a subsidiary of Regent, the non-controlling interest in our affiliate, LSV. During the term of the agreement, RSM will provide Artel with all management, administrative, and consulting services for the efficient operation of Artel's facilities. As compensation for its management services, RSM is paid a monthly fee of 5% of Artel's monthly cash collections plus reimbursement for all reasonable direct costs incurred on Artel's behalf. During 2014 and 2013, we incurred management fees of \$265 and \$281, respectively, related to the agreement.

Lodi Surgical Associates, Inc. – Lodi Surgical Associates, Inc. (LSA) holds a non-controlling interest in Artel and leases its outpatient surgical facilities to Artel under a rental agreement, which extends through October 31, 2021. Monthly rental payments amount to \$28. During 2014 and 2013, we incurred \$295 and \$308, respectively, in rent to LSA.

NOTE 15 – RETIREMENT PLAN

We maintain a defined contribution retirement plan covering our employees who have completed a year of service in which they worked at least 1,000 hours. Employees may contribute any percentage of their annual compensation, not to exceed Internal Revenue Code limits. We contribute a range from 0.5% to 2.5% of eligible earnings depending on employee tenure and voluntary contribution rate. Our contributions are fully vested when made. We suspended our contributions to the plan during 2011 and reestablished them in February 2012. Retirement expense amounted to \$1,298 in 2014 and \$1,279 in 2013.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 16 – COMMITMENTS AND CONTINGENCIES

Operating leases – We lease certain facilities and equipment under long-term, non-cancellable operating lease agreements. Total rental expense for 2014 and 2013 for all operating leases was approximately \$1,829 and \$1,698, respectively. Following is a schedule by year of future minimum lease payments under operating leases as of December 31, 2014 that have initial or remaining lease terms in excess of one year:

<u>Years ending December 31,</u>		
2015	\$	1,464
2016		1,354
2017		1,235
2018		864
2019		474
Thereafter		<u>902</u>
Total minimum lease payments	\$	<u><u>6,293</u></u>

Construction work in progress – At December 31, 2014 and 2013, we had committed to new construction contracts of approximately \$1,554 and \$4,057, respectively. During 2014 and 2013, total payments made on the contracts were approximately \$1,438 and \$3,837, respectively.

Wound care services – Our wound care services are provided under a management services agreement with an independent contractor. The contract (which extends to December 31, 2015) calls for payment of a base fee of \$12 per month for administration of our wound care service plus the salary and benefits of the program director. During 2014 and 2013, administrative and management services fees amounted to \$227 and \$220, respectively.

Guarantees – We enter into agreements with non-employee physicians and physician businesses that include minimum revenue guarantees. The terms of the guarantee agreements vary. We record a liability for the estimated fair value of the guarantee payments with an offset for the same amount in prepaid expenses in order to match for services to be rendered over the remainder of the guarantee agreements. The carrying amount of the liability for our obligations under these guarantees is \$2,000 and \$2,500 at December 31, 2014 and 2013, respectively. As of December 31, 2014, the maximum potential amount of future undiscounted payments we could be required to make under these guarantees amounts to \$3,051.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 16 – COMMITMENTS AND CONTINGENCIES (CONTINUED)

Subordination agreement – In 1988, we and Lodi Medical Associates (LMA), a California general partnership, entered into an agreement whereby LMA constructed an office building on our property under terms of a long-term ground lease through December 2058. Rental income earned in 2014 and 2013 amounted to \$61 each year. During 2002, LMA refinanced its office building and, in connection therewith, we agreed, with the consent of OSHPD (see Note 10), to subordinate our interest in the property to the senior lender in an amount not to exceed \$4,100. At December 31, 2014, LMA's outstanding balance due on the loan was \$750 payable over the next five years.

Litigation, regulatory, and compliance matters – The healthcare industry is subject to voluminous and complex laws and regulations of federal, state, and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement laws and regulations, anti-kickback and anti-referral laws, false claims prohibitions, and in the case of tax-exempt hospitals, the requirements of tax exemption. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations by healthcare providers of reimbursement, false claims, anti-kickback and anti-referral statutes and regulations, and quality of care provided to patients. We are not aware of any investigations, claims, suits, or complaints that, if disposed of unfavorably, would have a material effect on our consolidated financial position, results of operations, or cash flows.

LODI MEMORIAL HOSPITAL ASSOCIATION, INC. AND AFFILIATES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (IN THOUSANDS)

NOTE 17- UNCOMPENSATED CARE AND COMMUNITY BENEFIT COSTS (UNAUDITED)

Our policy is to provide service to all who require it, regardless of their ability to pay. As such, we provide substantial amounts of uncompensated care. When this care is provided to patients who lack financial resources and therefore are deemed medically indigent, it is classified as charity care. When it is provided to patients who have the means to pay, but decline to do so, it is classified as provision for uncollectible accounts. Some undetermined portion of the provision for uncollectible accounts represents care to indigent patients who we have been unable to identify as charity. Charity care charges are not reflected in net patient service revenues.

