

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**EL CENTRO REGIONAL MEDICAL CENTER
EL CENTRO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS:
1861409823 AND 1144300476**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

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

**Section Chief: Patricia M. Fox
Audit Supervisor: Sergio Gonzalez
Auditor: Angelica R. Aguilar**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 17, 2014

Administrator
El Centro Regional Medical Center
1415 Ross Avenue
El Centro, CA 92243

In the Matter of:

EL CENTRO REGIONAL MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIERS (NPI) 1861409823 AND 1144300476
FISCAL PERIOD ENDED JUNE 30, 2010
CASE NUMBER HA14-0610-616H-DG

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated March 4, 2014, the following revisions are made to the Medi-Cal audit report dated November 4, 2013.

SUMMARY OF REVISIONS

MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)

Audited Amount Due Provider (State)	\$	(2,848,405)
Revision		<u>40,678</u>
Revised Amount Due Provider (State)	\$	<u>(2,807,727)</u>

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary. Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Administrator
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Originally signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

SUMMARY OF FINDINGS

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) NPI: 1861409823		
Audited	\$ (2,848,405)	
Net Change	\$ 40,678	
Revised Amount Due Provider (State)	\$ (2,807,727)	
2. Subprovider I (SCHEDULE 1-1) NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) NPI:		
Audited	\$ 0	
Net Change	\$ 0	
Revised Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) NPI:		
Audited		\$ 0
Net Change		\$ 0
Revised Cost		\$ 0
Revised Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) NPI:		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) NPI:		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:		
Audited		\$ 0.00
Net Change		\$ 0.00
Revised Cost Per Day		\$ 0.00
Revised Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (2,807,727)	
9. Total Medi-Cal Cost		\$ 0

SUMMARY OF FINDINGS

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (2,807,727)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>13,870,008</u>	\$ <u>13,915,207</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>N/A</u>	\$ <u>N/A</u>
4. Total Noncontract AB 5 Reductions (Schedule A) (Rev 1)	\$ <u>(1,423,346)</u>	\$ <u>(1,427,867)</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>12,446,662</u>	\$ <u>12,487,340</u>
6. Interim Payments (Rev)	\$ <u>(15,286,213)</u>	\$ <u>(15,286,213)</u>
7. Balance Due Provider (State)	\$ <u>(2,839,551)</u>	\$ <u>(2,798,873)</u>
8. Medi-Cal Overpayments (Rev)	\$ <u>(8,854)</u>	\$ <u>(8,854)</u>
9.	\$ <u>0</u>	\$ <u>0</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>(2,848,405)</u>	\$ <u>(2,807,727)</u>
	(To Summary of Findings)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183—SUMMARY OF REDUCTIONSProvider Name:
EL CENTRO REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010NPI:
1861409823

1. 10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	\$ <u>0</u>
2. Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	<u>0</u>
3. 10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3)	<u>0</u>
4. 10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	<u>1,427,867</u>
5. 10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	<u>0</u>
6. 10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	<u>0</u>
7. Total Noncontract AB 5 AND AB 1183 Reductions	\$ <u>1,427,867</u> (To Schedule 1, Line 4)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5—10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008—NONCONTRACT HOSPITALS

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

Revised Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>14,302,777</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>14,302</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u>9,830</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$ <u><u>14,278,645</u></u>
5. Total Revised Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>7,807.50</u></u>
6. Revised Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,828.84</u></u>

AB 5—10% Cost Reduction For Services From 07/01/09 Through 09/24/10

7. Revised Medi-Cal Days of Service from 07/1/08 through 09/30/08 (excludes Administrative Days)	<u>N/A</u>
8. Revised Medi-Cal Cost For 07/01/08 Through 9/30/08 (Line 6 * Line 7)	\$ <u>0</u>
9. AB 5—10% Cost Reduction for 07/01/08 Through 09/30/08 (Line 8 * 10%)	\$ <u><u>0</u></u> (To Schedule A, Line 1)

N/A=El Centro is an Open LT3 (open health facility planning area with less than three nonstate hospitals with licensed acute care beds). Therefore, this schedule is not applicable.

**COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 1183 REDUCTION TO SERVICES FROM OCTOBER 1, 2008 THROUGH APRIL 5, 2009—NONCONTRACT HOSPITALS**

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

Revised Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>14,302,777</u>
2. Medi-Cal Nursery Average Per Diem Cost (Schedule 4A, Line 3)	<u>0</u>
3. Medi-Cal Nursery Days (Code 171)	<u>0</u>
4. Less: Medi-Cal Nursery Cost (Line 2 * Line 3)	<u>0</u>
5. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>14,302</u>
6. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u>9,830</u>
7. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 4, 5 and 6)	\$ <u>14,278,645</u>
8. Total Revised Medi-Cal Days (Schs 4, 4A and 4B, excludes Administrative Days and Nursery Code 171)	<u>7,807.50</u>
9. Revised Medi-Cal Cost Per Day (Line 7 / Line 8)	\$ <u>1,828.84</u>

Revised Cost For Services From 10/01/08 Through 04/05/09

10. Revised Medi-Cal Days of Service from 10/01/08 Through 04/05/09 (excludes Administrative Days and Nursery Days Code 171)	<u>N/A</u>
11. Revised Medi-Cal Cost For 10/01/08 Through 04/05/09 (Line 9 * Line 10)	\$ <u>0</u>
12. Revised Medi-Cal Cost For 10/01/08 Through 04/05/09 with 10% Reduction (Line 11 * 90%)	\$ <u>0</u>

Revised Cost For Services From 10/01/08 Through 04/05/09 Using the Regional Average Per Diem Contract Rate

13. Regional Average Per Diem Contract Rate (Reduced Rate to 95%)	<u>N/A</u>
14. Revised Medi-Cal Days of Service from 10/01/08 Through 04/05/09 (excludes Administrative Days and Nursery Days Code 171)	<u>0</u>
15. Revised Cost Using the Reduced Regional Average per Diem Contract Rate (Line 13 * Line 14)	<u>0</u>

AB1183 Reduction for 10/01/08 Through 04/05/09

16. If Line 12 is less than Line 15, then the reduction is Line 11 * 10%	\$ <u>0</u> (To Schedule A, Line 2)
17. If Line 15 is less than Line 12, then the reduction is Line 11 less Line 15	<u>0</u> (To Schedule A, Line 2)

N/A=El Centro is an Open LT3 (open health facility planning area with less than three nonstate hospitals with licensed acute care beds). Therefore, this schedule is not applicable.

