

**REPORT  
ON THE  
COST REPORT REVIEW**

**CENTINELA HOSPITAL MEDICAL CENTER  
INGLEWOOD, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1336328244**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Maria Delgado  
Audit Supervisor: Cyrus Lam  
Auditor: Nancy Nguyen**



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



EDMUND G. BROWN JR.  
GOVERNOR

August 14, 2013

Sylvia Ventura, Administrator  
Centinela Hospital Medical Center  
555 East Hardy Street  
Inglewood, CA 90301

CENTINELA HOSPITAL MEDICAL CENTER  
NATIONAL PROVIDER IDENTIFIER: 1336328244  
FISCAL PERIOD ENDED: DECEMBER 31, 2011

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$107,436, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account

Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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

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

Chief  
Department of Health Care Services  
Office of Administrative Hearing and Appeals  
1029 J Street, Suite 200  
Sacramento, CA 95814  
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

**United States Postal Service (USPS)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
PO Box 997413  
Sacramento, CA 95899-7413

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814-5005  
(916) 440-7700

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

Sylvia Ventura  
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If you have questions regarding this report, you may call the Audits Section—Gardena at (310) 516-4757.

**Original Signed By:**

Maria Delgado, Chief  
Audits Section—Gardena  
Financial Audits Branch

Certified

cc: Jeffrey Brown  
Chief Executive Office  
Hospital Management Services, Inc.  
211 East Imperial Highway, Suite 102  
Fullerton, CA 92835

**SUMMARY OF FINDINGS**

**Provider Name:**  
CENTINELA HOSPITAL MEDICAL CENTER

**Fiscal Period Ended:**  
DECEMBER 31, 2011

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1336328244</b>		
Reported	\$ 0	
Net Change	\$ (44,113)	
Audited Amount Due Provider (State)	\$ (44,113)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI: 1336328244</b>		
Reported		\$ 35,580,776
Net Change		\$ 919,894
Audited Cost		\$ 36,500,670
Audited Amount Due Provider (State)	\$ (63,323)	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ (107,436)	
<b>9. Total Medi-Cal Cost</b>		\$ 36,500,670

**SUMMARY OF FINDINGS**

**Provider Name:**  
CENTINELA HOSPITAL MEDICAL CENTER

**Fiscal Period Ended:**  
DECEMBER 31, 2011

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)		\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (107,436)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1336328244

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 587,070
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	\$ 0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 0	\$ 587,070
6. Interim Payments (Adj 6)		\$	\$ (631,183)
7. Balance Due Provider (State)		\$ 0	\$ (44,113)
8. Duplicate Payments (Adj )		\$ 0	\$ 0
9.	\$	\$ 0	\$ 0
10.	\$	\$ 0	\$ 0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (44,113)
		(To Summary of Findings)	

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
CENTINELA HOSPITAL MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2011Provider NPI:  
1336328244

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 0 \$ 599,224

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 5) \$                      \$ 3,507,4533. Inpatient Ancillary Service Charges (Adj 5) \$                      \$ 2,473,8934. Total Charges - Medi-Cal Inpatient Services \$ 0 \$ 5,981,3465. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 0 \$ 5,382,1226. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0

(To Schedule 1)

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



COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
CENTINELA HOSPITAL MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2011Provider NPI:  
1336328244

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj )	60,536	60,536
2. Inpatient Days (include private, exclude swing-bed)	60,536	60,536
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	60,536	60,536
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj )	0	0

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 62,697,723	\$ 61,716,421
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 62,697,723	\$ 61,716,421

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 58,192,153	\$ 58,192,153
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 58,192,153	\$ 58,192,153
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 1.077426	\$ 1.060563
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 961.28	\$ 961.28
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 62,697,723	\$ 61,716,421

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,035.71	\$ 1,019.50
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 321,734
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 321,734

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
CENTINELA HOSPITAL MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2011Provider NPI:  
1336328244

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 1,088,385	\$ 1,071,084
2. Total Inpatient Days (Adj )	2,556	2,556
3. Average Per Diem Cost	\$ 425.82	\$ 419.05
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 13,922,096	\$ 13,734,090
7. Total Inpatient Days (Adj )	8,743	8,743
8. Average Per Diem Cost	\$ 1,592.37	\$ 1,570.87
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 3,556,782	\$ 3,513,713
27. Total Inpatient Days (Adj )	2,052	2,052
28. Average Per Diem Cost	\$ 1,733.32	\$ 1,712.34
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
31. Per Diem Rate (Adj )	\$ 0.00	\$ 0.00
32. Medi-Cal Inpatient Days (Adj )	0	0
33. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
34. Per Diem Rate (Adj 3)	\$ 0.00	\$ 347.82
35. Medi-Cal Inpatient Days (Adj 3)	0	925
36. Cost Applicable to Medi-Cal	\$ 0	\$ 321,734
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 321,734

