

**REPORT
ON THE
COST REPORT REVIEW**

**ALHAMBRA HOSPITAL MEDICAL CENTER
ALHAMBRA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS: 1588793574
AND 1386773372**

**FISCAL PERIOD ENDED
JUNE 30, 2012**

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

**Section Chief: Allen Dervi
Audit Supervisor: Gertrude Lake
Auditor: Anita Keshishyan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 22, 2014

Linda Marsh
Chief Financial Officer
Alhambra Hospital Medical Center
100 South Raymond Avenue
Alhambra, CA 91801

ALHAMBRA HOSPITAL MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1588793574
FISCAL PERIOD ENDED JUNE 30, 2012

We have examined the Provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and 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 \$8,974, 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. Computation of Subacute Per Diem (ADULT SUBACUTE Schedules)
5. Audit Adjustments Schedule

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

Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Fee-For-Service Rates Development Division.

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

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

Lisa Alder, Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
MS 0017
Sacramento, CA 95814
(916) 322-5603

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

Allen Dervi, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1588793574		
Reported	\$ 0	
Net Change	\$ (5,895)	
Audited Amount Due Provider (State)	\$ (5,895)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1588793574		
Reported		\$ 4,962,937
Net Change		\$ 1,615,788
Audited Cost		\$ 6,578,725
Audited Amount Due Provider (State)	\$ (1,987)	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI: 1386773372		
Reported		\$ 939.06
Net Change		\$ (104.54)
Audited Cost Per Day		\$ 834.52
Audited Amount Due Provider (State)	\$ (1,092)	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (8,974)	
9. Total Medi-Cal Cost		\$ 6,578,725

SUMMARY OF FINDINGS

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (8,974)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>0</u>	\$ <u>14,156</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>0</u>	\$ <u>14,156</u>
6. Interim Payments (Adj 13)	\$ <u>0</u>	\$ <u>(20,051)</u>
7. Balance Due Provider (State)	\$ <u>0</u>	\$ <u>(5,895)</u>
8. Duplicate Payments (Adj)	\$ <u>0</u>	\$ <u>0</u>
9.	\$ <u>0</u>	\$ <u>0</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>0</u></u>	\$ <u><u>(5,895)</u></u>

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
ALHAMBRA HOSPITAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1588793574

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ <u>0</u>	\$ <u>15,972</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 11)	\$ <u>0</u>	\$ <u>98,000</u>
3. Inpatient Ancillary Service Charges (Adj 11)	\$ <u>0</u>	\$ <u>69,768</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>167,768</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>151,796</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
ALHAMBRA HOSPITAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1588793574

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 0	\$ 5,965
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 0	\$ 10,007
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4.	\$ 0	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 0	\$ 15,972
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0	\$ 0
8. SUBTOTAL	\$ 0	\$ 15,972
		(To Schedule 2)
9. Medi-Cal Deductible (Adj)	\$ 0	\$ 0
10. Medi-Cal Coinsurance (Adj 12)	\$ 0	\$ (1,816)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 0	\$ 14,156
		(To Schedule 1)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ALHAMBRA HOSPITAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1588793574

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
----------	---------

INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 7)	14,910	18,942
2. Inpatient Days (include private, exclude swing-bed)	14,910	18,942
3. Private Room Days (exclude swing-bed private room) (Adj 7)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	14,910	18,942
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 26)	\$ 14,341,512	\$ 18,989,547
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)	\$ 14,341,512	\$ 18,989,547

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 8)	\$ 65,268,900	\$ 73,270,900
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 8)	\$ 65,268,900	\$ 73,270,900
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.219730	\$ 0.259169
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)	\$ 4,377.53	\$ 3,868.17
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)	\$ 14,341,512	\$ 18,989,547

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 961.87	\$ 1,002.51
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 10,007
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 10,007

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ALHAMBRA HOSPITAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1588793574

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 5,364,287	\$ 5,365,352
7. Total Inpatient Days (Adj)	1,378	1,378
8. Average Per Diem Cost	\$ 3,892.81	\$ 3,893.58
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 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
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 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
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS (AUGUST 1, 2011 THROUGH JUNE 30, 2012)		
31. Per Diem Rate (Adj 9)	\$ 0.00	\$ 416.95
32. Medi-Cal Inpatient Days (Adj 9)	0	24
33. Cost Applicable to Medi-Cal	\$ 0	\$ 10,007
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0	0
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 0	\$ 10,007