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

AB 5—10% REDUCTION TO SERVICES FROM APRIL 6, 2009 THROUGH APRIL 12, 2011—NONCONTRACT HOSPITALS

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

Revised Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>14,302,777</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>14,302</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u>9,830</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$ <u><u>14,278,645</u></u>
5. Total Revised Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>7,807.50</u></u>
6. Revised Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,828.84</u></u>

AB 5—10 % Cost Reduction For Services From 04/06/09 Through 04/12/11

7. Revised Medi-Cal Days of Service from 04/06/09 Through 04/12/11(excludes Administrative Days)	<u>N/A</u>
8. Revised Medi-Cal Cost For 04/06/09 Through 04/12/11(Line 6 * Line 7)	\$ <u>0</u>
9. AB 5—10% Cost Reduction for 04/06/09 Through 04/12/11 (Line 8 * 10%)	\$ <u><u>0</u></u> (To Schedule A, Line 3)

N/A=El Centro is an Open LT3 (open health facility planning area with less than three nonstate hospitals with licensed acute care beds). Therefore, this schedule is not applicable.

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5—10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH APRIL 12, 2011—HFPA<3 HOSPITALS

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

Revised Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>14,302,777</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>14,302</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	<u>9,830</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$ <u><u>14,278,645</u></u>
5. Total Revised Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u><u>7,807.50</u></u>
6. Revised Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,828.84</u></u>

AB 5—10 % Cost Reduction For Services From 07/01/08 Through 04/12/11

7. Revised Medi-Cal Days of Service from 07/01/09 Through 06/30/10 (excludes Administrative Days)	<u>7,807.50</u>
8. Revised Medi-Cal Cost For 07/01/09 Through 06/30/10 (Line 6 * Line 7)	\$ <u>14,278,668</u>
9. AB 5—10% Cost Reduction for 07/01/09 Through 06/30/10 (Line 8 * 10%)	\$ <u><u>1,427,867</u></u> (To Schedule A, Line 4)

NOTE: El Centro is an Open LT3 (open health facility planning area with less than three nonstate hospitals with licensed acute care beds). Therefore, this schedule is applicable only for the period of July 1, 2009 through June 30, 2010.

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5—10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH OCTOBER 31, 2008—SMALL RURAL HOSPITALS

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

Revised Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>14,302,777</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>14,302</u>
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)	<u>9,830</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$ <u><u>14,278,645</u></u>
5. Total Revised Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)	<u><u>7,807.50</u></u>
6. Revised Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,828.84</u></u>

AB 5—10% Cost Reduction For Services From 07/01/08 Through 10/31/08

7. Revised Medi-Cal Days of Service from 07/1/08 Through 10/31/08(exclude Administrative Days)	<u>N/A</u>
8. Revised Medi-Cal Cost For 07/01/08 Through 10/31/08 (Line 6 * Line 7)	\$ <u>0</u>
9. AB 5—10% Cost Reduction for 07/01/08 Through 10/31/08 (Line 8 * 10%)	\$ <u><u>0</u></u> (To Schedule A, Line 5)

N/A=El Centro is an Open LT3 (open health facility planning area with less than three nonstate hospitals with licensed acute care beds). Therefore, this schedule is not applicable.

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5—10% REDUCTION TO SERVICES FROM JULY 1, 2009 THROUGH FEBRUARY 23, 2010—SMALL RURAL HOSPITALS

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

Revised Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>14,302,777</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>14,302</u>
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-7)	<u>9,830</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$ <u><u>14,278,645</u></u>
5. Total Revised Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)	<u><u>7,807.50</u></u>
6. Revised Medi-Cal Cost Per Day (Line 4 / Line 5)	\$ <u><u>1,828.84</u></u>

AB 5—10% Cost Reduction For Services From 07/01/09 Through 02/23/10

7. Revised Medi-Cal Days of Service from 07/1/09 Through 02/23/10 (exclude Administrative Days)	<u>N/A</u>
8. Revised Medi-Cal Cost For 07/01/09 Through 02/23/10 (Line 6 * Line 7)	\$ <u>0</u>
9. AB 5—10% Cost Reduction for 07/01/09 Through 02/23/10 (Line 8 * 10%)	\$ <u><u>0</u></u> (To Schedule A, Line 6)

N/A=El Centro is an Open LT3 (open health facility planning area with less than three nonstate hospitals with licensed acute care beds). Therefore, this schedule is not applicable.

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
EL CENTRO REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010NPI:
1861409823

	AUDITED	REVISED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 14,257,578	\$ 14,302,777
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Rev)	\$ 21,371,219	\$ 21,371,219
3. Inpatient Ancillary Service Charges (Rev)	\$ 38,474,839	\$ 38,474,839
4. Total Charges - Medi-Cal Inpatient Services	\$ 59,846,058	\$ 59,846,058
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 45,588,480	\$ 45,543,281
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ 0	\$ 0
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

	AUDITED	REVISED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 7,159,271	\$ 7,204,470
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 7,404,008	\$ 7,404,008
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4.	\$ (305,701)	\$ (305,701)
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 14,257,578	\$ 14,302,777
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ 0	\$ 0
8. SUBTOTAL	\$ 14,257,578	\$ 14,302,777
	(To Schedule 2)	
9. Deductibles (Rev)	\$ (40,081)	\$ (40,081)
10. Coinsurance (Rev)	\$ (347,489)	\$ (347,489)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 13,870,008	\$ 13,915,207
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
EL CENTRO REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010NPI:
1861409823