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
CENTINELA HOSPITAL MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2011Provider NPI:  
1336328244

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1336328244

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj )	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
50.00	Operating Room	\$ 7,771,164	\$ 73,168,492	0.106209	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	4,538,032	4,396,259	1.032249	0	0
53.00	Anesthesiology	217,805	15,124,500	0.014401	0	0
54.00	Radiology-Diagnostic	4,921,128	46,520,640	0.105784	76,140	8,054
54.01	Ultrasound	1,728,397	23,761,570	0.072739	18,726	1,362
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	1,354,118	12,367,138	0.109493	7,791	853
57.00	Computed Tomography (CT) Scan	1,608,119	47,006,985	0.034210	0	0
58.00	Magnetic Resonance Imaging (MRI)	924,689	9,946,802	0.092963	17,108	1,590
59.00	Cardiac Catheterization	3,009,963	39,779,524	0.075666	0	0
60.00	Laboratory	7,428,537	188,416,117	0.039426	697,388	27,495
60.01	Blood Laboratory	497,172	939,747	0.529049	0	0
61.00	PBP Clinical Laboratory Services-Program Onl	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, and Transfer	2,288,112	2,125,577	1.076466	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	7,096,212	43,900,601	0.161643	0	0
66.00	Physical Therapy	4,412,745	3,500,967	1.260436	89,216	112,451
67.00	Occupational Therapy	457,832	770,406	0.594273	17,764	10,557
68.00	Speech Pathology	304,581	389,604	0.781772	3,125	2,443
69.00	Electrocardiology	1,682,736	23,345,451	0.072080	0	0
70.00	Electroencephalography	254,688	1,248,461	0.204002	0	0
71.00	Medical Supplies Charged to Patients	11,449,542	173,124,358	0.066135	0	0
72.00	Implantable Devices Charged to Patients	6,259,522	48,541,871	0.128951	0	0
73.00	Drugs Charged to Patients	12,933,838	177,521,305	0.072858	1,546,636	112,685
74.00	Renal Dialysis	2,257,360	19,010,756	0.118741	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	17,582,301	74,151,856	0.237112	0	0
92.00	Observation Beds (Non-District Part)	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	<b>TOTAL</b>	<b>\$ 100,978,594</b>	<b>\$ 1,029,058,987</b>		<b>\$ 2,473,893</b>	<b>\$ 277,490</b>

(To Schedule 3)

\* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1336328244

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 4)	AUDITED
50.00	Operating Room	\$		\$ 0
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology-Diagnostic		76,140	76,140
54.01	Ultrasound		18,726	18,726
55.00	Radiology-Therapeutic			0
56.00	Radioisotope		7,791	7,791
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)		17,108	17,108
59.00	Cardiac Catheterization			0
60.00	Laboratory		697,388	697,388
60.01	Blood Laboratory			0
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, and Transfer			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy		89,216	89,216
67.00	Occupational Therapy		17,764	17,764
68.00	Speech Pathology		3,125	3,125
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients			0
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients		1,546,636	1,546,636
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency			0
92.00	Observation Beds (Non-District Part)			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 2,473,893	\$ 2,473,893



## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1336328244

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		\$ 35,580,776	\$ 36,500,670
2. Excess Reasonable Cost Over Charges (Contract Sch 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	0
5. Subtotal (Sum of Lines 1 through 4)		\$ 35,580,776	\$ 36,500,670
6.	\$	0	0
7.	\$	0	0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)		\$ 35,580,776	\$ 36,500,670
		(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj )		\$ 0	\$ 0
10. Medi-Cal Credit Balances (Adj 11)		\$ 0	\$ (63,323)
11.	\$	0	0
12.	\$	0	0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (63,323)
		(To Summary of Findings)	

**COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES**

**Provider Name:**  
**CENTINELA HOSPITAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1336328244**

<b>REPORTED</b>
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<b>AUDITED</b>
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**REASONABLE COST OF MEDI-CAL INPATIENT SERVICES**

1. Cost of Covered Services (Contract Sch 3)	\$ <u>35,580,776</u>	\$ <u>37,447,296</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adj 8)	\$ <u>58,192,153</u>	\$ <u>99,449,620</u>
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3. Inpatient Ancillary Service Charges (Adj 8)	\$ <u>148,466,805</u>	\$ <u>176,638,092</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>206,658,958</u>	\$ <u>276,087,712</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>171,078,182</u>	\$ <u>238,640,416</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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



**COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

**Provider Name:**  
**CENTINELA HOSPITAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1336328244**

**GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS**

	<b>REPORTED</b>	<b>AUDITED</b>
<b>INPATIENT DAYS</b>		
1. Total Inpatient Days (include private & swing-bed) (Adj )	60,536	60,536
2. Inpatient Days (include private, exclude swing-bed)	60,536	60,536
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	60,536	60,536
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 7)	12,376	13,068

**SWING-BED ADJUSTMENT**

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 27)	\$ 62,697,723	\$ 61,716,421
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 62,697,723	\$ 61,716,421

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj )	\$ 58,192,153	\$ 58,192,153
29. Private Room Charges (excluding swing-bed charges) (Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj )	\$ 58,192,153	\$ 58,192,153
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 1.077426	\$ 1.060563
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 961.28	\$ 961.28
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 62,697,723	\$ 61,716,421

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,035.71	\$ 1,019.50
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 12,817,947	\$ 13,322,826
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 6,866,492	\$ 7,546,907
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 19,684,439	\$ 20,869,733

(To Contract Sch 3)

**COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

**Provider Name:**  
**CENTINELA HOSPITAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1336328244**

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	\$ 1,088,385	\$ 1,071,084
2. Total Inpatient Days (Adj )	2,556	2,556
3. Average Per Diem Cost	\$ 425.82	\$ 419.05
4. Medi-Cal Inpatient Days (Adj 7)	1,480	1,477
5. Cost Applicable to Medi-Cal	\$ 630,214	\$ 618,937
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	\$ 13,922,096	\$ 13,734,090
7. Total Inpatient Days (Adj )	8,743	8,743
8. Average Per Diem Cost	\$ 1,592.37	\$ 1,570.87
9. Medi-Cal Inpatient Days (Adj 7)	1,760	2,434
10. Cost Applicable to Medi-Cal	\$ 2,802,571	\$ 3,823,498
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	\$ 3,556,782	\$ 3,513,713
27. Total Inpatient Days (Adj )	2,052	2,052
28. Average Per Diem Cost	\$ 1,733.32	\$ 1,712.34
29. Medi-Cal Inpatient Days (Adj 7)	1,981	1,813
30. Cost Applicable to Medi-Cal	\$ 3,433,707	\$ 3,104,472
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 6,866,492	\$ 7,546,907
	(To Contract Sch 4)	

**COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

**Provider Name:**  
**CENTINELA HOSPITAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1336328244**

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1336328244

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
50.00	Operating Room	\$ 7,771,164	\$ 73,168,492	0.106209	\$ 13,227,793	\$ 1,404,913
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	4,538,032	4,396,259	1.032249	1,858,205	1,918,129
53.00	Anesthesiology	217,805	15,124,500	0.014401	2,962,007	42,655
54.00	Radiology-Diagnostic	4,921,128	46,520,640	0.105784	4,751,234	502,603
54.01	Ultrasound	1,728,397	23,761,570	0.072739	1,658,655	120,649
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	1,354,118	12,367,138	0.109493	1,901,798	208,234
57.00	Computed Tomography (CT) Scan	1,608,119	47,006,985	0.034210	5,580,624	190,914
58.00	Magnetic Resonance Imaging (MRI)	924,689	9,946,802	0.092963	1,355,597	126,021
59.00	Cardiac Catheterization	3,009,963	39,779,524	0.075666	6,647,637	503,001
60.00	Laboratory	7,428,537	188,416,117	0.039426	38,981,170	1,536,881
60.01	Blood Laboratory	497,172	939,747	0.529049	522,738	276,554
61.00	PBP Clinical Laboratory Services-Program Or	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, and Transfer	2,288,112	2,125,577	1.076466	100,788	108,495
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	7,096,212	43,900,601	0.161643	8,636,833	1,396,081
66.00	Physical Therapy	4,412,745	3,500,967	1.260436	615,711	776,064
67.00	Occupational Therapy	457,832	770,406	0.594273	166,022	98,662
68.00	Speech Pathology	304,581	389,604	0.781772	81,248	63,517
69.00	Electrocardiology	1,682,736	23,345,451	0.072080	365,499	26,345
70.00	Electroencephalography	254,688	1,248,461	0.204002	196,940	40,176
71.00	Medical Supplies Charged to Patients	11,449,542	173,124,358	0.066135	36,966,374	2,444,763
72.00	Implantable Devices Charged to Patients	6,259,522	48,541,871	0.128951	0	0
73.00	Drugs Charged to Patients	12,933,838	177,521,305	0.072858	39,835,692	2,902,347
74.00	Renal Dialysis	2,257,360	19,010,756	0.118741	4,511,564	535,709
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	0	0	0.000000	0	0
91.00	Emergency	17,582,301	74,151,856	0.237112	5,713,963	1,354,850
92.00	Observation Beds (Non-District Part)	0	0	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.01		0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 100,978,594	\$ 1,029,058,987		\$ 176,638,092	\$ 16,577,563