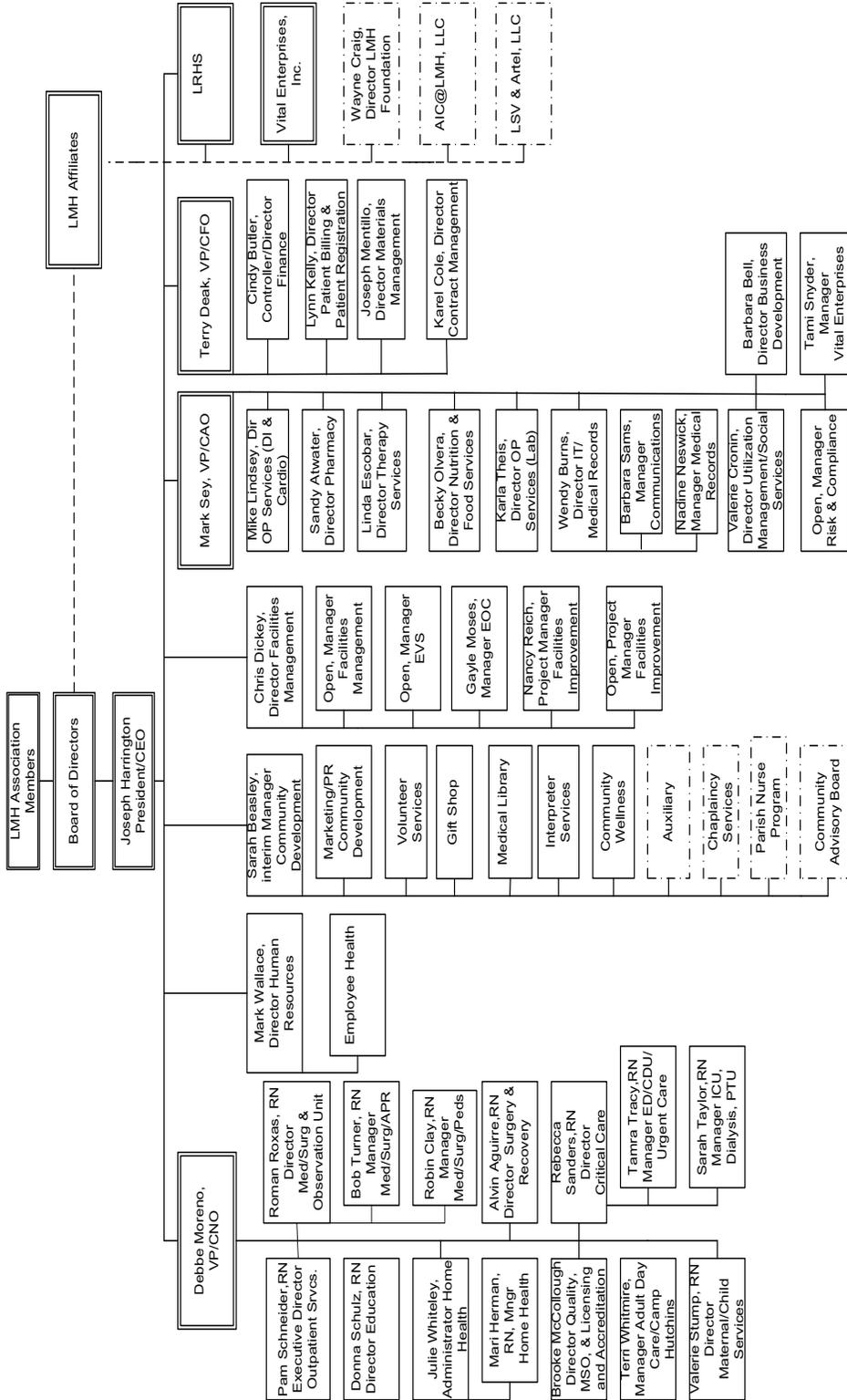
In addition, we provide services to poor and underserved persons who cannot afford health care because of inadequate resources and/or are uninsured or underinsured; including patients insured under certain government-reimbursed public aid programs. Such programs pay providers amounts that are less than established charges for the services provided to the recipients and frequently the payments are less than the cost of rendering the services.

The following summary of our estimated costs of providing uncompensated care and community benefits to the poor and the broader community for 2014 and 2013 has been prepared in accordance with Internal Revenue Service Form 990, Schedule H. The estimates are based on direct and indirect costs obtained using information from our cost accounting system or by using a ratio of cost to gross charges where data from our cost accounting system is not available:

	2014	2013
Uncompensated service costs of traditional charity care	\$ 700	\$ 2,503
Medi-Cal and other public aid programs	13,449	-
	14,149	2,503
Benefits for the broader community	5,087	6,591
Total estimated community benefit costs	\$ 19,236	\$ 9,094
Costs of uncompensated care as percentage of operating expenses	10.6%	4.9%

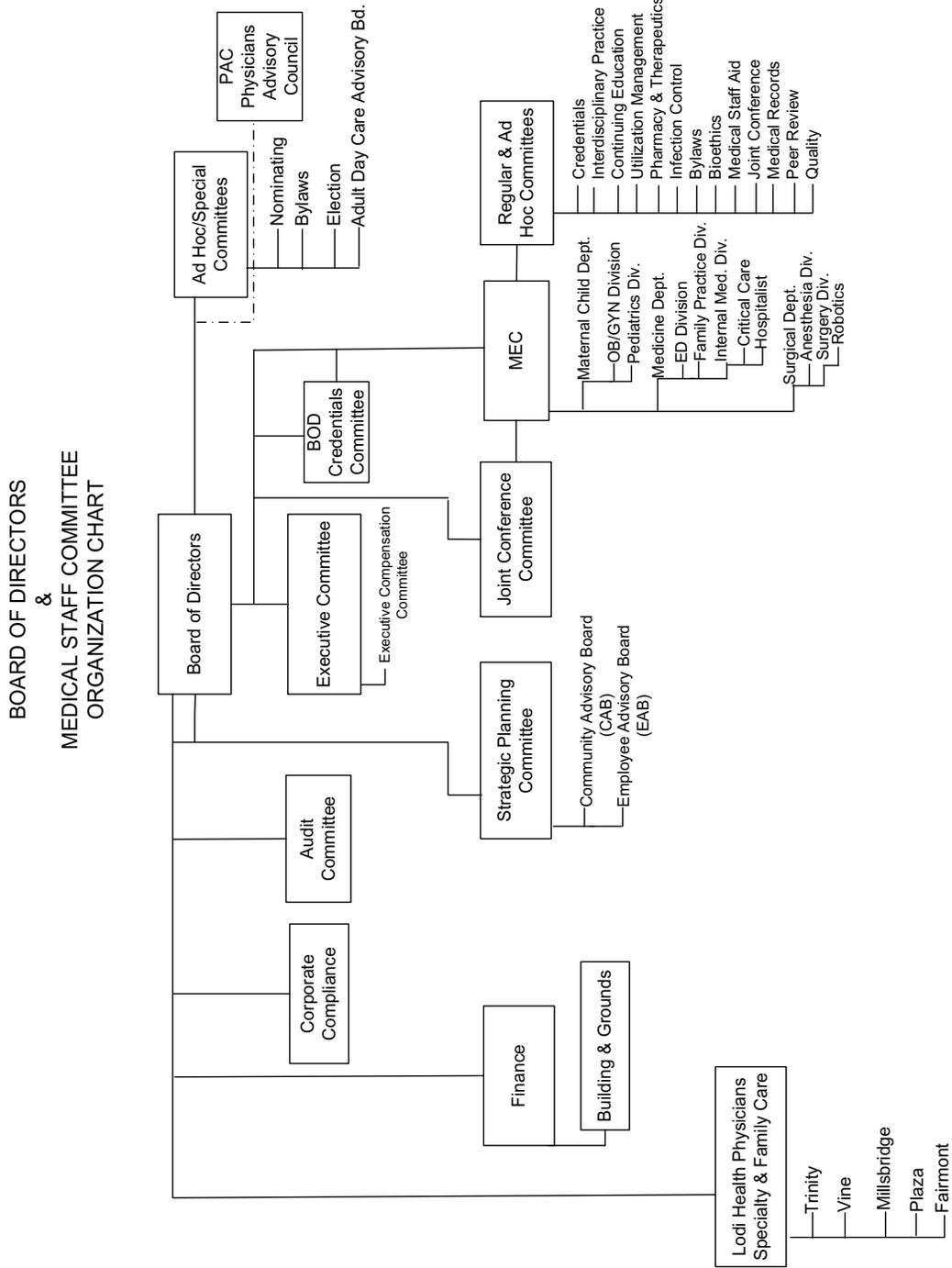
Benefits for the broader community include the unpaid costs of providing service to the elderly, providing health screenings and other health-related services, training health professionals, educating the community with various seminars and classes, and the costs associated with providing free clinics and other community service programs.