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	AUDITED	REVISED
1. Total Inpatient Days (include private & swing-bed) (Rev)	20,971	20,971
2. Inpatient Days (include private, exclude swing-bed)	20,971	20,971
3. Private Room Days (exclude swing-bed private room) (Rev)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Rev)	20,971	20,971
5. Medicare NF Swing-Bed Days through Dec 31 (Rev)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Rev)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Rev)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Rev)	0	0
9. Medi-Cal Days (excluding swing-bed) (Rev)	5,843	5,843

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Rev)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Rev)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Rev)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Rev)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 18,398,959	\$ 18,398,959
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)	\$ 18,398,959	\$ 18,398,959

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 41,757,716	\$ 41,757,716
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 41,757,716	\$ 41,757,716
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.440612	\$ 0.440612
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)	\$ 1,991.21	\$ 1,991.21
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)	\$ 18,398,959	\$ 18,398,959

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 877.35	\$ 877.35
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 5,126,356	\$ 5,126,356
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 2,277,652	\$ 2,277,652
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 7,404,008	\$ 7,404,008

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
EL CENTRO REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010NPI:
1861409823

SPECIAL CARE AND/OR NURSERY UNITS		AUDITED	REVISED
NURSERY			
1.	Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,335,296	\$ 1,335,296
2.	Total Inpatient Days (Rev)	2,114	2,114
3.	Average Per Diem Cost	\$ 631.64	\$ 631.64
4.	Medi-Cal Inpatient Days (Rev)	1,022	1,021.50
5.	Cost Applicable to Medi-Cal	\$ 645,220	\$ 645,220
INTENSIVE CARE UNIT			
6.	Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 5,199,714	\$ 5,199,714
7.	Total Inpatient Days (Rev)	3,135	3,135
8.	Average Per Diem Cost	\$ 1,658.60	\$ 1,658.60
9.	Medi-Cal Inpatient Days (Rev)	745	745
10.	Cost Applicable to Medi-Cal	\$ 1,235,657	\$ 1,235,657
CORONARY CARE UNIT			
11.	Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12.	Total Inpatient Days (Rev)	0	0
13.	Average Per Diem Cost	\$ 0.00	\$ 0.00
14.	Medi-Cal Inpatient Days (Rev)	0	0
15.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT			
16.	Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 992,882	\$ 992,882
17.	Total Inpatient Days (Rev)	514	514
18.	Average Per Diem Cost	\$ 1,931.68	\$ 1,931.68
19.	Medi-Cal Inpatient Days (Rev)	198	198
20.	Cost Applicable to Medi-Cal	\$ 382,473	\$ 382,473
SURGICAL INTENSIVE CARE UNIT			
21.	Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22.	Total Inpatient Days (Rev)	0	0
23.	Average Per Diem Cost	\$ 0.00	\$ 0.00
24.	Medi-Cal Inpatient Days (Rev)	0	0
25.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS			
26.	Per Diem Rate (Rev)	\$ 348.84	\$ 348.84
27.	Medi-Cal Inpatient Days (Rev)	41	41
28.	Cost Applicable to Medi-Cal	\$ 14,302	\$ 14,302
ADMINISTRATIVE DAYS			
29.	Per Diem Rate (Rev)	\$ 0.00	\$ 0.00
30.	Medi-Cal Inpatient Days (Rev)	0	0
31.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
32.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 2,277,652	\$ 2,277,652

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
EL CENTRO REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010NPI:
1861409823

SPECIAL CARE UNITS	AUDITED	REVISED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Rev)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Rev)	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 (Rev)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Rev)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
0		
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Rev)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Rev)	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:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

NPI:
1861409823

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Rev)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 5,795,759	\$ 30,576,767	0.189548	\$ 2,644,296	\$ 501,221
37.01	Endoscopy	461,031	2,208,624	0.208741	265,010	55,318
38.00	Recovery Room	1,508,638	4,747,512	0.317774	327,335	104,019
39.00	Delivery Room and Labor Room	3,188,043	5,436,616	0.586402	1,403,871	823,233
39.01	Antenatal Testing	134,329	877,370	0.153104	0	0
41.00	Radiology-Diagnostic	8,593,506	98,543,376	0.087205	5,287,881	461,131
43.01	Comp Axial Tomo Scan	0	0	0.000000	0	0
43.02	M.R.I	0	0	0.000000	0	0
44.00	Laboratory	11,697,715	80,874,643	0.144640	9,581,322	1,385,843
46.30	Blood Clotting Factors Admin Co	0	0	0.000000	0	0
49.00	Respiratory Therapy	2,143,498	15,567,924	0.137687	2,876,483	396,054
50.00	Physical Therapy	1,692,674	3,602,028	0.469922	160,708	75,520
53.00	Electrocardiology	578,036	14,500,233	0.039864	1,755,688	69,989
54.00	Electroencephalography	71,063	175,328	0.405315	5,369	2,176
55.00	Medical Supplies Charged to Patients	5,551,554	13,810,503	0.401981	3,048,812	1,225,563
55.30	Implantable Devices Charged to Patient	2,920,505	5,070,908	0.575933	259,838	149,649
56.00	Drugs Charged to Patients	7,123,317	38,174,193	0.186600	7,222,738	1,347,765
57.00	Renal Dialysis	779,299	2,299,607	0.338884	475,382	161,099
58.00		0	0	0.000000	0	0
58.01		0	0	0.000000	0	0
58.02		0	0	0.000000	0	0
58.03		0	0	0.000000	0	0
58.04		0	0	0.000000	0	0
58.05		0	0	0.000000	0	0
58.06		0	0	0.000000	0	0
58.07		0	0	0.000000	0	0
58.08		0	0	0.000000	0	0
58.09		0	0	0.000000	0	0
59.00		0	0	0.000000	0	0
60.01	Other OP Services	440,781	1,572,046	0.280387	4,962	1,391
60.02	Wound Center	1,974,976	7,995,536	0.247010	0	0
61.00	Emergency	8,728,940	61,959,751	0.140881	3,155,144	444,499
62.00	Observation Beds (Non-Distinct)	267,082	2,345,163	0.113886	0	0
63.50	Valley Family Care Center	2,854,029	5,238,845	0.544782	0	0
63.51	Valley Family Calexico	2,317,031	4,485,682	0.516539	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 68,821,805	\$ 400,062,655		\$ 38,474,839	\$ 7,204,470