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 5,393,108	\$ 48,996,010	0.110072	\$ 0	\$ 0
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00		0	0	0.000000	0	0
54.00	Radiology-Diagnostic	2,867,026	13,971,796	0.205201	2,288	469
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	494,987	3,112,947	0.159009	0	0
57.00	Computed Tomography (CT) Scan	391,795	19,961,533	0.019627	0	0
58.00	Magnetic Resonance Imaging (MRI)	151,848	1,508,154	0.100685	0	0
59.00		0	0	0.000000	0	0
60.00	Laboratory	3,236,160	47,019,134	0.068826	22,128	1,523
61.00		0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	18,553	4,306,464	0.004308	0	0
63.00	Blood Storing, Processing, & Transfusion	0	0	0.000000	0	0
64.00		0	0	0.000000	0	0
65.00	Respiratory Therapy	3,270,973	41,322,250	0.079158	0	0
66.00	Physical Therapy	1,112,372	8,748,700	0.127147	5,436	691
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	95,042	1,234,874	0.076965	1,038	80
69.00	Electrocardiology	628,922	10,389,374	0.060535	0	0
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	4,492,188	10,591,166	0.424145	0	0
72.00	Implantable Devices Charged to Patients	2,128,686	4,454,132	0.477913	0	0
73.00	Drugs Charged to Patients	5,728,043	69,540,523	0.082370	38,878	3,202
74.00	Renal Dialysis	571,667	4,724,184	0.121009	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
77.00		0	0	0.000000	0	0
78.00		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	4,308,037	28,962,625	0.148745	0	0
92.00	Observation Beds	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		\$ 34,889,407	\$ 318,843,866		\$ 69,768	\$ 5,965

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2012Provider NPI:
1588793574

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 10)	AUDITED
50.00	Operating Room	\$ 0	\$	\$ 0
51.00	Recovery Room	0		0
52.00	Labor Room and Delivery Room	0		0
53.00		0		0
54.00	Radiology-Diagnostic	0	2,288	2,288
55.00	Radiology-Therapeutic	0		0
56.00	Radioisotope	0		0
57.00	Computed Tomography (CT) Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	0		0
59.00		0		0
60.00	Laboratory	0	22,128	22,128
61.00		0		0
62.00	Whole Blood & Packed Red Blood Cells	0		0
63.00	Blood Storing, Processing, & Transfusion	0		0
64.00		0		0
65.00	Respiratory Therapy	0		0
66.00	Physical Therapy	0	5,436	5,436
67.00	Occupational Therapy	0		0
68.00	Speech Pathology	0	1,038	1,038
69.00	Electrocardiology	0		0
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	0		0
72.00	Implantable Devices Charged to Patients	0		0
73.00	Drugs Charged to Patients	0	38,878	38,878
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Other Ancillary (specify)	0		0
77.00		0		0
78.00		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	0		0
92.00	Observation Beds	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
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 69,768	\$ 69,768

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

	<u>REPORTED</u>	<u>AUDITED</u>
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>4,962,937</u>	\$ <u>6,578,725</u>
2. Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>4,962,937</u>	\$ <u>6,578,725</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u><u>4,962,937</u></u>	\$ <u><u>6,578,725</u></u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj 25)	\$ <u>0</u>	\$ <u>(529)</u>
10. Medi-Cal Credit Balances (Adj 24)	\$ <u>0</u>	\$ <u>(1,458)</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>0</u></u>	\$ <u><u>(1,987)</u></u>
	(To Summary of Findings)	

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

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>5,219,229</u>	\$ <u>6,859,889</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 16)	\$ <u>5,190,636</u>	\$ <u>11,601,410</u>
3. Inpatient Ancillary Service Charges (Adj 16)	\$ <u>19,909,643</u>	\$ <u>24,819,265</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>25,100,279</u>	\$ <u>36,420,675</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>19,881,050</u>	\$ <u>29,560,786</u>
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 NET COST OF COVERED SERVICES**

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ <u>2,366,704</u>	\$ <u>3,002,502</u>
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ <u>2,852,525</u>	\$ <u>3,857,387</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4. Medical and Other Services	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>5,219,229</u>	\$ <u>6,859,889</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>5,219,229</u>	\$ <u>6,859,889</u>
	(To Contract Sch 2)	
9. Medi-Cal Deductible (Adj 17)	\$ <u>0</u>	\$ <u>(1,182)</u>
10. Medi-Cal Coinsurance (Adj 17)	\$ <u>(256,292)</u>	\$ <u>(279,982)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>4,962,937</u></u>	\$ <u><u>6,578,725</u></u>
	(To Contract Sch 1)	

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

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

REPORTED	AUDITED
----------	---------

INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 7)	14,910	18,942
2. Inpatient Days (include private, exclude swing-bed)	14,910	18,942
3. Private Room Days (exclude swing-bed private room) (Adj 7)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	14,910	18,942
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 14)	2,055	1,933

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 26)	\$ 14,341,512	\$ 18,989,547
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)	\$ 14,341,512	\$ 18,989,547

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 8)	\$ 65,268,900	\$ 73,270,900
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 8)	\$ 65,268,900	\$ 73,270,900
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.219730	\$ 0.259169
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)	\$ 4,377.53	\$ 3,868.17
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)	\$ 14,341,512	\$ 18,989,547