(To Contract Sch 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1336328244

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 10)	AUDITED
50.00	Operating Room	\$ 7,637,145	\$ 5,590,648	\$ 13,227,793
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room	2,208,844	(350,639)	1,858,205
53.00	Anesthesiology	2,375,250	586,757	2,962,007
54.00	Radiology-Diagnostic	5,815,413	(1,064,179)	4,751,234
54.01	Ultrasound	2,741,170	(1,082,515)	1,658,655
55.00	Radiology-Therapeutic			0
56.00	Radioisotope	1,851,073	50,725	1,901,798
57.00	Computed Tomography (CT) Scan	4,136,041	1,444,583	5,580,624
58.00	Magnetic Resonance Imaging (MRI)	1,110,930	244,667	1,355,597
59.00	Cardiac Catheterization	5,282,454	1,365,183	6,647,637
60.00	Laboratory	27,978,741	11,002,429	38,981,170
60.01	Blood Laboratory	182,033	340,705	522,738
61.00	PBP Clinical Laboratory Services-Program Only			0
62.00	Whole Blood & Packed Red Blood Cells			0
63.00	Blood Storing, Processing, and Transfer	454,816	(354,028)	100,788
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	11,558,737	(2,921,904)	8,636,833
66.00	Physical Therapy	619,537	(3,826)	615,711
67.00	Occupational Therapy	199,914	(33,892)	166,022
68.00	Speech Pathology	61,048	20,200	81,248
69.00	Electrocardiology	3,672,232	(3,306,733)	365,499
70.00	Electroencephalography	185,664	11,276	196,940
71.00	Medical Supplies Charged to Patients	26,762,435	10,203,939	36,966,374
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	33,582,356	6,253,336	39,835,692
74.00	Renal Dialysis	4,544,364	(32,800)	4,511,564
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (specify)			0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
91.00	Emergency	5,506,608	207,355	5,713,963
92.00	Observation Beds (Non-District Part)			0
93.00	Other Outpatient Services (Specify)			0
93.01				0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 148,466,805	\$ 28,171,287	\$ 176,638,092

(To Contract Sch 5)













Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00
101.00 Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Central Transport	0	0	0	0	0	0	0	0	0	0	1,035	183
194.01 Public Relation	0	0	0	0	0	0	0	0	0	0	108,020	19,108
	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<u>0</u>	<u>1,212,076</u>	<u>0</u>	<u>181,151,770</u>	<u>27,228,050</u>							





Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00
101.00 Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Central Transport	0	0	0	0	0	0	0	0	0	0	0	0
194.01 Public Relation	2,720	4,493	0	2,309	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b><u>4,457,509</u></b>	<b><u>6,476,027</u></b>	<b><u>1,507,789</u></b>	<b><u>3,238,409</u></b>	<b><u>3,242,685</u></b>	<b><u>2,604,368</u></b>	<b><u>0</u></b>	<b><u>5,327,150</u></b>	<b><u>1,120,800</u></b>	<b><u>5,010,611</u></b>	<b><u>4,077,829</u></b>	<b><u>0</u></b>





Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	POST STEP-DOWN		TOTAL COST	
									SUBTOTAL 24.00	ADJUSTMENT 25.00		
101.00 Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	
112.00 Other Organ Acquisition (specify)	0	0	0	0	0	0	0	0	0	0	0	
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	
114.00 Utilization Review-SNF	0	0	0	0	0	0	0	0	0	0	0	
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	
117.00 Other Special Purpose (specify)	0	0	0	0	0	0	0	0	0	0	0	
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	0	0	0	
191.00 Research	0	0	0	0	0	0	0	0	0	0	0	
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	
193.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	
194.00 Central Transport	0	0	0	0	0	0	0	0	1,218	0	1,218	
194.01 Public Relation	0	0	0	0	0	0	0	0	136,650	0	136,650	
	0	0	0	0	0	0	0	0	0	0	0	
<b>TOTAL</b>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>181,151.770</u>	<u>0</u>	<u>181,151.770</u>







Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS
	4.00	5.01	5.02	5.03	5.04	5.05	5.06	5.07	5.08		5.00	6.00	
	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )			(Adj )	
	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )			(Adj )	
<b>GENERAL SERVICE COST CENTERS</b>													
1.00	Capital Related Costs-Buildings and Fixtures												
2.00	Capital Related Costs-Movable Equipment												
3.00	Other Capital Related Costs												
3.01													
3.02													
3.03													
3.04													
3.05													
3.06													
3.07													
3.08													
3.09													
4.00	Employee Benefits												
5.01													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General	6,550,218											
6.00	Maintenance and Repairs	862,524									3,787,522		
7.00	Operation of Plant	829,819									5,046,530	52,887	
8.00	Laundry and Linen Service	125,621									1,200,751	3,516	
9.00	Housekeeping										2,592,692	6,951	
10.00	Dietary										2,324,640	14,264	
11.00	Cafeteria										953,836	4,627	
12.00	Maintenance of Personnel										0		
13.00	Nursing Administration	3,242,548									4,334,346	3,215	
14.00	Central Services and Supply	267,862									742,704	6,494	
15.00	Pharmacy	3,177,621									4,036,577	4,796	
16.00	Medical Records & Library	2,465,336									3,261,688	3,248	
17.00	Social Service										0		
18.00	Other General Service (specify)										0		
19.00	Nonphysician Anesthetists										0		
20.00	Nursing School										0		
21.00	Intern & Res. Service-Salary & Fringes (Approved)										0		
22.00	Intern & Res. Other Program Costs (Approved)										0		
23.00	Paramedical Ed. Program (specify)										0		
23.01											0		
23.02											0		
<b>INPATIENT ROUTINE COST CENTERS</b>													
30.00	Adults & Pediatrics (Gen Routine)	29,644,859									42,521,164	118,884	
31.00	Intensive Care Unit	7,186,734									10,091,917	11,990	
32.00	Coronary Care Unit										0		
33.00	Burn Intensive Care Unit										0		
34.00	Surgical Intensive Care Unit										0		
35.00	Neonatal Intensive Care Unit	2,033,338									2,698,873	706	
40.00	Subprovider - IPF										0		
41.00	Subprovider - IRF										0		
42.00	Subprovider (specify)										0		
43.00	Nursery	429,723									760,421	2,360	
44.00	Skilled Nursing Facility										0		
45.00	Nursing Facility										0		
46.00	Other Long Term Care										0		
47.00											0		



Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES)	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS							
	4.00 (Adj ) (Adj )	5.01 (Adj ) (Adj )	5.02 (Adj ) (Adj )	5.03 (Adj ) (Adj )	5.04 (Adj ) (Adj )	5.05 (Adj ) (Adj )	5.06 (Adj ) (Adj )	5.07 (Adj ) (Adj )	5.08 (Adj ) (Adj )			5.00	6.00 (Adj ) (Adj )
101.00 Home Health Agency													0
105.00 Kidney Acquisition													0
106.00 Heart Acquisition													0
107.00 Liver Acquisition													0
108.00 Lung Acquisition													0
109.00 Pancreas Acquisition													0
110.00 Intestinal Acquisition													0
111.00 Islet Acquisition													0
112.00 Other Organ Acquisition (specify)													0
113.00 Interest Expense													0
114.00 Utilization Review-SNF													0
115.00 Ambulatory Surgical Center (Distinct Part)													0
116.00 Hospice													0
117.00 Other Special Purpose (specify)													0
190.00 Gift, Flower, Coffee Shop, & Canteen													0
191.00 Research													0
192.00 Physicians' Private Offices													0
193.00 Nonpaid Workers													0
194.00 Central Transport												1,035	
194.01 Public Relation												108,020	268
0.00												0	
TOTAL	86,161,699	0	0	0	0	0	0	0	0	0		153,923,720	439,165
COST TO BE ALLOCATED	1,212,076	0	0	0	0	0	0	0	0	0		27,228,050	4,457,509
UNIT COST MULTIPLIER - SCH 8	0.014067	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.176893	10.149964





Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	OTHER SVC (TIME SPENT)
	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
101.00 Home Health Agency						12.00	13.00	14.00	15.00	16.00	17.00	18.00
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
112.00 Other Organ Acquisition (specify)												
113.00 Interest Expense												
114.00 Utilization Review-SNF												
115.00 Ambulatory Surgical Center (Distinct Part)												
116.00 Hospice												
117.00 Other Special Purpose (specify)												
190.00 Gift, Flower, Coffee Shop, & Canteen												
191.00 Research												
192.00 Physicians' Private Offices												
193.00 Nonpaid Workers												
194.00 Central Transport												
194.01 Public Relation	268		268									
0.00												
TOTAL	386,278	1,609,320	375,811	317,658	96,117	0	941,106	13,554,224	6,299,275	1,420,380,028	0	0
COST TO BE ALLOCATED	6,476,027	1,507,789	3,238,409	3,242,685	2,604,368	0	5,327,150	1,120,800	5,010,611	4,077,828	0	0
UNIT COST MULTIPLIER - SCH 8	16.765199	0.936911	8.617122	10.208102	27.095805	0.000000	5.660521	0.082690	0.795427	0.002871	0.000000	0.000000