(To Schedule 3)

* From Schedule 8, Column 27

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

TRIAL BALANCE EXPENSES	4.08	EMPLOYEE BENEFITS 5.00	COMMUNI-CATIONS 6.01	PURCHASING 6.02	ADMITTING 6.03	PATIENT ACCOUNTING 6.04	6.06	6.07	6.08	6.09	ACCUMULATE COST	OTHER ADMIN & GENERAL 6.05
ANCILLARY COST CENTERS												
37.00 Operating Room	0	592,434	5,834	47,910	35,592	135,259	0	0	0	0	4,164,862	654,875
37.01 Endoscopy	0	54,578	608	4,732	3,186	12,108	0	0	0	0	303,318	47,693
38.00 Recovery Room	0	260,630	1,094	2,332	4,321	16,420	0	0	0	0	1,102,820	173,405
39.00 Delivery Room and Labor Room	0	529,429	1,215	10,602	10,519	39,974	0	0	0	0	2,428,687	381,882
39.01 Antenatal Testing	0	27,409	0	564	72	274	0	0	0	0	106,576	16,758
41.00 Radiology-Diagnostic	0	1,015,184	5,469	50,148	70,451	267,733	0	0	0	0	6,573,835	1,033,657
43.01 Comp Axial Tomo Scan	0	0	0	0	0	0	0	0	0	0	0	0
43.02 M.R.I	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	995,123	4,740	551,963	104,369	396,630	0	0	0	0	8,906,933	1,400,509
46.30 Blood Clotting Factors Admin Co	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	287,302	0	35,961	39,059	148,432	0	0	0	0	1,610,864	253,289
50.00 Physical Therapy	0	252,531	972	5,824	3,276	12,451	0	0	0	0	1,266,729	199,178
53.00 Electrocardiology	0	66,933	851	2,850	25,435	96,661	0	0	0	0	420,639	66,140
54.00 Electroencephalography	0	9,513	122	389	131	497	0	0	0	0	50,014	7,864
55.00 Medical Supplies Charged to Patients	0	0	0	12,464	22,846	86,822	0	0	0	0	4,625,073	727,237
55.30 Implantable Devices Charged to Patier	0	0	0	0	7,101	26,984	0	0	0	0	2,503,257	393,607
56.00 Drugs Charged to Patients	0	0	0	656,710	76,059	289,041	0	0	0	0	4,163,162	654,607
57.00 Renal Dialysis	0	107,625	122	0	6,127	23,283	0	0	0	0	535,543	84,208
58.00	0	0	0	0	0	0	0	0	0	0	0	0
58.01	0	0	0	0	0	0	0	0	0	0	0	0
58.02	0	0	0	0	0	0	0	0	0	0	0	0
58.03	0	0	0	0	0	0	0	0	0	0	0	0
58.04	0	0	0	0	0	0	0	0	0	0	0	0
58.05	0	0	0	0	0	0	0	0	0	0	0	0
58.06	0	0	0	0	0	0	0	0	0	0	0	0
58.07	0	0	0	0	0	0	0	0	0	0	0	0
58.08	0	0	0	0	0	0	0	0	0	0	0	0
58.09	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other OP Services	0	66,448	851	966	74	282	0	0	0	0	358,849	56,425
60.02 Wound Center	0	115,986	122	23,375	142	538	0	0	0	0	1,483,317	233,234
61.00 Emergency	0	1,447,479	7,049	47,856	36,954	140,433	0	0	0	0	6,573,221	1,033,560
62.00 Observation Beds (Non-Distinct)	0	0	0	0	0	0	0	0	0	0	0	0
63.50 Valley Family Care Center	0	306,145	365	13,839	0	0	0	0	0	0	2,302,795	362,087
63.51 Valley Family Calexico	0	300,453	0	11,016	0	0	0	0	0	0	1,872,993	294,506
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTEF												
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0	0	5,618	883
98.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
98.02 Patient Telephones/Televisions	0	0	0	0	0	0	0	0	0	0	61,023	9,595
99.00	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Other Nonreimbursable Cost Centers	0	107,337	851	10,491	0	0	0	0	0	0	1,085,502	170,682
100.02 Retail Pharmacy	0	0	0	0	0	0	0	0	0	0	535,842	84,255
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
100.05	0	0	0	0	0	0	0	0	0	0	0	0
100.06	0	0	0	0	0	0	0	0	0	0	0	0
100.07	0	0	0	0	0	0	0	0	0	0	0	0
100.08	0	0	0	0	0	0	0	0	0	0	0	0
100.09	0	0	0	0	0	0	0	0	0	0	0	0
100.10	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	14,540,861	107,927	1,984,406	654,131	2,485,860	0	0	0	0	96,713,705	13,140,834