LODI HEALTH ORGANIZATION CHART



5/5/2015

ATTACHMENT "K"



Approved 5/31/00 bdmis rev. 4.2015



HEALTHIER

San Joaquin County

COMMUNITY HEALTH NEEDS ASSESSMENT 2013



EXECUTIVE SUMMARY

healthiersanjoaquin.org

“People who want to make changes and get healthy struggle because they continue to live in unhealthy and non-supportive environments.”



San Joaquin County CHNA
EXECUTIVE SUMMARY



Project Overview

Every three years federal and state laws require that nonprofit hospitals conduct a community health needs assessment (CHNA) to identify priority health needs in the communities the hospitals serve. In accordance with these legislative requirements, members of the San Joaquin County Community Health Needs Assessment Collaborative (SJC2HAC) completed a CHNA that encompasses all of San Joaquin County. Between June 2012 and February 2013 Valley Vision, Inc., a nonprofit



community consulting organization dedicated to improving the quality of life for residents across Northern California, completed the CHNA using a participatory process.

For the purposes of this CHNA, a health need was defined as: “a poor health outcome and its associated driver.” A health driver was defined as: “a behavioral, environmental, and/or clinical factor, as well as more upstream social economic factors, that impact health.”

The objective of the CHNA was:

To provide necessary information for participating members of the San Joaquin County Community Health Assessment Collaborative to create implementation plans, identify communities and specific groups within these communities which experience health disparities, especially as these disparities relate to chronic disease, and further identify contributing factors that create both barriers and opportunities for these populations to live healthier lives.

Demographics/Socioeconomic Info: San Joaquin County

San Joaquin County is located in the Central Valley of Northern California and is home to approximately 700,000 residents. The largest incorporated city in the county is Stockton, which is home to almost half of the county’s residents. The racial and ethnic makeup of county residents includes Whites (68.7%), African American (8.2%), Native American (2.0%), Asian (15.5%), Pacific Islander (0.7%), and two or more races (4.9%). Residents of Hispanic or Latino origin (any race) included 39.4% of all residents.

Central California was hit hard in the recent recession, and San Joaquin County fared worse than the state average on many measures of economic distress. Unemployment for the county was 14.4% compared to the state rate of 10.1%. The County earned a nation-wide reputation for its high number of home foreclosures, and as of March 2013, 22% of all homes were in some stage of foreclosure compared to the state rate of 14% and national rate of 12%. Like other counties in California’s fertile central valley, San Joaquin relies heavily on agriculture.

According to the US Census (2011), almost 40% of all county residents spoke a language other than English at home, and nearly one in four over the age of 25 did not have a high school diploma. Median household income was almost \$53,764 compared to the state at \$61,632. In some areas of the county, nearly 46% of adults did not have health insurance.

Data

A community-based participatory research design was used to conduct the assessment, which involved collecting both primary and secondary data. Primary data included input from more than 180 members of community, which included expert interviews with 45 key informants, and focus group interviews with 137 community members. Input was also gathered at meetings of the Healthier San Joaquin Community Coalition and the annual Community Health Forum, held in November 2012. In addition, a community health assets survey collected basic information for more than 300 assets in the greater San Joaquin County area.

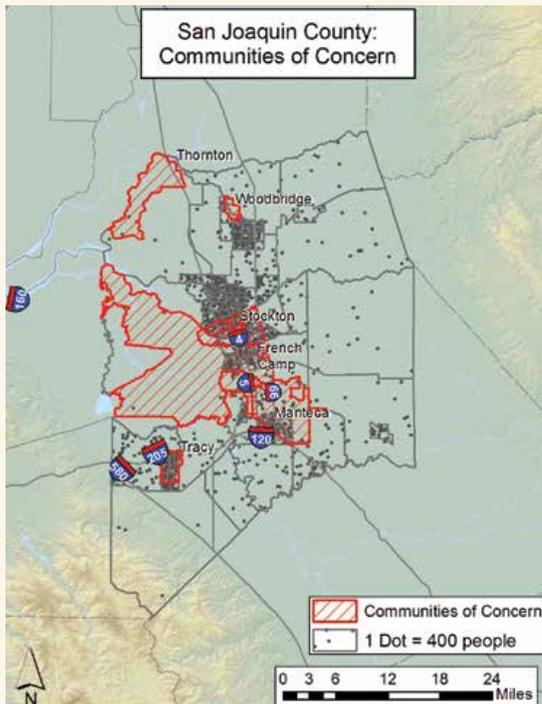
Secondary data included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included emergency department (ED) visits, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, accidents and mental health conditions. Socio-demographic data included race and ethnicity, poverty (female-headed households, families with children, people over 65 years of age), education attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data such as crime rates, access to parks, availability of healthy food, and leading causes of death helped describe general living conditions.

Communities of Concern

ZIP codes that consistently fell in the top 20% highest rates for poor health outcomes and mortality were identified and then triangulated with primary and socio-demographic data to identify specific Communities of Concern. The 10 Communities of Concern in San Joaquin County, listed below, are home to more than 257,000 county residents. The ZIP code Communities of Concern in Stockton, Manteca, and Tracy were more densely populated urban areas. The ZIP code communities in French Camp, Thornton, and Woodbridge all had smaller populations and represent rural communities.

ZIP Code	Community/Area	Population*
95202	Stockton/Downtown	6,934
95203	Stockton/Downtown	17,137
95204	Stockton/Central	27,786
95205	Stockton/Southeast	38,069
95206	Stockton/Southwest	65,004
95231	French Camp	4,374
95258	Woodbridge	4,018
95336	Manteca	42,675
95376	Tracy	49,859
95686	Thornton	1,405
Total Population		257,261

(Source: US Census Bureau, 2010)



The figure above shows a map of each community of concern. Red lines denote each ZIP code listed above. To help display where the majority of residents live within each ZIP code, a population density map is included.”