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )
	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Buildings and Fixtures						
2.00	Capital Related Costs-Movable Equipment						
3.00	Other Capital Related Costs						
3.01							
3.02							
3.03							
3.04							
3.05							
3.06							
3.07							
3.08							
3.09							
4.00	Employee Benefits						
5.01							
5.02							
5.03							
5.04							
5.05							
5.06							
5.07							
5.08							
5.00	Administrative and General						
6.00	Maintenance and Repairs						
7.00	Operation of Plant						
8.00	Laundry and Linen Service						
9.00	Housekeeping						
10.00	Dietary						
11.00	Cafeteria						
12.00	Maintenance of Personnel						
13.00	Nursing Administration						
14.00	Central Services and Supply						
15.00	Pharmacy						
16.00	Medical Records & Library						
17.00	Social Service						
18.00	Other General Service (specify)						
19.00	Nonphysician Anesthetists						
20.00	Nursing School						
21.00	Intern & Res. Service-Salary & Fringes (Approved)						
22.00	Intern & Res. Other Program Costs (Approved)						
23.00	Paramedical Ed. Program (specify)						
23.01							
23.02							
<b>INPATIENT ROUTINE COST CENTERS</b>							
30.00	Adults & Pediatrics (Gen Routine)						
31.00	Intensive Care Unit						
32.00	Coronary Care Unit						
33.00	Burn Intensive Care Unit						
34.00	Surgical Intensive Care Unit						
35.00	Neonatal Intensive Care Unit						
40.00	Subprovider - IPF						
41.00	Subprovider - IRF						
42.00	Subprovider (specify)						
43.00	Nursery						
44.00	Skilled Nursing Facility						
45.00	Nursing Facility						
46.00	Other Long Term Care						
47.00							

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )
	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )	(Adj )
<b>ANCILLARY COST CENTERS</b>							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Labor Room and Delivery Room						
53.00	Anesthesiology						
54.00	Radiology-Diagnostic						
54.01	Ultrasound						
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
60.01	Blood Laboratory						
61.00	PBP Clinical Laboratory Services-Program Or						
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, and Transfer						
64.00	Intravenous Therapy						
65.00	Respiratory Therapy						
66.00	Physical Therapy						
67.00	Occupational Therapy						
68.00	Speech Pathology						
69.00	Electrocardiology						
70.00	Electroencephalography						
71.00	Medical Supplies Charged to Patients						
72.00	Implantable Devices Charged to Patients						
73.00	Drugs Charged to Patients						
74.00	Renal Dialysis						
75.00	ASC (Non-Distinct Part)						
76.00	Other Ancillary (specify)						
79.00							
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
91.00	Emergency						
92.00	Observation Beds (Non-District Part)						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
<b>NONREIMBURSABLE COST CENTERS</b>							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment-Rented						
97.00	Durable Medical Equipment-Sold						
98.00	Other Reimbursable cost center						
99.00	CMHC						
99.10	CORF						
100.00	Intern-Resident Service (not appvd. tchnng. pr)						