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 961.87	\$ 1,002.51
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,976,643	\$ 1,937,852
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 875,882	\$ 1,919,535
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 2,852,525	\$ 3,857,387

(To Contract Sch 3)

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

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 26)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 5,364,287	\$ 5,365,352
7. Total Inpatient Days (Adj)	1,378	1,378
8. Average Per Diem Cost	\$ 3,892.81	\$ 3,893.58
9. Medi-Cal Inpatient Days (Adj 14)	225	493
10. Cost Applicable to Medi-Cal	\$ 875,882	\$ 1,919,535
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 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
BURN INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 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
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 875,882	\$ 1,919,535

(To Contract Sch 4)

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

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 5,393,108	\$ 48,996,010	0.110072	\$ 604,954	\$ 66,589
51.00	Recovery Room	0	0	0.000000	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00		0	0	0.000000	0	0
54.00	Radiology-Diagnostic	2,867,026	13,971,796	0.205201	967,668	198,566
55.00	Radiology-Therapeutic	0	0	0.000000	0	0
56.00	Radioisotope	494,987	3,112,947	0.159009	297,332	47,278
57.00	Computed Tomography (CT) Scan	391,795	19,961,533	0.019627	1,314,926	25,809
58.00	Magnetic Resonance Imaging (MRI)	151,848	1,508,154	0.100685	19,636	1,977
59.00		0	0	0.000000	0	0
60.00	Laboratory	3,236,160	47,019,134	0.068826	5,015,744	345,216
61.00		0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	18,553	4,306,464	0.004308	574,792	2,476
63.00	Blood Storing, Processing, & Transfusion	0	0	0.000000	0	0
64.00		0	0	0.000000	0	0
65.00	Respiratory Therapy	3,270,973	41,322,250	0.079158	3,139,225	248,494
66.00	Physical Therapy	1,112,372	8,748,700	0.127147	270,766	34,427
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	95,042	1,234,874	0.076965	98,230	7,560
69.00	Electrocardiology	628,922	10,389,374	0.060535	1,286,783	77,896
70.00	Electroencephalography	0	0	0.000000	0	0
71.00	Medical Supplies Charged to Patients	4,492,188	10,591,166	0.424145	2,639,364	1,119,473
72.00	Implantable Devices Charged to Patients	2,128,686	4,454,132	0.477913	93,564	44,715
73.00	Drugs Charged to Patients	5,728,043	69,540,523	0.082370	7,025,075	578,654
74.00	Renal Dialysis	571,667	4,724,184	0.121009	557,489	67,461
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (specify)	0	0	0.000000	0	0
77.00		0	0	0.000000	0	0
78.00		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	4,308,037	28,962,625	0.148745	913,717	135,911
92.00	Observation Beds	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	\$ 34,889,407	\$ 318,843,866		\$ 24,819,265	\$ 3,002,502

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1588793574

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 15)	AUDITED
50.00	Operating Room	\$ 703,977	\$ (99,023)	\$ 604,954
51.00	Recovery Room	0		0
52.00	Labor Room and Delivery Room	0		0
53.00		0		0
54.00	Radiology-Diagnostic	452,250	515,418	967,668
55.00	Radiology-Therapeutic	0		0
56.00	Radioisotope	164,991	132,341	297,332
57.00	Computed Tomography (CT) Scan	413,655	901,271	1,314,926
58.00	Magnetic Resonance Imaging (MRI)	54,782	(35,146)	19,636
59.00		0		0
60.00	Laboratory	1,841,544	3,174,200	5,015,744
61.00		0		0
62.00	Whole Blood & Packed Red Blood Cells	263,448	311,344	574,792
63.00	Blood Storing, Processing, & Transfusion	0		0
64.00		0		0
65.00	Respiratory Therapy	6,652,142	(3,512,917)	3,139,225
66.00	Physical Therapy	142,919	127,847	270,766
67.00	Occupational Therapy	0		0
68.00	Speech Pathology	47,077	51,153	98,230
69.00	Electrocardiology	461,218	825,565	1,286,783
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	651,344	1,988,020	2,639,364
72.00	Implantable Devices Charged to Patients	1,000,000	(906,436)	93,564
73.00	Drugs Charged to Patients	5,881,287	1,143,788	7,025,075
74.00	Renal Dialysis	541,333	16,156	557,489
75.00	ASC (Non-Distinct Part)	0		0
76.00	Other Ancillary (specify)	0		0
77.00		0		0
78.00		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	637,676	276,041	913,717
92.00	Observation Beds	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
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 19,909,643	\$ 4,909,622	\$ 24,819,265

(To Contract Sch 5)

COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1386773372

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF SUBACUTE PER DIEM			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 3,771,253	\$ 2,782,476	\$ (988,777)
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 5,031,490	\$ 5,040,308	\$ 8,818
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 8,802,743	\$ 7,822,784	\$ (979,959)
4. Total Adult Subacute Patient Days (Adj)	9,374	9,374	0
5. Average Adult Subacute Per Diem Cost (L3 ÷ L4)	\$ 939.06	\$ 834.52	\$ (104.54)
ADULT SUBACUTE OVERPAYMENT & OVERBILLINGS			
6. Medi-Cal Overpayments (Adj 25)	\$ 0	\$ (1,092)	\$ (1,092)
7. Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (1,092)	\$ (1,092)
		(To Summary of Findings)	
GENERAL INFORMATION			
9. Contracted Number of Adult Subacute Beds (Adj 22)	0	26	26
10. Total Licensed Nursing Facility Beds (Adj)	26	26	0
11. Total Licensed Capacity (All levels of care)(Adj)	144	144	0
12. Total Medi-Cal Adult Subacute Patient Days (Adj 18)	7,162	8,567	1,405
CAPITAL RELATED COST			
13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 417,671	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 417,671	N/A
TOTAL SALARY & BENEFITS			
16. Direct Salary & Benefits Expenses	N/A	\$ 2,058,914	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 580,452	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 2,639,366	N/A
AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR			
	AUDITED COSTS (Adj 23)	AUDITED TOTAL DAYS (Adj 19)	AUDITED MEDI-CAL DAYS (Adj 18)
19. Ventilator (Equipment Cost Only)	\$ 9,002	5,352	5,122
20. Nonventilator	N/A	4,022	3,445
21. TOTAL	N/A	9,374	8,567

SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1386773372

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Adult Subacute	\$ 2,863,652	\$ 2,863,652	\$ 0
1.00	Capital Related Costs-Buildings and Fixtures	242,988	242,988	(0)
2.00	Capital Related Costs-Movable Equipment	62,105	62,105	0
3.00	Other Capital Related Costs	0	0	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	26,554	26,554	(0)
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	704,940	704,110	(830)
6.00	Maintenance and Repairs	0	0	0
7.00	Operation of Plant	340,030	339,955	(75)
8.00	Laundry and Linen Service	107,216	107,194	(22)
9.00	Housekeeping	106,498	106,440	(58)
10.00	Dietary	28,428	24,086	(4,342)
11.00	Cafeteria	179,934	193,581	13,647
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	208,907	209,152	245
14.00	Central Services and Supply	0	0	0
15.00	Pharmacy	0	0	0
16.00	Medical Records & Library	88,302	88,570	268
17.00	Social Service	71,936	71,921	(15)
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 5,031,490	\$ 5,040,308	\$ 8,818

(To Adult Subacute Sch 1)

* From Schedule 8, Line 46.00

**ALLOCATION OF INDIRECT EXPENSES
ADULT SUBACUTE**

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

Provider NPI:
1386773372

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Capital Related Costs-Buildings and Fixtures	\$ 242,988	\$ N/A
2.00	Capital Related Costs-Movable Equipment	62,105	N/A
3.00	Other Capital Related Costs	0	N/A
3.01		0	N/A
3.02		0	N/A
3.03		0	N/A
3.04		0	N/A
3.05		0	N/A
3.06		0	N/A
3.07		0	N/A
3.08		0	N/A
3.09		0	N/A
4.00	Employee Benefits	694	25,860
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	25,675	259,017
6.00	Maintenance and Repairs	0	0
7.00	Operation of Plant	43,272	22,581
8.00	Laundry and Linen Service	7,480	7,120
9.00	Housekeeping	3,992	7,070
10.00	Dietary	2,168	8,673
11.00	Cafeteria	16,860	68,408
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	6,421	91,070
14.00	Central Services and Supply	0	0
15.00	Pharmacy	0	0
16.00	Medical Records & Library	5,528	41,237
17.00	Social Service	488	49,417
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
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 417,671	\$ 580,452

(To Adult Subacute Sch 1)

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00
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 M.O.S.T.	0	8,535	0	2,672	0	5,209	0	5,628	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	0	0	0	0	0	0	0	0
TOTAL	0	<u>3,441,665</u>	<u>476,977</u>	<u>1,058,255</u>	<u>1,818,725</u>	<u>1,862,589</u>	0	<u>1,955,747</u>	<u>1,133,483</u>	<u>2,556,408</u>	<u>1,547,711</u>	<u>222,424</u>

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

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	SUBTOTAL 24.00	POST STEP-DOWN ADJUSTMENT (Adj 6) 25.00	TOTAL COST 26.00
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 M.O.S.T.	0	0	0	0	0	0	0	0	269,675	0	269,675
	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	0
	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	64,554,290	0	64,554,290

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	EMP BENE (GROSS SALARIES) 4.00 (Adj)	STAT (Adj)	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS 6.00 (Adj)							
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	M.O.S.T.	29,686									202,916	
											0	
											0	
											0	
TOTAL	28,262,644	0	0	0	0	0	0	0	0		52,897,823	0
COST TO BE ALLOCATED	364,504	0	0	0	0	0	0	0	0		11,656,467	0
UNIT COST MULTIPLIER - SCH 8	0.012897	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.220358	0.000000