The table below notes the socio-demographic characteristics of each Community of Concern, and compares these to state and national benchmarks where applicable.

	% Households in poverty over 65 headed	% Families in poverty w/kids	% Families in poverty female headed	% over 25 with no high school diploma	% Non-White Hispanic	% pop over age 5 with limited Eng	% Unemployed	% No health insurance	% Residents Renting
95202	31.8	56.2	69.7	50.9	85.3	21.3	32.8	45.5	93.9
95203	19.6	30.9	44.4	35.3	78.0	15.8	17.9	40.6	57.4
95204	11.8	21.1	41.8	18.3	60.2	5.0	12.4	29.2	42.8
95205	13.7	34.3	53.9	51.6	86.3	19.0	23.7	41.6	49.0
95206	16.2	25.5	46.9	36.4	88.3	16.5	22.9	25.8	31.2
95231	15.0	37.5	27.4	44.7	70.2	10.9	37.2	34.0	46.6
95258	7.0	6.2	12.9	17.6	34.6	4.4	8.5	16.3	22.8
95336	4.7	8.8	21.5	18.6	48.7	3.7	9.7	16.1	36.9
95376	12.0	6.8	19.1	17.0	62.0	6.5	8.2	13.8	31.0
95686	-	-	-	-	-	-	-	-	-
State	-	-	-	19.4¹	-	-	9.8²	21.63	-
National	8.74	15.15	31.26	12.97	-	8.78	7.99	16.310	-

(Source: Dignity Health Community Benefit, CNI data, 2011)

Health Outcomes

Age-adjusted rates of ED visits and hospitalizations for several chronic health conditions were analyzed. Visits due to heart disease, diabetes, stroke, and hypertension were consistently higher in the Communities of Concern compared to other ZIP codes in the health service area. In general, African Americans and Whites had the highest rates for these health conditions compared to other racial and ethnic groups. Mortality data for each of these health conditions consistently showed rates in the Communities of Concern above county and state benchmarks.

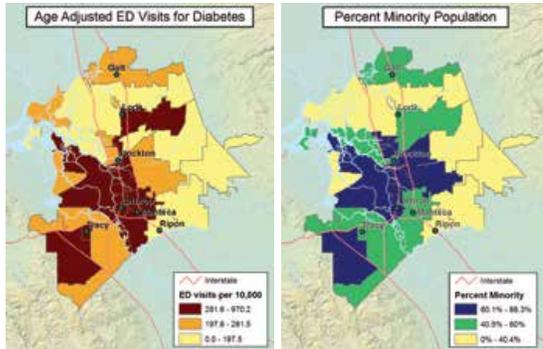
Environmental and Behavioral – Health Drivers

Analysis of environmental indicators showed that many of the Communities of Concern had conditions that were barriers to active lifestyles, such as elevated crime rates and a traffic climate unfriendly to bicyclists and pedestrians. Furthermore, these communities frequently had higher percentages of residents who were obese or overweight. Access to healthy food outlets was often limited, while the concentration of fast food and convenience stores was high. Analysis of the health behaviors of these residents also showed many behaviors that correlated to poor health, such as having a diet that was limited in fruit and vegetable consumption and limited physical activity.

The figure below provides an example of social characteristics for residents living in Communities of Concern and how these relate to health in San Joaquin County. The ZIP code map on the left displays the frequency in which community residents visited any emergency department due to diabetes for all of 2011. In the

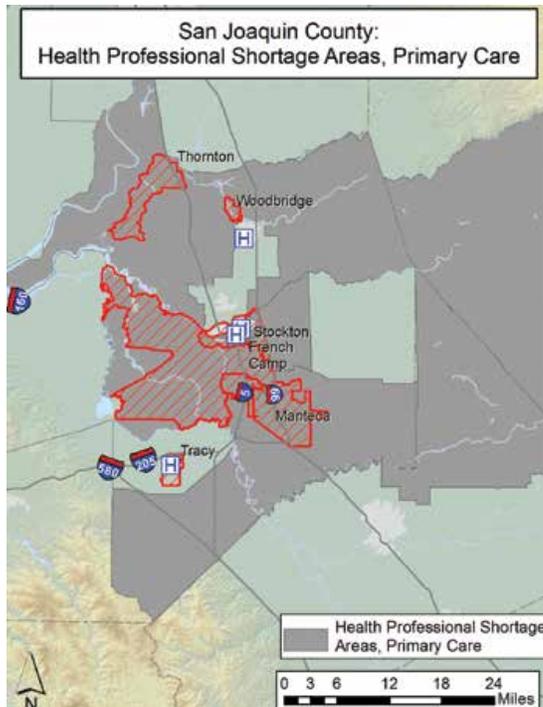


map each ZIP code is assigned a color to show frequency; darker colors note that residents of these ZIP codes visited the emergency department due to diabetes more frequently



than residents living in the lighter colored ZIP codes. The ZIP code map on the right uses the same color ramping to show the distribution of people of color in the County. By examining the map one can see the relationship between emergency department visits due to diabetes and one's race or ethnicity.

Further, the map below displays portions of the County that have been designated a "Health Professional Shortage Area" by the Bureau of Health Professionals in 2011. Note that each ZIP code community of concern was also a Health Professional Shortage Area. Community residents often spoke of difficulty in finding a physician when needed.



Priority Health Needs

Priority health needs were determined through in depth analysis of qualitative and quantitative data, and then confirmed by socio-demographic data. As noted earlier, a health need was defined as a poor health outcome and its associated driver. A health need was included as a priority if it was represented by rates exceeding established quantitative benchmarks or was consistently mentioned in the qualitative data. After examining key findings from all data sources, a consolidated list of priority health needs for the Communities of Concern in San Joaquin County emerged:



- Lack of access to primary and preventative health care services
- Lack of or limited access to health education
- Lack of or limited access to dental care
- Limited cultural competence in health and related systems
- Limited or no nutrition literacy/access to healthy and nutritious foods, food security
- Limited transportation options
- Lack of safe and affordable places to be active

What's Next?