## TRIAL BALANCE OF EXPENSES

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 9,824,064	\$ (357,990)	\$ 9,466,074
2.00	Capital Related Costs-Movable Equipment	5,276,309	(283,921)	4,992,388
3.00	Other Capital Related Costs		0	0
3.01			0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	1,188,478	0	1,188,478
5.01			0	0
5.02			0	0
5.03			0	0
5.04			0	0
5.05			0	0
5.06			0	0
5.07			0	0
5.08			0	0
5.00	Administrative and General	28,777,855	(2,202,377)	26,575,478
6.00	Maintenance and Repairs	3,395,113	0	3,395,113
7.00	Operation of Plant	3,409,805	0	3,409,805
8.00	Laundry and Linen Service	1,090,948	0	1,090,948
9.00	Housekeeping	2,379,110	0	2,379,110
10.00	Dietary	1,886,352	0	1,886,352
11.00	Cafeteria	811,663	0	811,663
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	4,189,945	0	4,189,945
14.00	Central Services and Supply	539,396	0	539,396
15.00	Pharmacy	3,844,510	0	3,844,510
16.00	Medical Records & Library	3,127,206	0	3,127,206
17.00	Social Service		0	0
18.00	Other General Service (specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)		0	0
22.00	Intern & Res. Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (specify)		0	0
23.01			0	0
23.02			0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
30.00	Adults & Pediatrics (Gen Routine)	38,451,204	0	38,451,204
31.00	Intensive Care Unit	9,622,403	0	9,622,403
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Neonatal Intensive Care Unit	2,648,576	0	2,648,576
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (specify)		0	0
43.00	Nursery	681,861	0	681,861
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 4,120,779	\$ 0	\$ 4,120,779
51.00	Recovery Room		0	0
52.00	Labor Room and Delivery Room	3,150,023	0	3,150,023
53.00	Anesthesiology	130,744	0	130,744
54.00	Radiology-Diagnostic	3,130,516	0	3,130,516
54.01	Ultrasound	1,239,524	0	1,239,524
55.00	Radiology-Therapeutic	0	0	0
56.00	Radioisotope	911,050	0	911,050
57.00	Computed Tomography (CT) Scan	1,135,941	0	1,135,941
58.00	Magnetic Resonance Imaging (MRI)	549,495	0	549,495
59.00	Cardiac Catheterization	1,827,976	0	1,827,976
60.00	Laboratory	5,331,668	0	5,331,668
60.01	Blood Laboratory	329,587	0	329,587
61.00	PBP Clinical Laboratory Services-Program Only		0	0
62.00	Whole Blood & Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, and Transfer	1,885,586	0	1,885,586
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	5,617,881	0	5,617,881
66.00	Physical Therapy	1,262,717	0	1,262,717
67.00	Occupational Therapy	286,586	0	286,586
68.00	Speech Pathology	229,506	0	229,506
69.00	Electrocardiology	742,916	0	742,916
70.00	Electroencephalography	132,595	0	132,595
71.00	Medical Supplies Charged to Patients	8,695,346	0	8,695,346
72.00	Implantable Devices Charged to Patients	4,858,878	0	4,858,878
73.00	Drugs Charged to Patients	6,299,275	0	6,299,275
74.00	Renal Dialysis	1,799,747	0	1,799,747
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (specify)		0	0
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic		0	0
91.00	Emergency	9,082,104	0	9,082,104
92.00	Observation Beds (Non-District Part)		0	0
93.00	Other Outpatient Services (Specify)		0	0
93.01			0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	<b>SUBTOTAL</b>	\$ 183,895,238	\$ (2,844,288)	\$ 181,050,950
	<b>NONREIMBURSABLE COST CENTERS</b>			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment-Rented		0	0
97.00	Durable Medical Equipment-Sold		0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
CENTINELA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable cost center		0	0
99.00	CMHC		0	0
99.10	CORF		0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)		0	0
101.00	Home Health Agency		0	0
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition (specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review-SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose (specify)		0	0
190.00	Gift, Flower, Coffee Shop, & Canteen		0	0
191.00	Research		0	0
192.00	Physicians' Private Offices		0	0
193.00	Nonpaid Workers		0	0
194.00	Central Transport	1,035	0	1,035
194.01	Public Relation	99,785	0	99,785
			0	0
	SUBTOTAL	\$ 100,820	\$ 0	\$ 100,820
200	TOTAL	\$ 183,996,058	\$ (2,844,288)	\$ 181,151,770

(To Schedule 8)













Provider Name							Fiscal Period		Provider NPI		Adjustments
CENTINELA HOSPITAL MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1336328244		11
Report References											
Cost Report											
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments				
							As Reported	Increase (Decrease)	As Adjusted		
<b>ADJUSTMENTS TO REPORTED COSTS</b>											
1	10A	A			5.00	7	Administrative and General To adjust the provider's adjustment for scrap and waste revenue. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300, 2302.4, 2302.8 and 2304	\$28,777,855	(\$6,578)	\$28,771,277 *	
2	10A	A			1.00	7	Capital Related Costs-Buildings and Fixtures	\$9,824,064	(\$357,990)	\$9,466,074	
	10A	A			2.00	7	Capital Related Costs-Movable Equipment	5,276,309	(283,921)	4,992,388	
	10A	A			5.00	7	Administrative and General To adjust reported home office costs to agree with the Prime Healthcare Services Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304	* 28,771,277	(2,195,799)	26,575,478	

