

**REPORT ON THE
COST REPORT REVIEW**

**ALVARADO HOSPITAL
SAN DIEGO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1265468946**

**FISCAL PERIOD ENDED
DECEMBER 31, 2009**

**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: Pasia M. Gutierrez**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 20, 2013

Brian Kleven, CFO
Alvarado Hospital
6655 Alvarado Road
San Diego, CA 92120

ALVARADO HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1265468946
FISCAL PERIOD ENDED DECEMBER 31, 2009

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 \$85,520, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

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

The audited settlement will be incorporated into a Statement(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)

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

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

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

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

United States Postal Service (USPS)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

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—San Diego at (619) 688-3200.

Originally signed by:

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

Certified

cc: See Next Page

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cc: Foster Evans
Hospital Management Services
211 East Imperial Highway, Suite 102
Fullerton, CA 92835

SUMMARY OF FINDINGS

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) NPI: 1265468946	Reported	\$ 0	
	Net Change	\$ (82,369)	
	Audited Amount Due Provider (State)	\$ (82,369)	
2. Subprovider I (SCHEDULE 1-1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) NPI: 1265468946	Reported		\$ 14,872,128
	Net Change		\$ (489,299)
	Audited Cost		\$ 14,382,829
	Audited Amount Due Provider (State)	\$ (3,151)	
5. Distinct Part Nursing Facility (DPNF SCH 1) 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) 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) NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ (85,520)	
9. Total Medi-Cal Cost			\$ 14,382,829

SUMMARY OF FINDINGS

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) 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) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) 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)		\$ (85,520)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1265468946

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 170,084
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 0	\$ 170,084
6. Interim Payments (Adj 5)		\$ 0	\$ (252,453)
7. Balance Due Provider (State)		\$ 0	\$ (82,369)
8. Duplicate Payments (Adj)		\$ 0	\$ 0
9.	\$	\$ 0	0
10.	\$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (82,369)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
ALVARADO HOSPITALFiscal Period Ended:
DECEMBER 31, 2009NPI:
1265468946

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ <u>0</u>	\$ <u>178,477</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 3)	\$ <u>0</u>	\$ <u>646,448</u>
3. Inpatient Ancillary Service Charges (Adj 3)	\$ <u>0</u>	\$ <u>654,567</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>0</u>	\$ <u>1,301,015</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>0</u>	\$ <u>1,122,538</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ALVARADO HOSPITALFiscal Period Ended:
DECEMBER 31, 2009NPI:
1265468946

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	42,273	42,273
2. Inpatient Days (include private, exclude swing-bed)	42,273	42,273
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	42,273	42,273
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 25, Col 27)	\$ 40,794,970	\$ 40,795,022
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)	\$ 40,794,970	\$ 40,795,022

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 80,854,618	\$ 80,854,618
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 80,854,618	\$ 80,854,618
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.504547	\$ 0.504548
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)	\$ 1,912.68	\$ 1,912.68
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)	\$ 40,794,970	\$ 40,795,022

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 965.04	\$ 965.04
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 110,296
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 110,296

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ALVARADO HOSPITALFiscal Period Ended:
DECEMBER 31, 2009NPI:
1265468946

	REPORTED	AUDITED
SPECIAL CARE AND/OR NURSERY UNITS		
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 8,275,989	\$ 8,275,987
7. Total Inpatient Days (Adj)	4,282	4,282
8. Average Per Diem Cost	\$ 1,932.74	\$ 1,932.74
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 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj 1)	\$ 0.00	\$ 351.26
27. Medi-Cal Inpatient Days (Adj 1)	0	314
28. Cost Applicable to Medi-Cal	\$ 0	\$ 110,296
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	\$ 0	\$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 110,296

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
ALVARADO HOSPITALFiscal Period Ended:
DECEMBER 31, 2009NPI:
1265468946