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	OPER PLANT (SQ FT) 7.00 (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj)	HOUSE-KEEPING (SQ FT) 9.00 (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj)	CAFETERIA (FTE'S SERVED) 11.00 (Adj)	MANT OF PERSONNEL 12.00 (Adj)	NURSING ADMIN (FTE'S SERV.) 13.00 (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj)	MED REC (GROSS CHARGES) 16.00 (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj)	OTHER SVC (TIME SPENT) 18.00 (Adj)
GENERAL SERVICE COST CENTERS												
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	1,051											
9.00	1,141											
10.00	5,233											
11.00	2,045											
12.00	Maintenance of Personnel											
13.00	1,475											
14.00	11,798	3,289	11,798									
15.00	1,304											
16.00	2,725											
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												
INPATIENT ROUTINE COST CENTERS												
30.00	19,374	273,088	19,374	32,275	10,937				10,937	57,275,300	3,838	
31.00	5,268	67,769	5,268	3,036	2,668				2,668	19,928,900	158	
32.00	Coronary Care Unit											
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Special Care (specify)											
40.00												
41.00	8,804	65,025	8,804	11,357	3,250				3,250	13,506,000		
42.00	Subprovider (specify)											
43.00	Nursery											
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	12,068	149,034	12,068	1,720	3,865				3,865	24,859,900	2,170	
47.00	Adult Subacute Care											

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S SERVED)	MANT OF PERSONNEL	NURSING ADMIN (FTE'S SERV.)	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)
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 M.O.S.T.	303		303		104		104					
TOTAL	122,175	663,154	119,983	129,874	37,188	0	36,141	100	100	434,413,966	6,711	0
COST TO BE ALLOCATED	3,441,665	476,977	1,058,255	1,818,725	1,862,589	0	1,955,747	1,133,483	2,556,408	1,547,711	222,424	0
UNIT COST MULTIPLIER - SCH 8	28.169960	0.719255	8.820045	14.003767	50.085760	0.000000	54.114371	11334.831000	25564.079523	0.003563	33.143222	0.000000

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
19.00 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	23.01 (Adj)	23.02 (Adj)

GENERAL SERVICE COST CENTERS

- 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

INPATIENT ROUTINE COST CENTERS

- 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 Other Special Care (specify)
- 40.00
- 41.00 Subprovider - IRF
- 42.00 Subprovider (specify)
- 43.00 Nursery
- 44.00 Skilled Nursing Facility
- 45.00 Nursing Facility
- 46.00 Adult Subacute Care
- 47.00

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

	NONPHY- SICIAN ANE	NURSING SCHOOL	I&R SVC&SAL	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG TIME)	STAT	STAT
	19.00 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	23.01 (Adj)	23.02 (Adj)
ANCILLARY COST CENTERS							
50.00	Operating Room						
51.00	Recovery Room						
52.00	Labor Room and Delivery Room						
53.00							
54.00	Radiology-Diagnostic						
55.00	Radiology-Therapeutic						
56.00	Radioisotope						
57.00	Computed Tomography (CT) Scan						
58.00	Magnetic Resonance Imaging (MRI)						
59.00							
60.00	Laboratory						
61.00							
62.00	Whole Blood & Packed Red Blood Cells						
63.00	Blood Storing, Processing, & Transfusion						
64.00							
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)						
77.00							
78.00							
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						
93.00	Other Outpatient Services (Specify)						
93.01							
93.02							
93.03							
93.04							
93.05							
NONREIMBURSABLE COST CENTERS							
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 (specify)						
99.00	Outpatient Rehabilitation Provider (specify)						
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)						
101.00	Home Health Agency						