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period					Provider NPI		Adjustments	
CENTINELA HOSPITAL MEDICAL CENTER		JANUARY 1, 2011 THROUGH DECEMBER 31, 2011					1336328244		11	
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line					
<b>ADJUSTMENTS TO MEDI-CAL SETTLEMENT DATA - NON CONTRACT</b>										
3	4A	Not Reported					Medi-Cal Administrative Days	0	925	925
	4A	Not Reported					Medi-Cal Administrative Days Rate	\$0	\$347.82	\$347.82
4	6	Not Reported					Medi-Cal Ancillary Charges - Radiology-Diagnostic	\$0	\$76,140	\$76,140
	6	Not Reported					Medi-Cal Ancillary Charges - Ultrasound	0	18,726	18,726
	6	Not Reported					Medi-Cal Ancillary Charges - Radioisotope	0	7,791	7,791
	6	Not Reported					Medi-Cal Ancillary Charges - MRI	0	17,108	17,108
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	697,388	697,388
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	89,216	89,216
	6	Not Reported					Medi-Cal Ancillary Charges - Occupational Therapy	0	17,764	17,764
	6	Not Reported					Medi-Cal Ancillary Charges - Speech Pathology	0	3,125	3,125
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	1,546,636	1,546,636
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	2,473,893	2,473,893
5	2	Not Reported					Medi-Cal Routine Service Charges	\$0	\$3,507,453	\$3,507,453
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	2,473,893	2,473,893
6	3	Not Reported					Medi-Cal Deductible	\$0	\$846	\$846
	3	Not Reported					Medi-Cal Coinsurance	0	11,308	11,308
	1	Not Reported					Medi-Cal Interim Payments	0	631,183	631,183
<p>To adjust Medi-Cal Settlement Data to agree with the following                      Fiscal Intermediary Payment Data:                      Service Period: January 1, 2011 through December 31, 2011                      Payment Period: January 1, 2011 through March 31, 2013                      Report Date: April 9, 2013                      42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139                      CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408                      CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>										

Provider Name			Fiscal Period				Provider NPI		Adjustments	
CENTINELA HOSPITAL MEDICAL CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1336328244		11	
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report				Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>										
7	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	12,376	692	13,068
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	1,480	(3)	1,477
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,760	674	2,434
	Contract 4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	1,981	(168)	1,813
8	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$58,192,153	\$41,257,467	\$99,449,620
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	148,466,805	28,171,287	176,638,092
9	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductibles	\$0	\$51,878	\$51,878
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	0	894,748	894,748
10	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$7,637,145	\$5,590,648	\$13,227,793
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	2,208,844	(350,639)	1,858,205
	Contract 6	D-3		XIX	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	2,375,250	586,757	2,962,007
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	5,815,413	(1,064,179)	4,751,234
	Contract 6	D-3		XIX	54.01	2	Medi-Cal Ancillary Charges - Ultrasound	2,741,170	(1,082,515)	1,658,655
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	1,851,073	50,725	1,901,798
	Contract 6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - CT Scan	4,136,041	1,444,583	5,580,624
	Contract 6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - MRI	1,110,930	244,667	1,355,597
	Contract 6	D-3		XIX	59.00	2	Medi-Cal Ancillary Charges - Cardiac Catheterization	5,282,454	1,365,183	6,647,637
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	27,978,741	11,002,429	38,981,170
	Contract 6	D-3		XIX	60.01	2	Medi-Cal Ancillary Charges - Blood Laboratory	182,033	340,705	522,738
	Contract 6	D-3		XIX	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing and Transfer	454,816	(354,028)	100,788
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	11,558,737	(2,921,904)	8,636,833

-Continued on next page-

Provider Name			Fiscal Period				Provider NPI		Adjustments
CENTINELA HOSPITAL MEDICAL CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1336328244		11
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>									
-Continued from previous page-									
Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	619,537	(3,826)	615,711
Contract 6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	199,914	(33,892)	166,022
Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	61,048	20,200	81,248
Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	3,672,232	(3,306,733)	365,499
Contract 6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	185,664	11,276	196,940
Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	26,762,435	10,203,939	36,966,374
Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charges to Patients	33,582,356	6,253,336	39,835,692
Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	4,544,364	(32,800)	4,511,564
Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	5,506,608	207,355	5,713,963
Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	148,466,805	28,171,287	176,638,092
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following                      Fiscal Intermediary Payment Data:                      Service Period: January 1, 2011 through December 31, 2011                      Payment Period: January 1, 2011 through March 31, 2013                      Report Date: April 3, 2013                      42 CFR 413.20, 413.24, 413.53, and 433.139                      CMS Pub. 15-1, Sections 2304, 2404, and 2408                      CCR, Title 22, Section 51541</p>									

Provider Name							Fiscal Period			Provider NPI		Adjustments
CENTINELA HOSPITAL MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1336328244		11
Report References												
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
							<u>ADJUSTMENT TO OTHER MATTERS</u>					
11	Contract 1	Not Reported					Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 50761 and 51458.1			\$0	\$63,323	\$63,323