To fulfill state and federal requirements, each of the participating hospitals will use the information gathered through the CHNA to develop implementation plans that address some or all of the community's priority health needs. The CHNA is also intended to provide information to the community at large in the hope that individuals and organizations can work together to help all residents of San Joaquin County lead healthier lives.



a c k n o w l e d g e m e n t s

The community health assessment research team is thankful to all who contributed to the CHNA. We are deeply grateful for the key informants who offered their time and expertise to inform both the direction and outcomes of the study. Additionally, many community residents volunteered their time as focus group participants to give our research team a first-hand perspective of living in communities of San Joaquin County with limited access to basic healthcare services. We also wish to acknowledge the members of the San Joaquin County Community Health Assessment Collaborative (SJC2HAC):

Community Medical Centers, Inc.
Dameron Hospital
First 5 San Joaquin
Health Plan of San Joaquin
Kaiser Permanente
Lodi Memorial Hospital
San Joaquin County Public Health
St. Joseph's Behavioral Health Center
St. Joseph's Medical Center
Sutter Tracy Community Hospital

To get a copy of the full CHNA report, visit <http://healthiersanjoaquin.org>

ATTACHMENT "M"

Current Status: *Active*

PolicyStat ID: 1233842



Effective: 01/1990
Reviewed: 12/2014
Last Revised: 12/2014
Expiration: 12/2017
Owner: Lynn Kelly: Director
Policy Area: Patient Billing
References:

Financial Assistance, I-8530-05

Policy

Lodi Health is committed to provide financial relief to patients who need assistance in paying for their bill and have no other financial resource.

Purpose

The purpose of this policy is to define the eligibility criteria for financial assistance and/or, discounts and to provide administrative guidelines for the communication and implementation of this policy.

Definition

The distinction between financial assistance and bad debt is the inability of the individual to pay versus the unwillingness of the person to pay their account. This policy outlines the steps to take when screening a patient for eligibility, reviewing and application for financial assistance in accordance to SB:1276-Hospital Fair Billing Policies (Charity Care and Discount Payment Plans) and AB744 (Chapter 755, Statutes of 2006). Those with low income or with catastrophic medical bills may be medically indigent even though they are able to meet their basic living expenses.

- A. The determination to provide financial assistance can be made prior to scheduling an inpatient or outpatient procedure, while receiving recurring outpatient services, during an inpatient stay, or up to 120 days following services or 90 days following the receipt of payment for benefits to the hospital from third party payer(s).
- B. If complete information on the patient's insurance or financial situation is unavailable due to emergency treatment, or if the patient's financial condition changes, the designation for financial assistance may be made after rendering services and in some circumstances even after rendering of the bill. Any care giver who is aware of the potential need for financial assistance should request consideration as soon as possible on behalf of the patient.
- C. No undue burden will be placed on the patient. Lodi Health will make available materials pertaining to alternative programs or services in the county and offer assistance in applying for these programs. Confidentiality of information and the dignity of the individual will be maintained for all who seek and/or are provided financial assistance. All patients who request an application for financial assistance should be provided an application, whether or not they meet the eligibility requirements.

Procedure

A. **Screening for the Patient's Eligibility:** It is important to outline the potential coverage options and discount /payment programs with the patient or the patient's legal representative. All potential payment sources must be identified and investigated before financial assistance is authorized. Other payment sources may include, but are not limited to, bank accounts, a personal loan, stocks and bonds, Medi-Cal coverage, The Victims of Crime Program, Covered California, homeowners or automobile insurance, or other insurance. Financial Assistance is the "payment" of last resort.

1. Is the patient uninsured or do they have high medical costs
2. Is there any other health benefit plan(s) that they are eligible for
3. How many days have past since the patient's discharge date or days since the last insurance payment.
4. What's the household size
5. Estimated Family Income- Is the income at or below \$40,845.00

Note: If the patient's family income is at or below 350% (percent) of the Federal Poverty Level, the patient should be encouraged to complete the application for financial assistance and all additional application requirements should be reviewed.

B. **The Application Process:** When establishing financial assistance, asset testing only considers monetary assets. Monetary assets exclude retirement or deferred compensation plans and include only 50% of monetary assets over \$10,000. Fifty percent of monetary assets greater than \$10,000 must be spent down before financial assistance will be considered. See ATTACHMENT A/B for specific percent awards for financial assistance.

1. If the patient is a potential financial assisted recipient, a Financial Disclosure form is to be completed and signed by the applicant, (see ATTACHMENT A).

Note: Financial Disclosure forms are also available in the Patient Financial Services Office and Admission and Registration areas.

2. The Financial Counselor in Admissions and Patient Financial Services are available to assist the patient in completing the financial disclosure forms for income and asset evaluation. When other coverage, such as: Medi-Cal or Covered California is questionable, the Financial Counselor will assist the patient by way of referral and application.
3. Supporting documentation will vary by application, but should include pay stubs, copies of last year's income taxes, the last three months of banking and savings statements to verify income. Copies of bills to verify expenses and/or residency, and a signed release to verify any and all information including a credit report and/or verification of assets will complete the application process.
4. A patient who is uninsured or meet the criteria for high medical costs; family income must be between 139 and 250% of the Federal Poverty Level as reported by the federal tax return or using 3 months recent paystubs to calculate annual income (non-taxable income from SSI shall be included); family assets must not exceed \$110,000.00; special needs trust assets are included; the patient and or family member must not own an interest in more than one parcel of real property. Income from a qualified retirement plan shall not be included in the income calculation.
5. The family size to determine the FPL is defined as follows:

- The patient's legal spouse or domestic partner.
 - The patient's legal guardian or parent.
 - Dependent children under 21 whether living at home or not.
 - Relatives who are care takers to the patient.
6. Financial Assistance will be provided to uninsured patients on a sliding scale basis, using the current published FPL as our guide. Discounts will be granted using the following criteria:
- If Family income is equal to or less than 100% FPL = Free Care
 - If Family income is 101% to 250% FPL = 120% of Medicare fee schedule
 - If Family income is 251% to 350% FPL = 135% of Medicare fee schedule
 - If Family income is 351% to 500% FPL = 150% of Medicare fee schedule
 - If Family income is over 500% FPL = Payment case by case

C. Discount For Services

1. Discount Policy for Private Pay Patients who wish to pay their accounts in full within 30 days of first billing:
- Inpatients: 40
 - Emergency: 40
 - Surgical Day Care: 40%
2. Discount Policy for Prompt Pay Outpatient Services is offered to patients who will pay for outpatient services at the time the patient is registered for such services, regardless of their insurance status or their financial status or ability to pay.
- Outpatient Imaging Services: 50%
 - Outpatient Therapy Services: 55%
 - Outpatient Laboratory Services: 50
 - Medical Practice(s): 20% (excluding Galt location)
3. **Administrative Process:**
- a. The determination will be made within 21 days from the date of submission of all required documentation
 - b. At the time a decision is made, approving or denying financial assistance, the applicant will receive a letter stating the approval or denial of their application
 - c. Patients who disagree with the determination of their financial assistance application have the right to appeal the decision. Appeals must be submitted to the Chief Financial Officer of Lodi Health. The Chief Financial Officer will render a decision within 14 working days and notify the patient in writing of such decision
 - d. All applications will be kept on file in the Patient Financial Services Department in accordance with the Record Retention Policy
 - e. Incomplete applications will be held for 60 days from filing or 150 days from the first billing before the account is referred to a collection agency