TRIAL BALANCE OF EXPENSES

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	\$ 3,135,808	\$ 0	\$ 3,135,808
2.00	Capital Related Costs-Movable Equipment	801,478	0	801,478
3.00	Other Capital Related Costs	0	0	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	354,973	0	354,973
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	11,189,485	(11,245)	11,178,240
6.00	Maintenance and Repairs	0	0	0
7.00	Operation of Plant	2,404,808	(19)	2,404,789
8.00	Laundry and Linen Service	340,019	0	340,019
9.00	Housekeeping	812,266	(282)	811,984
10.00	Dietary	1,460,874	(268,268)	1,192,606
11.00	Cafeteria	250,755	268,268	519,023
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	1,469,444	(812)	1,468,632
14.00	Central Services and Supply	234,893	0	234,893
15.00	Pharmacy	1,957,979	(109,629)	1,848,350
16.00	Medical Records & Library	992,540	(32)	992,508
17.00	Social Service	180,503	0	180,503
18.00	Other General Service (specify)	0	0	0
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	8,822,212	(155,592)	8,666,620
31.00	Intensive Care Unit	3,708,811	0	3,708,811
32.00	Coronary Care Unit	0	0	0
33.00	Burn Intensive Care Unit	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0
35.00	Other Special Care (specify)	0	0	0
40.00		0	0	0
41.00	Subprovider - IRF	3,001,836	0	3,001,836
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	0	0	0
44.00	Skilled Nursing Facility	0	0	0
45.00	Nursing Facility	0	0	0
46.00	Adult Subacute Care	2,863,652	0	2,863,652
47.00		0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 1,926,879	\$ 1,190,178	\$ 3,117,057
51.00	Recovery Room	0	0	0
52.00	Labor Room and Delivery Room	0	0	0
53.00		0	0	0
54.00	Radiology-Diagnostic	1,402,850	0	1,402,850
55.00	Radiology-Therapeutic	0	0	0
56.00	Radioisotope	373,171	0	373,171
57.00	Computed Tomography (CT) Scan	211,393	0	211,393
58.00	Magnetic Resonance Imaging (MRI)	120,026	0	120,026
59.00		0	0	0
60.00	Laboratory	2,108,747	0	2,108,747
61.00		0	0	0
62.00	Whole Blood & Packed Red Blood Cells	240	0	240
63.00	Blood Storing, Processing, & Transfusion	0	0	0
64.00		0	0	0
65.00	Respiratory Therapy	2,279,288	0	2,279,288
66.00	Physical Therapy	525,700	0	525,700
67.00	Occupational Therapy	0	0	0
68.00	Speech Pathology	47,591	0	47,591
69.00	Electrocardiology	299,990	0	299,990
70.00	Electroencephalography	0	0	0
71.00	Medical Supplies Charged to Patients	3,743,505	(1,022,196)	2,721,309
72.00	Implantable Devices Charged to Patients	1,731,309	0	1,731,309
73.00	Drugs Charged to Patients	2,286,290	109,629	2,395,919
74.00	Renal Dialysis	454,650	0	454,650
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Other Ancillary (specify)	0	0	0
77.00		0	0	0
78.00		0	0	0
79.00		0	0	0
80.00		0	0	0
81.00		0	0	0
82.00		0	0	0
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	0	0	0
91.00	Emergency	2,865,452	0	2,865,452
92.00	Observation Beds	0	0	0
93.00	Other Outpatient Services (Specify)	0	0	0
93.01		0	0	0
93.02		0	0	0
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
	SUBTOTAL	\$ 64,359,417	\$ 0	\$ 64,359,417
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	0
95.00	Ambulance Services	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
ALHAMBRA HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2012

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0
100.00	Intern-Resident Service (not appvd. tchnng. prgm.)	0	0	0
101.00	Home Health Agency	0	0	0
105.00	Kidney Acquisition	0	0	0
106.00	Heart Acquisition	0	0	0
107.00	Liver Acquisition	0	0	0
108.00	Lung Acquisition	0	0	0
109.00	Pancreas Acquisition	0	0	0
110.00	Intestinal Acquisition	0	0	0
111.00	Islet Acquisition	0	0	0
112.00	Other Organ Acquisition (specify)	0	0	0
113.00	Interest Expense	0	0	0
114.00	Utilization Review-SNF	0	0	0
115.00	Ambulatory Surgical Center (Distinct Part)	0	0	0
116.00	Hospice	0	0	0
117.00	Other Special Purpose (specify)	0	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0
191.00	Research	0	0	0
192.00	Physicians' Private Offices	0	0	0
193.00	Nonpaid Workers	0	0	0
194.00	M.O.S.T.	194,873	0	194,873
		0	0	0
		0	0	0
		0	0	0
	SUBTOTAL	\$ 194,873	\$ 0	\$ 194,873
200	TOTAL	\$ 64,554,290	\$ 0	\$ 64,554,290

(To Schedule 8)

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1588793574		25
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
1							<p>The Adult Subacute Care unit costs and statistics reported on the Skilled Nursing Facility cost center, Line 44, have been reclassified to the Adult Subacute Care Unit cost center, Line 46. This is done in accordance with CMS Pub. 15-2, Section 3610.</p>					