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFETERIA 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	466,366	1,877	163,140	0	54,384	0	107,644	64,110	0	118,502	0
37.01 Endoscopy	0	47,935	0	16,768	0	3,647	0	25,234	5,827	0	10,608	0
38.00 Recovery Room	0	89,324	0	31,247	0	18,124	0	76,992	2,340	0	14,386	0
39.00 Delivery Room and Labor Room	0	124,906	2,205	43,693	0	49,541	0	105,917	16,189	0	35,022	0
39.01 Antenatal Testing	0	0	0	0	0	2,099	0	7,895	761	0	240	0
41.00 Radiology-Diagnostic	0	358,564	2,202	125,429	0	102,984	0	72,616	89,653	0	234,564	0
43.01 Comp Axial Tomo Scan	0	0	0	0	0	0	0	0	0	0	0	0
43.02 M.R.I	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	223,205	13	78,079	0	110,390	0	215,093	416,001	0	347,492	0
46.30 Blood Clotting Factors Admin Co	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	54,798	0	19,169	0	25,424	0	0	49,909	0	130,043	0
50.00 Physical Therapy	0	113,662	103	39,760	0	24,971	0	33,115	4,249	0	10,908	0
53.00 Electrocardiology	0	0	21	0	0	6,535	0	0	15	0	84,686	0
54.00 Electroencephalography	0	8,711	0	3,047	0	981	0	0	11	0	436	0
55.00 Medical Supplies Charged to Patients	0	77,393	0	27,073	0	0	0	0	18,712	0	76,066	0
55.30 Implantable Devices Charged to Patier	0	0	0	0	0	0	0	0	0	0	23,641	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	2,052,315	253,233	0
57.00 Renal Dialysis	0	86,949	0	30,416	0	7,364	0	14,421	0	0	20,399	0
58.00	0	0	0	0	0	0	0	0	0	0	0	0
58.01	0	0	0	0	0	0	0	0	0	0	0	0
58.02	0	0	0	0	0	0	0	0	0	0	0	0
58.03	0	0	0	0	0	0	0	0	0	0	0	0
58.04	0	0	0	0	0	0	0	0	0	0	0	0
58.05	0	0	0	0	0	0	0	0	0	0	0	0
58.06	0	0	0	0	0	0	0	0	0	0	0	0
58.07	0	0	0	0	0	0	0	0	0	0	0	0
58.08	0	0	0	0	0	0	0	0	0	0	0	0
58.09	0	0	0	0	0	0	0	0	0	0	0	0
59.00	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other OP Services	0	0	0	0	0	5,364	0	19,155	742	0	247	0
60.02 Wound Center	0	129,394	0	45,263	0	12,881	0	35,871	34,545	0	472	0
61.00 Emergency	0	324,144	4,261	113,389	0	141,984	0	371,255	44,092	0	123,035	0
62.00 Observation Beds (Non-Distinct)	0	0	0	0	0	0	0	0	0	0	0	0
63.50 Valley Family Care Center	0	0	0	0	0	43,262	0	138,199	7,685	0	0	0
63.51 Valley Family Calexico	0	0	0	0	0	39,089	0	103,697	6,746	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTEF												
96.00 Gift, Flower, Coffee Shop and Canteen	0	9,978	0	3,490	0	0	0	0	0	0	0	0
98.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	0	0
98.02 Patient Telephones/Televisions	0	0	0	0	27,037	0	0	0	0	0	0	0
99.00	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Other Nonreimbursable Cost Centers	0	150,880	0	52,779	0	18,082	0	16,478	5	0	0	0
100.02 Retail Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
100.05	0	0	0	0	0	0	0	0	0	0	0	0
100.06	0	0	0	0	0	0	0	0	0	0	0	0
100.07	0	0	0	0	0	0	0	0	0	0	0	0
100.08	0	0	0	0	0	0	0	0	0	0	0	0
100.09	0	0	0	0	0	0	0	0	0	0	0	0
100.10	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	4,803,242	18,654	1,667,130	1,687,802	1,070,796	0	2,428,336	1,080,320	2,052,315	2,177,891	0

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

TRIAL BALANCE EXPENSES	19.00	19.02	19.03	NON-	NURSING	INT & RES	INT & RES	PARAMED	SUBTOTAL	POST	TOTAL	
				PHYSICIAN ANESTH 20.00	SCHOOL 21.00	SALARY & FRINGES 22.00	PROGRAM 23.00	EDUCAT 24.00	25.00	STEP-DOWN ADJUSTMENT 26.00	COST 27.00	
ANCILLARY COST CENTERS												
37.00 Operating Room	0	0	0	0	0	0	0	0	5,795,759		5,795,759	
37.01 Endoscopy	0	0	0	0	0	0	0	0	461,031		461,031	
38.00 Recovery Room	0	0	0	0	0	0	0	0	1,508,638		1,508,638	
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	3,188,043		3,188,043	
39.01 Antenatal Testing	0	0	0	0	0	0	0	0	134,329		134,329	
41.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	8,593,506		8,593,506	
43.01 Comp Axial Tomo Scan	0	0	0	0	0	0	0	0	0		0	
43.02 M.R.I	0	0	0	0	0	0	0	0	0		0	
44.00 Laboratory	0	0	0	0	0	0	0	0	11,697,715		11,697,715	
46.30 Blood Clotting Factors Admin Co	0	0	0	0	0	0	0	0	0		0	
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	2,143,498		2,143,498	
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,692,674		1,692,674	
53.00 Electrocardiology	0	0	0	0	0	0	0	0	578,036		578,036	
54.00 Electroencephalography	0	0	0	0	0	0	0	0	71,063		71,063	
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	5,551,554		5,551,554	
55.30 Implantable Devices Charged to Patier	0	0	0	0	0	0	0	0	2,920,505		2,920,505	
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	7,123,317		7,123,317	
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	779,299		779,299	
58.00	0	0	0	0	0	0	0	0	0		0	
58.01	0	0	0	0	0	0	0	0	0		0	
58.02	0	0	0	0	0	0	0	0	0		0	
58.03	0	0	0	0	0	0	0	0	0		0	
58.04	0	0	0	0	0	0	0	0	0		0	
58.05	0	0	0	0	0	0	0	0	0		0	
58.06	0	0	0	0	0	0	0	0	0		0	
58.07	0	0	0	0	0	0	0	0	0		0	
58.08	0	0	0	0	0	0	0	0	0		0	
58.09	0	0	0	0	0	0	0	0	0		0	
59.00	0	0	0	0	0	0	0	0	0		0	
60.01 Other OP Services	0	0	0	0	0	0	0	0	440,781		440,781	
60.02 Wound Center	0	0	0	0	0	0	0	0	1,974,976		1,974,976	
61.00 Emergency	0	0	0	0	0	0	0	0	8,728,940		8,728,940	
62.00 Observation Beds (Non-Distinct)	0	0	0	0	0	0	0	0	0		0	
63.50 Valley Family Care Center	0	0	0	0	0	0	0	0	2,854,029		2,854,029	
63.51 Valley Family Calexico	0	0	0	0	0	0	0	0	2,317,031		2,317,031	
84.00	0	0	0	0	0	0	0	0	0		0	
85.00	0	0	0	0	0	0	0	0	0		0	
86.00	0	0	0	0	0	0	0	0	0		0	
NONREIMBURSABLE COST CENTEF												
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	19,970		19,970	
98.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	0		0	
98.02 Patient Telephones/Televisions	0	0	0	0	0	0	0	0	97,655		97,655	
99.00	0	0	0	0	0	0	0	0	0		0	
100.00 Other Nonreimbursable Cost Centers	0	0	0	0	0	0	0	0	1,494,409		1,494,409	
100.02 Retail Pharmacy	0	0	0	0	0	0	0	0	620,097		620,097	
100.03	0	0	0	0	0	0	0	0	0		0	
100.04	0	0	0	0	0	0	0	0	0		0	
100.05	0	0	0	0	0	0	0	0	0		0	
100.06	0	0	0	0	0	0	0	0	0		0	
100.07	0	0	0	0	0	0	0	0	0		0	
100.08	0	0	0	0	0	0	0	0	0		0	
100.09	0	0	0	0	0	0	0	0	0		0	
100.10	0	0	0	0	0	0	0	0	0		0	
TOTAL	0	0	0	0	0	0	0	0	0	96,713,705	0	96,713,705