D. Catastrophic Discount:

1. Healthcare services should not represent a catastrophic burden to patients and families with high medical costs and whose family income is at or below 500% of FPL, and is eligible to apply for the discount policy. High Medical Costs is defined as follows:
 - a. A patient who is insured or whose insurance is not contracted with the hospital to receive a discounted rate from the hospital as a result of his or her third-party coverage.
 - b. The patient's annual out-of-pocket medical costs incurred by the individual at the hospital exceed 10% of the patient's family income in the prior 12 months.
 - c. The patient's documented medical expenses paid by the patient or patient's family exceed 10% of the patient's family income in the prior 12 months.
 - d. These cases are to be evaluated and approved based on the level of write-off as indicated in the "Eligibility Criteria" outlined above and are reviewed on a case-by-case basis.
- E. Financial assistance applies to co-payments, deductibles, co-insurance amounts and non-covered amounts. Coinsurance and deductible amounts for hospital services for Medicare patients may be considered for financial assistance provided the patient meets the established guidelines detailed above. In addition, the hospital will follow these principles:
 - The hospital does not waive deductible and coinsurance as part of any advertisement or solicitation for the purpose of inducing more business.
 - The hospital does not routinely waive coinsurance or deductible amounts. If a waiver is made, it is done without regard to the reason for admission, length of stay, or diagnostic related group.
 - A waiver, if made, is not part of a price reduction agreement between the hospital and a third-party payer
 - The hospital only waives coinsurance and deductible amounts after determining, in good faith, that the individual is in financial need or reasonable collections efforts have failed
- F. When establishing repayment terms, employment status, along with potential future earnings, is considered as well
- G. If financial assistance is applied and a third party payment is later received, the financial assistance adjustment will be reversed by the amount of the additional payment and may even require a refund to the patient if they paid in excess of the retro financial assistance calculation
- H. The patient must reapply for financial assistance if subsequent services are rendered and there is still an inability to pay, if services were rendered more than six months prior
- I. Exception to letter F above would be a recurring account in which multiple visit spans are included in one account. A financial assistance evaluation would include the entire visit span included in the account without need for reapplication for each visit
- J. The collection agency may report accounts they determine to qualify for financial assistance. The same procedures and required documentation apply. If approved, the bad debt status is reversed and the financial assistance write-off applied.
- K. The financial counselor will write-up the financial request and seek approval based on the following approval levels:
 - Supervisor/Manager \$0 - 4,999
 - Director: \$4,999 - \$29,999
 - Chief Financial Officer: \$29,999 - \$99,999

- Chief Executive Officer: \$99,999 >
- L. The following should not be classified as Financial Assistance Discounts:
- Insurance company discounts/contractual allowances
 - Administrative adjustment
 - Employee/Physician discount
- M. The support for financial assistance write-off is to agree with the general ledger account balance. All supporting documents are to be kept in auditable condition. Documents include the application, financial statement, copy of bill, copy of final patient account(s) status report, and the copy of the worksheet(s). (See Financial Assistance Discount ATTACHMENT B.
- N. When adjusting off accounts for financial assistance, the proper adjustment code for all accounts (except Medicare accounts), will be ASPCH. If the accounts represent a Medicare deductible, adjustment code AMCSPCH should be used.
- O. Patients eligible for financial assistance who have emergency services provided are also eligible for financial assistance for the Emergency Physician bill. Once financial assistance has been recognized and approved by the Hospital, the Emergency Room Physician will be notified of the need to provide financial assistance to the patient as well.

Attachments:

-  [Attachment A](#)
-  [Attachment A-1](#)
-  [Attachment B](#)

	Approver	Date
	Lynn Kelly: Director	12/2014
	Joanne Kerans: Admin. Manager	12/2014



975 S. Fairmont Avenue / Lodi CA 95240
 (209) 339-7543
 209-339-7543

LODI HEALTH FINANCIAL ASSISTANCE APPLICATION

Lodi Health is committed to providing financial assistance to patients who cannot afford to pay for medical services. If you feel you may be eligible for financial assistance, please fill out the following application and attach copies of:

- Tax Returns (Previous 2 years)
- Social Security Benefits
- W-2 or Unemployment statement
- Pay Stubs (Most recent 3 months)
- Bank Statements (Most recent 3 months for all bank accounts)
- Proof of Insurance denial coverage

I have a lawsuit, settlement, personal injury, or liability claim pending. Reason: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have the availability of insurance through my employer or my spouses' employer. Reason: _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Responsible Party / Patient

Name		Social Security Number		Birthdate (Month/DD/YYYY)	
Address					
City		State		ZIP Code	
Phone(s) Home Cell		Household Size (Patient/Spouse and Dependents)	Marital Status	Are you claims on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part Time Student		School			
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed		Employer Name			
Employer Address			Employer Phone		
City		State		ZIP Code	
Job Title		Employment Length	Unemployment Date/Length Month/DD/YYYY		

Spouse/Partner

Name		Social Security Number		Birthdate (Month/DD/YYYY)	
Address					
City		State		ZIP Code	

Attachment A

Phone(s) Home Cell	Household Size (Patient/Spouse and Dependents)	Marital Status	Are you claims on another tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part Time Student	School		
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed	Employer Name		
Employer Address		Employer Phone	
City	State	ZIP Code	
Job Title	Employment Length	Unemployment Date/Length Month/DD/YYYY	

DEPENDENTS

Full Name	Relationship	Birth Date (Month/DD/YYYY)

Bank Account Balances

Bank Name	Address	Account Type			Account Balance
		Checking (✓)	Savings (✓)	Investments/Securities (✓)	

Property (Include all property and assets that you own, including all recreational vehicles, etc.)

Type	Detail	Estimated Value	Unpaid Balance
Residence			
Vehicles	(Type/Year/Make)		
Vehicles	(Type/Year/Make)		
Vehicles	(Type/Year/Make)		
Land			
Rental Property			
Business			

Attachment A

Other		
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Household Income

Income Description	Source	Monthly Income Amount
Responsible Party/Patient		
Spouse/Partner		
Interest/Dividends		
Stocks/Bonds		
Pension		
Rental/Property		
Disability		
Alimony/Child Support		
Other		

Insurance (Indicate all types of insurance policies you currently hold, e.g., health, life, auto, etc.)