Provider Name							Fiscal Period	Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012	1588793574		25
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
RECLASSIFICATIONS OF REPORTED COSTS										
2	10A	A			73.00	7	Drugs Charged to Patients	\$2,286,290	\$79,238	\$2,365,528 *
	10A	A			15.00	7	Pharmacy	1,957,979	(79,238)	1,878,741 *
							To adjust the provider's reclassification of pharmacy costs to Drugs Charged to Patients to include IV solution expense. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2202.8, 2203.2, 2300, 2304, and 2306 CCR, Title 22, Section 51123			
3	10A	A			11.00	7	Cafeteria	\$250,755	\$268,268	\$519,023
	10A	A			10.00	7	Dietary	1,460,874	(268,268)	1,192,606
							To adjust the provider's reclassification of cafeteria costs for proper cost allocation. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2302.4B, 2304, and 2306			
4	10A	A			5.00	7	Administrative and General	\$11,189,485	(\$11,245)	\$11,178,240
	10A	A			7.00	7	Operation of Plant	2,404,808	(19)	2,404,789
	10A	A			9.00	7	Housekeeping	812,266	(282)	811,984
	10A	A			13.00	7	Nursing Administration	1,469,444	(812)	1,468,632
	10A	A			15.00	7	Pharmacy	* 1,878,741	(30,391)	1,848,350
	10A	A			16.00	7	Medical Records and Library	992,540	(32)	992,508
	10A	A			30.00	7	Adults and Pediatrics (General Routine Care)	8,822,212	(155,592)	8,666,620
	10A	A			71.00	7	Medical Supplies Charged to Patients	3,743,505	(61,898)	3,681,607 *
	10A	A			50.00	7	Operating Room	1,926,879	229,880	2,156,759 *
	10A	A			73.00	7	Drugs Charged to Patients	* 2,365,528	30,391	2,395,919
							To adjust the provider's reclassification of chargeable supplies to Medical Supplies Charged to Patients to agree with the provider's general ledger. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306			

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1588793574		25
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
RECLASSIFICATIONS OF REPORTED COSTS												
5	10A	A			50.00	7	Operating Room	*	\$2,156,759	\$960,298	\$3,117,057	
	10A	A			71.00	7	Medical Supplies Charged to Patients	*	3,681,607	(960,298)	2,721,309	
							To correct the provider's reclassification of implant devices expenses because the expenses were reclassified from the incorrect cost center. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300, 2304, and 2306					
6	8.3	B	I		30.00	25	Adults and Pediatrics (General Routine Care)		\$14,107,392	\$4,882,155	\$18,989,547	
	8.3	B	I		41.00	25	Subprovider - IRF		4,882,155	(4,882,155)	0	
							To reclassify Subprovider - IRF (Rehabilitation) costs to Adults and Pediatrics after step-down because the unit does not qualify as a separate level of care. 42 CFR 413.20, 413.24, and 413.53(b)(c) CMS Pub. 15-1, Sections 2300, 2304, 2336, and 2306					

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1588793574		25
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>												
7	4, Contract 4	D-1	I	XIX	1.00	1	Adults and Pediatrics (Inpatient Days)		14,910	4,032	18,942	
	4, Contract 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days)		14,910	4,032	18,942	
							To include Subprovider - IRF (Rehabilitation) total inpatient days with the Adults and Pediatrics in conjunction with adjustment 6.					
							42 CFR 413.20, 413.24 and 413.53(b)(c)					
							CMS Pub. 15-1, Sections 2300, 2304, 2336 and 2306					

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1588793574		25
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENT TO REPORTED TOTAL CHARGES</u>												
8	4, Contract 4	D-1	I	XIX	28.00	1	Adults and Pediatrics (General Inpatient Charges)	\$65,268,900	\$8,002,000	\$73,270,900		
	4, Contract 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges)	65,268,900	8,002,000	73,270,900		
							To include Subprovider - IRF (Rehabilitation) charges with the Adults and Pediatrics in conjunction with adjustment 6.					
							42 CFR 413.20, 413.24 and 413.53(b)(c)					
							CMS Pub. 15-1, Sections 2300, 2304, 2336 and 2306					

Provider Name			Fiscal Period				Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER			JULY 1, 2011 THROUGH JUNE 30, 2012				1588793574		25
Report References			Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet							
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT									
9	4A	Not Reported					0	24	24
	4A	Not Reported					\$0	\$416.95	\$416.95
10	6	Not Reported					\$0	\$2,288	\$2,288
	6	Not Reported					0	22,128	22,128
	6	Not Reported					0	5,436	5,436
	6	Not Reported					0	1,038	1,038
	6	Not Reported					0	38,878	38,878
	6	Not Reported					0	69,768	69,768
11	2	Not Reported					\$0	\$98,000	\$98,000
	2	Not Reported					0	69,768	69,768
12	3	Not Reported					\$0	\$1,816	\$1,816
13	1	Not Reported					\$0	\$20,051	\$20,051
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2011 through June 30, 2012 Payment Period: July 1, 2011 through January 15, 2014 Report Date: January 17, 2014 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
ALHAMBRA HOSPITAL MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012		1588793574		25
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
14	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	2,055	(122)	1,933	
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	225	268	493	
15	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$703,977	(\$99,023)	\$604,954	
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	452,250	515,418	967,668	
	Contract 6	D-3		XIX	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	164,991	132,341	297,332	
	Contract 6	D-3		XIX	57.00	2	Medi-Cal Ancillary Charges - Computed Tomography (CT) Scan	413,655	901,271	1,314,926	
	Contract 6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	54,782	(35,146)	19,636	
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	1,841,544	3,174,200	5,015,744	
	Contract 6	D-3		XIX	62.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	263,448	311,344	574,792	
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	6,652,142	(3,512,917)	3,139,225	
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	142,919	127,847	270,766	
	Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	47,077	51,153	98,230	
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	461,218	825,565	1,286,783	
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	651,344	1,988,020	2,639,364	
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	1,000,000	(906,436)	93,564	
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	5,881,287	1,143,788	7,025,075	
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	541,333	16,156	557,489	
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	637,676	276,041	913,717	
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	19,909,643	4,909,622	24,819,265	
16	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$5,190,636	\$6,410,774	\$11,601,410	
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	19,909,643	4,909,622	24,819,265	
17	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$0	\$1,182	\$1,182	
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	256,292	23,690	279,982	
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2011 through June 30, 2012 Payment Period: July 1, 2011 through January 15, 2014 Report Date: January 17, 2014 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											