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00	COMMUN- ICATIONS (# OF EXT) 6.01	PURCHASING (SUPP COST) 6.02	ADMITTING (INPATIENT REVENUE) 6.03	PATIENT ACCOUNTING (INPAT REV) 6.04	6.06	6.07	6.08	6.09	OTH ADM & GEN (ACCUM COST) 6.05	MAINT & REPAIRS (SQ FT) 7.00
ANCILLARY COST CENTERS											
37.00	Operating Room	1,629,470	48	225,951	12,328,835					4,164,862	
37.01	Endoscopy	150,115	5	22,316	1,103,600					303,318	
38.00	Recovery Room	716,855	9	10,996	1,496,677					1,102,820	
39.00	Delivery Room and Labor Room	1,456,177	10	50,002	3,643,631					2,428,687	
39.01	Antenatal Testing	75,387		2,661	25,015					106,576	
41.00	Radiology-Diagnostic	2,792,231	45	236,505	24,403,841					6,573,835	
43.01	Comp Axial Tomo Scan									0	
43.02	M.R.I									0	
44.00	Laboratory	2,737,055	39	2,603,159	36,152,712					8,906,933	
46.30	Blood Clotting Factors Admin Co									0	
49.00	Respiratory Therapy	790,215		169,599	13,529,560					1,610,864	
50.00	Physical Therapy	694,579	8	27,466	1,134,877					1,266,729	
53.00	Electrocardiology	184,096	7	13,442	8,810,620					420,639	
54.00	Electroencephalography	26,164	1	1,834	45,314					50,014	
55.00	Medical Supplies Charged to Patients			58,784	7,913,833					4,625,073	
55.30	Implantable Devices Charged to Patient				2,459,606					2,503,257	
56.00	Drugs Charged to Patients			3,097,163	26,346,073					4,163,162	
57.00	Renal Dialysis	296,018	1		2,122,262					535,543	
58.00										0	
58.01										0	
58.02										0	
58.03										0	
58.04										0	
58.05										0	
58.06										0	
58.07										0	
58.08										0	
58.09										0	
59.00										0	
60.01	Other OP Services	182,762	7	4,555	25,744					358,849	
60.02	Wound Center	319,015	1	110,242	49,078					1,483,317	
61.00	Emergency	3,981,244	58	225,698	12,800,408					6,573,221	
62.00	Observation Beds (Non-Distinct)									0	
63.50	Valley Family Care Center	842,042	3	65,266						2,302,795	
63.51	Valley Family Calexico	826,387		51,953						1,872,993	
84.00										0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop and Canteen									5,618	
98.00	Physicians' Private Offices									0	
98.02	Patient Telephones/Televisions									61,023	
99.00										0	
100.00	Other Nonreimbursable Cost Centers	295,226	7	49,476						1,085,502	
100.02	Retail Pharmacy									535,842	
100.03										0	
100.04										0	
100.05										0	
100.06										0	
100.07										0	
100.08										0	
100.09										0	
100.10										0	
TOTAL		39,994,180	888	9,358,820	226,585,632					83,572,871	0
COST TO BE ALLOCATED		14,540,861	107,927	1,984,406	654,131					13,140,834	0
UNIT COST MULTIPLIER - SCH 8		0.363574	121.539885	0.212036	0.002887	0.000000	0.000000	0.000000	0.000000	0.157238	0.000000