Type	Company Name	Monthly Payment
Health		
Health		
Auto		
Auto		
Life		
Life		
Home Owners/Renters		
Home Owners/Renters		
Other		

Monthly Expenses (Indicate your average monthly household expenses, e.g. Groceries, utilities, medications, etc.)

Expense Description	Average Monthly Expense
Mortgage/Rent	
Groceries	
Utilities	
Auto (gas/repairs)	
Phone	
Mobile Phone	
Cable/Internet	
Entertainment	
Clothing	
Child Support	
Alimony	
Medications	
Other	

Monthly Totals Recap

	No. of employees	No. of hours	Amount
January	21	25.00	\$4,240.00
February	12	19.00	\$2,840.00
March	18	19.00	\$3,040.00
April	17	19.00	\$4,540.00
May	21	23.00	\$6,140.00
June	22	23.00	\$3,655.00
July	16	19.00	\$3,265.00
August	18	25.00	\$7,640.00
September	22	19.00	\$5,240.00
October	19	19.00	\$3,340.00
November	15	19.00	\$6,440.00
December	19	23.00	\$3,640.00
Totals	220	252.00	\$54,020.00

ATTACHMENT "O" - Strategic Planning Process

Responsibility	Perspective Input Provide ideas, concepts, direction based on their relationship to the organization.	Issue Identification Vision Direction	Detail Link the Strategic Plan to an operational plan with defined goals and timeframes.	Fulfillment Responsible for action completion within established timeframes.
Team	<ul style="list-style-type: none"> • Community Forums • Community Needs Assessment & Benefit Plan • LMH Boards • Medical Staff Leadership • Management Team • Employees 	<p style="text-align: center;"> Strategic Planning Committee ↔ Board of Directors </p>	<p style="text-align: center;"> Senior Managers ↔ And Medical Executive Committee </p>	<ul style="list-style-type: none"> • Medical Staff • Quality Committee • Hospital departments • Committees • Task Force • Other
Deliverable	Advisory Guidance	Recommend and approve annual goals and objectives for the organization.	An operational plan including assignments, strategies, action, and deliverables with clearly established timeframes. The operational plan is prepared with the people responsible for its implementation.	Responsible for action completion within established timeframes.

**LODI MEMORIAL HOSPITAL STRATEGIC PLANNING COMMITTEE
2014-2015 RECURRING AGENDA**

	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
Strategic Planning Committee Activities:												
Strategic Planning Committee Meeting	X	X	X		X	X	X	X	X	X	X	X
Annual Committee Review	X									X		
Review and Comment: Prior Year - Final Report										X	X	
Review/Recommend Community Benefit Plan	x										X	X
Review Hospital Mission-Vision-Value									X	X	X	
Recommend changes annually to the BOD (April)												X
Review Community Needs Assessment (Every 3 years-2013)	X											X
Review - External Healthcare Environment (see policy)	X	X									X	X
Review of the Internal Environment (see policy)	X	X								X	X	X
Recommend Strategic Planning Goals and Objectives										X	X	
Employee Advisory Board (EAB) Report	X	X	X		X	X	X	X	X	X	X	X
Education session	X	X	X		X	X	X	X	X	X	X	
LMH Board of Directors:												
LMH Board of Directors Affirms Strategic Planning Goals and Objectives											X	X
Senior Management:												
Strategic Plan Progress Reporting	X			X			X			X		
Integrated Business Plan Development:												
Conceptualize Strategic Plan Strategies and Actions	X	X										X
Financial Planning - Capital Budget Process		X	X	X	X							
Financial Planning - Operational Budget Process				X	X	X	X					
Operational Plan Development		X	X	X	X	X	X					
Finalize Strategic Plan Strategies and Actions					X	X						
Distribute Annual Planned Activities to All Stakeholders						X	X	X				

ATTACHMENT "P"

Current Status: *Active*

PolicyStat ID: 721808



Effective Date: 11/1999
Approved Date: 08/2012
Last Revised: 08/2012
Expiration Date: 08/2015
Owner: Joseph Harrington: CEO
Policy Area: Board of Directors
References:

Strategic Planning Committee, B8620-95

Policy

- A. The Board of Directors shall engage in organization planning to assist the hospital in achieving its mission. The Chief Executive Officer (CEO), in collaboration with the Board, Medical Staff, and Hospital Management, shall establish a Strategic Planning process with the responsibility to identify both long and short range goals, which shall be utilized for formulating and developing a strategic plan for Lodi Memorial Hospital Association, Inc.
- B. The CEO will involve appropriate representatives of the Board, medical staff, community, hospital departments and services and affiliated organizations to participate in the planning process. The participation may include the review of reports and planning documents created by these groups. All individuals serving on the Strategic Planning Committee shall have no direct or indirect conflicts-of-interest before or during their tenure on the Committee.
- C. The Board shall oversee the development, monitoring and implementation of the Strategic Plan.
- D. The following principals will be used in the planning process to keep the planning process focused on the key issues identified by the organization:

LMH PLANNING PRINCIPALS

1. **Community Focus:** The LMH mission is to deliver high quality care to all who access our services, with emphasis on preventative health care services. Coordination of patient care with community services that share our vision of public health is crucial.
2. **Local Governance:** Continued emphasis should be put on local control and governance of the health system. However, the need to evaluate and test new governance structures to improve the delivery of services should be given due consideration.
3. **Physician Partnership:** Form strong relationships with our physicians and align incentives for improving the quality of care.
4. **Access to Capital:** The ability of the hospital to meet equipment, physical plant, technology, growth and development capital requirements will exceed our means to supply that capital. The planning process should include options on how capital needs will be met, including alternative sources of capital and methods to prioritize capital needs.

5. **Cost Reduction:** Reduction of operating costs will be essential for survival in the future. Our ability to reduce costs will be limited by our size and our access to capital. The planning process should focus on new and innovative ways to reduce costs.
6. **Financial Viability:** The need for a strong financial performance should be emphasized. Choices will have to be made, both short and long term, about how to maintain a strong financial position.
7. **Payor Relationships:** LMH needs to develop and maintain strong business relationships with major payers, including the development of partnerships for patient care.
8. **Provider Relationships:** We are limited in the services that we can provide, and provide cost-effectively. Therefore, we must enter into relationships with other hospital and health providers for those services, carefully considering the scope and nature of those relationships.