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1588793574		25
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - ADULT SUBACUTE												
18	AS 1	Not Reported					Medi-Cal Adult Subacute Days - Ventilator		0	5,122	5,122	
	AS 1	Not Reported					Medi-Cal Adult Subacute Days - Nonventilator		0	3,445	3,445	
	AS 1	D-1	I	XIX	9.00	1	Medi-Cal Adult Subacute Days - Total		7,162	1,405	8,567	
							To reflect Medi-Cal patient days based on the following Fiscal Intermediary Payment Data: Service Period: July 1, 2011 through June 30, 2012 Payment Period: July 1, 2011 through January 15, 2014 Report Date: January 17, 2014 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 Medi-Cal Adult Subacute Contract No. 07-05-70043					
19	AS 1	Not Reported					Total Adult Subacute Days - Ventilator		0	5,352	5,352	
	AS 1	Not Reported					Total Adult Subacute Days - Nonventilator		0	4,022	4,022	
							To include ventilator and nonventilator patient days in the audit report lines 19 and 20. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 Medi-Cal Adult Subacute Contract No. 07-05-70043					
20	AS 4	D-3		XIX	50.00	2	Subacute Ancillary Charges - Operating Room		\$9,795	(\$9,795)	\$0	
	AS 4	D-3		XIX	57.00	2	Subacute Ancillary Charges - Computed Tomography (CT) Scan		15,605	(15,605)	0	
	AS 4	D-3		XIX	62.00	2	Subacute Ancillary Charges - Whole Blood and Packed Red Blood Cells		32,224	(32,224)	0	
	AS 4	D-3		XIX	69.00	2	Subacute Ancillary Charges - Electrocardiology		7,368	(7,368)	0	
	AS 4	D-3		XIX	74.00	2	Subacute Ancillary Charges - Renal Dialysis		1,198,664	(1,198,664)	0	
	AS 4	D-3		XIX	200.00	2	Subacute Ancillary Charges - Total		28,265,632	(1,263,656)	27,001,976 *	
							To eliminate total Adult Subacute ancillary charges which are not included in the rate paid by Medi-Cal. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 51511 and 51511.5					

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER							JULY 1, 2011 THROUGH JUNE 30, 2012			1588793574		25
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - ADULT SUBACUTE												
21	AS 4	D-3		XIX	73.00	2	Subacute Ancillary Charges - Drugs Charged to Patients		\$8,299,028	(\$5,759,782)	\$2,539,246	
	AS 4	D-3		XIX	200.00	2	Subacute Ancillary Charges - Total	*	27,001,976	(5,759,782)	21,242,194	
To adjust the reported pharmacy charges which are included in the rate paid by Medi-Cal. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Sections 51511 and 51511.5												

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments
ALHAMBRA HOSPITAL MEDICAL CENTER			JULY 1, 2011 THROUGH JUNE 30, 2012				1588793574		25
Report References			Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet							
Cost Report			<u>ADJUSTMENTS TO OTHER MATTERS</u>						
22	AS 1	Not Reported	Contracted Number of Subacute Beds To reflect the number of contracted Subacute Care beds in the audit report. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 Medi-Cal Adult Subacute Contract No. 07-05-70043				0	26	26
23	AS 1	Not Reported	Ventilator (Equipment Cost Only) To reflect adult subacute ventilator equipment cost in the audit report. 42 CFR 413.24 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304 Medi-Cal Adult Subacute Contract No. 07-05-70043				\$0	\$9,002	\$9,002
24	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	\$1,458	\$1,458
25	Contract 1 AS 1	Not Reported Not Reported	Medi-Cal Overpayments Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. 42 CFR 413.5 and 413.20 CMS Pub. 15-1, Sections 2300 and 2409 CCR, Title 22, Sections 50786 and 51458.1				\$0 0	\$529 1,092	\$529 1,092