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1265468946

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 11,524,156	\$ 83,305,581	0.138336	\$ 0	\$ 0
38.00		0	0	0.000000	0	0
39.00		0	0	0.000000	0	0
40.00		0	0	0.000000	0	0
41.00	Radiology-Diagnostic	4,063,594	18,645,213	0.217943	31,836	6,938
41.01	CAT Scan	1,098,968	36,302,806	0.030272	0	0
41.02	Ultrasound	1,080,819	7,731,484	0.139794	4,235	592
41.03	Endoscopy	1,378,860	5,125,301	0.269030	0	0
41.04	MRI	323,383	4,951,988	0.065304	0	0
42.00		0	0	0.000000	0	0
43.00	Radioisotope	835,350	3,263,746	0.255948	0	0
44.00	Laboratory	7,102,232	77,414,202	0.091743	210,356	19,299
44.01	Pathological Laboratory	547,802	1,048,510	0.522457	0	0
46.00		0	0	0.000000	0	0
47.00		0	0	0.000000	0	0
48.00		0	0	0.000000	0	0
49.00	Respiratory Therapy	3,364,836	43,216,004	0.077861	0	0
50.00	Physical Therapy	1,958,584	6,412,280	0.305443	28,607	8,738
51.00	Occupational Therapy	766,096	2,689,782	0.284817	10,188	2,902
52.00	Speech Pathology	840,217	2,075,738	0.404780	4,162	1,685
53.00	Electrocardiology	658,776	11,274,212	0.058432	0	0
53.01	Cardiac Catheterization	2,741,799	24,058,809	0.113962	0	0
54.00	Electroencephalography	230,061	364,158	0.631762	0	0
55.00	Medical Supplies Charged to Patients	32,575,524	154,412,327	0.210965	0	0
56.00	Drugs Charged to Patients	9,176,429	119,566,995	0.076747	365,183	28,027
57.00	Renal Dialysis	912,709	1,914,254	0.476796	0	0
58.00		0	0	0.000000	0	0
59.00		0	0	0.000000	0	0
59.01	Eating Disorders	304,497	1,586,934	0.191878	0	0
59.02	Sleep Disorders	488,672	1,824,218	0.267880	0	0
59.03	Spine Zone	197,032	479,323	0.411063	0	0
60.00	Clinic	3,852,772	3,861,466	0.997749	0	0
61.00	Emergency	9,369,829	36,426,618	0.257225	0	0
62.00	Observation Beds (Non-Distinct Part)	0	4,249,915	0.000000	0	0
64.00		0	0	0.000000	0	0
65.00		0	0	0.000000	0	0
66.00		0	0	0.000000	0	0
67.00		0	0	0.000000	0	0
TOTAL		\$ 95,392,996	\$ 652,201,864		\$ 654,567	\$ 68,181

(To Schedule 3)

* From Schedule 8, Column 27

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1265468946

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 14,872,128	\$ 14,382,829
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	\$ N/A
4.		\$ 0	\$ 0
5.	Subtotal (Sum of Lines 1 through 4)	\$ 14,872,128	\$ 14,382,829
6.	\$	\$ 0	\$ 0
7.	\$	\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 14,872,128	\$ 14,382,829
		(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adjs 10,11)	\$ 0	\$ (3,151)
10.	Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0
11.	\$	\$ 0	\$ 0
12.	\$	\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (3,151)
		(To Summary of Findings)	

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

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

Provider NPI:
1265468946

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>14,872,128</u>	\$ <u>14,893,058</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 8)	\$ <u>17,340,538</u>	\$ <u>15,889,703</u>
3. Inpatient Ancillary Service Charges (Adj 8)	\$ <u>65,860,633</u>	\$ <u>54,918,042</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>83,201,171</u>	\$ <u>70,807,745</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>68,329,043</u>	\$ <u>55,914,687</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u><u>0</u></u>	\$ <u><u>0</u></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:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1265468946

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ 8,533,784	\$ 8,536,227
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 6,338,344	\$ 6,356,831
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)	\$ 14,872,128	\$ 14,893,058
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ Contract Sch 1)	\$ 0
8. SUBTOTAL	\$ 14,872,128	\$ 14,893,058 (To Contract Sch 2)
9. Medi-Cal Deductibles (Adj 9)	\$ 0	\$ (14,524)
10. Medi-Cal Coinsurance (Adj 9)	\$ 0	\$ (495,705)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 14,872,128	\$ 14,382,829 (To Contract Sch 1)

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

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1265468946

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

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	42,273	42,273
2. Inpatient Days (include private, exclude swing-bed)	42,273	42,273
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	42,273	42,273
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 6)	5,144	5,049

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 40,794,970	\$ 40,795,022
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)	\$ 40,794,970	\$ 40,795,022

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 80,854,618	\$ 80,854,618
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 80,854,618	\$ 80,854,618
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.504547	\$ 0.504548
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)	\$ 1,912.68	\$ 1,912.68
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)	\$ 40,794,970	\$ 40,795,022

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 965.04	\$ 965.04
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 4,964,166	\$ 4,872,487
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 1,374,178	\$ 1,484,344
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 6,338,344	\$ 6,356,831

(To Contract Sch 3)

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

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1265468946

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 8,275,989	\$ 8,275,987
7. Total Inpatient Days (Adj)	4,282	4,282
8. Average Per Diem Cost	\$ 1,932.74	\$ 1,932.74
9. Medi-Cal Inpatient Days (Adj 6)	711	768
10. Cost Applicable to Medi-Cal	\$ 1,374,178	\$ 1,484,344
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
0		
26. Total Inpatient Routine Cost (Sch 8, Line___ , Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 1,374,178	\$ 1,484,344

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1265468946

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

(To Contract Sch 4)