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (FTES) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (HRS OF SVC) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (INPATIENT REVENUE) 17.00	SOC SERV (TIME SPENT) 18.00	19.00
GENERAL SERVICE COST CENTERS												
1.00	Old Cap Rel Costs-Bldg and Fixtures											
2.00	Old Cap Rel Costs-Movable Equipment											
3.00	New Cap Rel Costs-Bldg and Fixtures											
4.00	New Cap Rel Costs-Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01	Communications											
6.02	Purchasing											
6.03	Admitting											
6.04	Patient Accounting											
6.06												
6.07												
6.08												
6.09												
6.05	Other Administrative and General											
7.00	Maintenance and Repairs											
8.00	Operation of Plant											
9.00	Laundry and Linen Service 139											
10.00	Housekeeping 570											
11.00	Dietary 2,020 2,020											
12.00	Cafeteria 455 455 153,540											
13.00	Maintenance of Personnel											
14.00	Nursing Administration 4,106 4,106 29,485											
15.00	Central Services and Supply 1,715 2,332 1,715 20,024											
16.00	Pharmacy 1,510 1,510 31,667 433,863											
17.00	Medical Records and Library 2,777 2,777 50,035 782											
18.00	Social Service											
19.00												
19.02												
19.03												
20.00												
21.00	Nursing School											
22.00	Intern and Res Service-Salary and Fringes											
23.00	Intern and Res Other Program											
24.00	Paramedical Ed Program											
INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics (Gen Routine) 28,954 203,844 28,954 89,420 268,922 158,882 281,142 48,534,588											
26.00	Intensive Care Unit 4,382 50,351 4,382 6,369 42,854 65,321 18,212,520											
26.01	Neonatal Intensive Care Unit 757 757 11,585 15,019 4,266 2,033,489											
33.00	Nursery 672 20,089 672 21,498 16,281 24,575 3,413,349											
24.00												
35.00												
36.00												
36.01												
36.02												
36.03												
36.04												
36.05												
36.06												
36.07												

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (FTES) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (HRS OF SVC) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (INPATIENT REVENUE) 17.00	SOC SERV (TIME SPENT) 18.00	19.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	8,834	65,135	8,834	58,362		23,125	162,915		12,328,835			
37.01	Endoscopy	908		908	3,914		5,421	14,807		1,103,600			
38.00	Recovery Room	1,692		1,692	19,450		16,540	5,947		1,496,677			
39.00	Delivery Room and Labor Room	2,366	76,529	2,366	53,164		22,754	41,140		3,643,631			
39.01	Antenatal Testing				2,253		1,696	1,933		25,015			
41.00	Radiology-Diagnostic	6,792	76,434	6,792	110,516		15,600	227,825		24,403,841			
43.01	Comp Axial Tomo Scan												
43.02	M.R.I												
44.00	Laboratory	4,228	440	4,228	118,464		46,208	1,057,139		36,152,712			
46.30	Blood Clotting Factors Admin Co												
49.00	Respiratory Therapy	1,038		1,038	27,284			126,829		13,529,560			
50.00	Physical Therapy	2,153	3,568	2,153	26,797		7,114	10,798		1,134,877			
53.00	Electrocardiology		746		7,013			38		8,810,620			
54.00	Electroencephalography	165		165	1,053			27		45,314			
55.00	Medical Supplies Charged to Patients	1,466		1,466				47,550		7,913,833			
55.30	Implantable Devices Charged to Patient									2,459,606			
56.00	Drugs Charged to Patients								3,097,163	26,346,073			
57.00	Renal Dialysis	1,647		1,647	7,903		3,098			2,122,262			
58.00													
58.01													
58.02													
58.03													
58.04													
58.05													
58.06													
58.07													
58.08													
58.09													
59.00													
60.01	Other OP Services				5,756		4,115	1,885		25,744			
60.02	Wound Center	2,451		2,451	13,823		7,706	87,785		49,078			
61.00	Emergency	6,140	147,879	6,140	152,369		79,756	112,045		12,800,408			
62.00	Observation Beds (Non-Distinct)												
63.50	Valley Family Care Center				46,426		29,689	19,530					
63.51	Valley Family Calexico				41,948		22,277	17,143					
84.00													
85.00													
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen	189		189									
98.00	Physicians' Private Offices												
98.02	Patient Telephones/Televisions				4,059								
99.00													
100.00	Other Nonreimbursable Cost Centers	2,858		2,858	19,404		3,540	13					
100.02	Retail Pharmacy												
100.03													
100.04													
100.05													
100.06													
100.07													
100.08													
100.09													
100.10													
TOTAL		90,984	647,347	90,275	253,388	1,149,115	0	521,675	2,745,298	3,097,163	226,585,632	0	0
COST TO BE ALLOCATED		4,803,242	18,654	1,667,130	1,687,802	1,070,796	0	2,428,336	1,080,320	2,052,315	2,177,891	0	0
UNIT COST MULTIPLIER - SCH 8		52.792158	0.028816	18.467236	6.660941	0.931844	0.000000	4.654883	0.393516	0.662644	0.009612	0.000000	0.000000

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
19.02	19.03	20.00	21.00	22.00	23.00	24.00

GENERAL SERVICE COST CENTERS

- 1.00 Old Cap Rel Costs-Bldg and Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg and Fixtures
- 4.00 New Cap Rel Costs-Movable Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01 Communications
- 6.02 Purchasing
- 6.03 Admitting
- 6.04 Patient Accounting
- 6.06
- 6.07
- 6.08
- 6.09
- 6.05 Other Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services and Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00
- 21.00 Nursing School
- 22.00 Intern and Res Service-Salary and Fringes
- 23.00 Intern and Res Other Program
- 24.00 Paramedical Ed Program

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults and Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 26.01 Neonatal Intensive Care Unit
- 33.00 Nursery
- 24.00
- 35.00
- 36.00
- 36.01
- 36.02
- 36.03
- 36.04
- 36.05
- 36.06
- 36.07