Procedure

- A. The process for strategic planning will follow the general flow diagram in ATTACHMENT A and the recurring agenda found in ATTACHMENT B.
- B. The responsibilities of the Strategic Planning Committee shall include, but are not limited to the following:
 1. Developing a strategic planning process that will implement the stated purpose of the Association.
 2. Develop, periodically review, and implement a strategic plan that:
 - Reaffirms the Association purpose.
 - Reaffirms the vision, mission, and values of the hospital.
 - Establishes goals, objectives, and strategic action plans for implementing the vision, mission, and values of the hospital.
 - Identifies community needs and strives to meet those needs with resources available.
 - Identifies alternative courses of action to meet stated goals and objectives.
 - Provides for adequate funding of desired action plans and coordinates services within the community.
 3. Provide a mechanism for review and monitoring of existing programs and services to meet stated goals and objectives.
- C. The Strategic Planning Committee shall report to the Board of Directors by transmitting copies of each meeting's minutes, after approval by the Chair, to the next regular meeting of the Board. The Chair shall be responsible for review, communication, coordination and approval of committee action to other Board Standing Committees as appropriate.
- D. The Strategic Planning Committee shall meet at least quarterly under the direction of the Committee Chair, at such times and places convenient to the committee members. The Chair shall approve the meeting agenda, frequency of meetings, committee composition, minutes of committee meetings, and chair the proceedings at each meeting or appoint a chair in his/her absence.
- E. At least annually, identify appropriate individuals with no undisclosed conflicting interests, to participate in the strategic planning process. All members serving on the committee will be voting members. The individuals shall be approved by the Board and should minimally include representatives of:
 1. Board of Directors at least (2)
 2. Medical Staff members (2)

3. Community members (2)
 4. Foundation Board (1)
 5. Employees – Non-Management
 - a. Clinical (1)
 - b. Other (1)
 6. Senior Management (4)
 7. Management Team (1)
 8. Others as determined by committee chair.
- F. The committee will assess the education needs of committee members and if necessary, develop an educational agenda which prepares the committee to provide advisory guidance to the Board. The educational preparation shall include assessment of:
1. Organization's quality performance
 2. Organization's financial performance
 3. The political/regulatory environment
 4. Local competitive environment
 5. Local social issues
 6. Technology
- G. The committee shall address the following during the development and revision of the Lodi Memorial Hospital Strategic Plan.
1. An annual review of the **external** healthcare environment. This review will include new and updated information including:
 - a. California Healthcare Association (CHA) view of the future-latest release.
 - b. American Hospital Association (AHA) vision of the future-latest release.
 - c. Major national, state and local events that have or may affect our local market.
 2. Annually review the **internal** environments – including:
 - a. Audited financials for the last three years for trends.
 - b. Market-share information, for hospital and all business lines, i.e. inpatient, outpatient, emergency department, home health agency, acute physical rehabilitation and clinics.
 - c. Payer mix by service and zip code.
 - d. Utilization statistics.
 - e. List of major employee, board and medical staff issues currently open/in-progress.
 - f. Community-needs assessment and benefit plan.
 - g. Quality performance, clinical and patient satisfaction.
 - h. Employee satisfaction.
 - i. Physician satisfaction.
 - j. Information Technology capabilities.

3. The findings and recommendations of the community needs assessment, conducted every three years to determine the community's health status and need for health services, shall be integrated into the hospital's strategic plan. Annually, the needs-assessment findings shall be revisited prior to each April meeting to assess whether LMH, within the realm of its resources, can or should develop programs and services to meet community need and/or work with other local health providers, schools and organizations to meet community health needs for wellness, prevention and treatment.
4. The Strategic Planning Committee shall review and the Board of Directors shall approve a community-benefit plan and deliver said plan to OSHPD by May of each year. The community-benefit plan shall include goals and measurements from the previous year, goals and measurements for the current year, and a valuation and description of community services provided by the hospital.
5. Annually review the hospital mission, vision and values for board approval at its May meeting.
6. Annually develop long and short-term goals and objectives for submission to the Board for approval.
7. Upon Board acceptance and validation of strategic goals and objectives, senior management will work with the Medical Executive Committee (MEC) to develop a detailed operational plan including strategies and action with an achievable timeline. Goal development will follow the standardized nomenclature per organization policy.
8. Based upon the goals and objectives approved by the Board, senior management in consultation with the medical staff shall develop an operational plan to fulfill the Strategic Plan.
 - a. The operational plan is a subset of the strategic plan. It describes short-term ways of achieving milestones and explains how, or what portions of a strategic plan will be put into operation during a given operational period, such as a calendar year or fiscal year.
 - b. The operational plan links the strategic plan with the activities of the organization and should deliver the necessary resources.
 - c. An operational plan should be prepared with the people who will be involved in implementation. More than likely, this will require significant cross-department dialogue as plans created by one part of the organizations inevitably has implications for other parts.
 - d. Operational plans should contain:
 1. Clear objectives.
 2. Activities to be delivered.
 3. Quality standards.
 4. Desired outcomes.
 5. Staffing and resource requirements.
 6. Implementation timetables.
 7. A process for monitoring progress.
9. Senior management and the MEC shall assign the strategies to workgroups, departments, or other committees for operational fulfillment. Assignments shall be made within the following general framework:
 - Medical Staff: All actions related to the medical care of patients.
 - LMH Departments: Action required which is best addressed by a specific hospital department. For example, Human Resources action with the retention of hospital personnel.

- Standing Committees: A group of people officially delegated by bylaws, rules or policy to perform a function, such as investigating, considering, reporting, or acting on a matter. A standing committee is generally advisory and is developed for long-term purposes.
- Ad hoc Committee: A group of people officially chartered to perform some service or function, as to investigate, report on, or act on a particular matter. Ad hoc Committee generally serves for a defined timeframe, not to exceed approximately 12 months.
- Task Force: A small team given responsibility for a short-term assignment with specific goals. A short-term assignment shall generally be no longer than three to six months.
- Work Group: A group of people working together temporarily until some goal is achieved. A brief assignment not to exceed three months.

10. Senior management and the MEC shall report progress of the Strategic Plan fulfillment at least quarterly to the Board, and the Strategic Planning Committee. Other individuals, including Management Committee, Community Advisory Board, Foundation Board, Main Auxiliary, and Medical Executive Committee shall be updated at least annually.

11. The Recurring Agenda is outlined in ATTACHMENT B.

H. The Board will approve the Strategic Plan annually.

Attachments:

 [A - Strategic Planning Process](#)

 [B-Recurring Agenda](#)

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