TRIAL BALANCE OF EXPENSES

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg and Fixtures	\$ 0	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment	0	0	0
3.00	New Cap Rel Costs-Bldg and Fixtures	3,435,499	0	3,435,499
4.00	New Cap Rel Costs-Movable Equipment	170,482	0	170,482
4.01		0	0	0
4.02		0	0	0
4.03		0	0	0
4.04		0	0	0
4.05		0	0	0
4.06		0	0	0
4.07		0	0	0
4.08		0	0	0
5.00	Employee Benefits	14,437,801	0	14,437,801
6.01	Communications	77,861	0	77,861
6.02	Purchasing	1,781,952	0	1,781,952
6.03	Admitting	455,873	0	455,873
6.04	Patient Accounting	2,000,692	0	2,000,692
6.06		0	0	0
6.07		0	0	0
6.08		0	0	0
6.09		0	0	0
6.05	Other Administrative and General	11,214,233	0	11,214,233
7.00	Maintenance and Repairs	0	0	0
8.00	Operation of Plant	3,483,903	0	3,483,903
9.00	Laundry and Linen Service	5,637	0	5,637
10.00	Housekeeping	1,057,513	0	1,057,513
11.00	Dietary	892,071	0	892,071
12.00	Cafeteria	0	0	0
13.00	Maintenance of Personnel	0	0	0
14.00	Nursing Administration	1,281,593	0	1,281,593
15.00	Central Services and Supply	625,098	0	625,098
16.00	Pharmacy	1,007,068	0	1,007,068
17.00	Medical Records and Library	1,334,564	0	1,334,564
18.00	Social Service	0	0	0
19.00		0	0	0
19.02		0	0	0
19.03		0	0	0
20.00		0	0	0
21.00	Nursing School	0	0	0
22.00	Intern and Res Service-Salary and Fringes	0	0	0
23.00	Intern and Res Other Program	0	0	0
24.00	Paramedical Ed Program	0	0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics (Gen Routine)	8,102,520	0	8,102,520
26.00	Intensive Care Unit	2,608,633	0	2,608,633
26.01	Neonatal Intensive Care Unit	500,729	0	500,729
33.00	Nursery	696,148	0	696,148
24.00		0	0	0
35.00		0	0	0
36.00		0	0	0
36.01		0	0	0
36.02		0	0	0
36.03		0	0	0
36.04		0	0	0
36.05		0	0	0
36.06		0	0	0
36.07		0	0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		AUDITED	REVISIONS (From Sch 10A)	REVISED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 3,085,233	\$ 0	\$ 3,085,233
37.01	Endoscopy	201,116	0	201,116
38.00	Recovery Room	767,727	0	767,727
39.00	Delivery Room and Labor Room	1,766,616	0	1,766,616
39.01	Antenatal Testing	78,256	0	78,256
41.00	Radiology-Diagnostic	4,962,950	0	4,962,950
43.01	Comp Axial Tomo Scan	0	0	0
43.02	M.R.I	0	0	0
44.00	Laboratory	6,728,425	0	6,728,425
46.30	Blood Clotting Factors Admin Co	0	0	0
49.00	Respiratory Therapy	1,069,255	0	1,069,255
50.00	Physical Therapy	927,674	0	927,674
53.00	Electrocardiology	227,909	0	227,909
54.00	Electroencephalography	34,458	0	34,458
55.00	Medical Supplies Charged to Patients	4,459,361	0	4,459,361
55.30	Implantable Devices Charged to Patient	2,469,172	0	2,469,172
56.00	Drugs Charged to Patients	3,141,352	0	3,141,352
57.00	Renal Dialysis	349,428	0	349,428
58.00		0	0	0
58.01		0	0	0
58.02		0	0	0
58.03		0	0	0
58.04		0	0	0
58.05		0	0	0
58.06		0	0	0
58.07		0	0	0
58.08		0	0	0
58.09		0	0	0
59.00		0	0	0
60.01	Other OP Services	290,228	0	290,228
60.02	Wound Center	1,270,296	0	1,270,296
61.00	Emergency	4,710,932	0	4,710,932
62.00	Observation Beds (Non-Distinct)	0	0	0
63.50	Valley Family Care Center	1,963,191	0	1,963,191
63.51	Valley Family Calexico	1,561,524	0	1,561,524
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
	SUBTOTAL	\$ 95,234,973	\$ 0	\$ 95,234,973
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen	0	0	0
98.00	Physicians' Private Offices	0	0	0
98.02	Patient Telephones/Televisions	61,023	0	61,023
99.00		0	0	0
100.00	Other Nonreimbursable Cost Centers	881,867	0	881,867
100.02	Retail Pharmacy	535,842	0	535,842
100.03		0	0	0
100.04		0	0	0
100.05		0	0	0
100.06		0	0	0
100.07		0	0	0
100.08		0	0	0
100.09		0	0	0
100.10		0	0	0
100.99	SUBTOTAL	\$ 1,478,732	\$ 0	\$ 1,478,732
101	TOTAL	\$ 96,713,705	\$ 0	\$ 96,713,705

(To Schedule 8)

Provider Name							Fiscal Period			NPI		Revisions
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010			1861409823		2
Report References												
Rev. No.	Revised Audit Report	Audit Report					Explanation of Revisions	As Audited	Increase (Decrease)	As Revised		
		Schedule	Part	Title	Line	Col.						
							<u>MEMORANDUM ADJUSTMENT</u>					
1							Revision to adjustment 1. To adjust Total Noncontract AB 5 Reductions accordingly due to Revision 2. AS IMPACTED BY INFORMAL APPEAL FINDING—ISSUE 3 CASE NUMBER: HA14-0610-616H-DG					

Provider Name							Fiscal Period		NPI		Revisions
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1861409823		2
Report References							Explanation of Revisions				
Rev. No.	Revised Audit Report	Audit Report									
Schedule	Part	Title	Line	Col.							
REVISIONS TO REPORTED MEDI-CAL SETTLEMENT DATA—NONCONTRACT											
2	6	6		55.00	Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients			\$3,308,650	(\$259,838)	\$3,048,812	
	6	6		55.30	Medi-Cal Ancillary Charges—Implantable Devices Charged to Patient			0	259,838	259,838	
Revision to adjustment 17. To reclassify Medi-Cal ancillary charges based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE 3 CASE NUMBER: HA14-0610-616H-DG											