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	4.08	EMPLOYEE BENEFITS 5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ACCUMULATE COST	ADMINISTRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	120,673	0	0	0	0	0	0	0	0	6,906,330	1,397,162
38.00		0	0	0	0	0	0	0	0	0	0	0	0
39.00		0	0	0	0	0	0	0	0	0	0	0	0
40.00		0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology-Diagnostic	0	47,287	0	0	0	0	0	0	0	0	2,757,689	557,885
41.01	CAT Scan	0	14,138	0	0	0	0	0	0	0	0	746,222	150,962
41.02	Ultrasound	0	17,760	0	0	0	0	0	0	0	0	842,319	170,402
41.03	Endoscopy	0	18,892	0	0	0	0	0	0	0	0	930,760	188,294
41.04	MRI	0	4,774	0	0	0	0	0	0	0	0	225,098	45,538
42.00		0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	12,065	0	0	0	0	0	0	0	0	621,752	125,782
44.00	Laboratory	0	97,222	0	0	0	0	0	0	0	0	5,312,741	1,074,776
44.01	Pathological Laboratory	0	6,819	0	0	0	0	0	0	0	0	392,006	79,303
46.00		0	0	0	0	0	0	0	0	0	0	0	0
47.00		0	0	0	0	0	0	0	0	0	0	0	0
48.00		0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	49,651	0	0	0	0	0	0	0	0	2,446,283	494,887
50.00	Physical Therapy	0	23,969	0	0	0	0	0	0	0	0	1,328,665	268,791
51.00	Occupational Therapy	0	9,407	0	0	0	0	0	0	0	0	530,840	107,390
52.00	Speech Pathology	0	9,248	0	0	0	0	0	0	0	0	544,735	110,201
53.00	Electrocardiology	0	9,188	0	0	0	0	0	0	0	0	475,160	96,126
53.01	Cardiac Catheterization	0	29,786	0	0	0	0	0	0	0	0	1,812,648	366,702
54.00	Electroencephalography	0	4,081	0	0	0	0	0	0	0	0	186,275	37,684
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	26,485,019	5,357,964
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	7,160,595	1,448,600
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	748,205	151,363
58.00		0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01	Eating Disorders	0	0	0	0	0	0	0	0	0	0	247,000	49,969
59.02	Sleep Disorders	0	6,000	0	0	0	0	0	0	0	0	326,297	66,011
59.03	Spine Zone	0	2,431	0	0	0	0	0	0	0	0	159,948	32,358
60.00	Clinic	0	41,739	0	0	0	0	0	0	0	0	2,341,570	473,704
61.00	Emergency	0	78,112	0	0	0	0	0	0	0	0	6,494,788	1,313,907
62.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
64.00		0	0	0	0	0	0	0	0	0	0	0	0
65.00		0	0	0	0	0	0	0	0	0	0	0	0
66.00		0	0	0	0	0	0	0	0	0	0	0	0
67.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER													
96.00	Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	0	0	12,252	2,479
97.00		0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Offices	0	0	0	0	0	0	0	0	0	0	248,692	50,311
99.00		0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Doctors Meals	0	0	0	0	0	0	0	0	0	0	502,740	101,705
100.01	Public Relations	0	0	0	0	0	0	0	0	0	0	1,077,484	217,977
100.02	MOB I	0	0	0	0	0	0	0	0	0	0	1,129,769	228,554
100.03	MOB II	0	0	0	0	0	0	0	0	0	0	1,494,817	302,404
100.04		0	0	0	0	0	0	0	0	0	0	0	0
100.05	UCSD CAPS	0	0	0	0	0	0	0	0	0	0	1,408,093	284,860
	TOTAL	0	1,622,504	0	153,572,645	25,840,440							

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFETERIA 12.00	13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	18.00
ANCILLARY COST CENTERS													
37.00	Operating Room	17,017	364,061	0	141,640	0	121,720	0	246,968	764,745	1,169,307	395,207	0
38.00		0	0	0	0	0	0	0	0	0	0	0	0
39.00		0	0	0	0	0	0	0	0	0	0	0	0
40.00		0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology-Diagnostic	9,754	208,679	0	81,188	0	47,698	0	24,130	16,914	271,204	88,454	0
41.01	CAT Scan	473	10,113	0	3,935	0	14,261	0	0	779	0	172,223	0
41.02	Ultrasound	396	8,481	0	3,299	0	17,914	0	0	514	814	36,679	0
41.03	Endoscopy	1,034	22,128	0	8,609	0	19,056	0	59,466	7,930	117,269	24,315	0
41.04	MRI	746	15,962	0	6,210	0	4,816	0	0	25	1,495	23,493	0
42.00		0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	1,369	29,293	0	11,396	0	12,170	0	0	10,164	7,941	15,483	0
44.00	Laboratory	4,342	92,898	0	36,142	0	98,065	0	0	115,508	502	367,258	0
44.01	Pathological Laboratory	1,988	42,525	0	16,545	0	6,878	0	0	3,583	0	4,974	0
46.00		0	0	0	0	0	0	0	0	0	0	0	0
47.00		0	0	0	0	0	0	0	0	0	0	0	0
48.00		0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	3,508	75,059	0	29,202	0	50,082	0	0	7,640	53,154	205,019	0
50.00	Physical Therapy	9,979	213,480	0	83,055	0	24,177	0	0	17	0	30,420	0
51.00	Occupational Therapy	3,431	73,402	0	28,557	0	9,488	0	0	228	0	12,760	0
52.00	Speech Pathology	4,720	100,989	0	39,290	0	9,329	0	0	0	21,106	9,847	0
53.00	Electrocardiology	722	15,450	0	6,011	0	9,267	0	0	206	2,347	53,486	0
53.01	Cardiac Catheterization	2,766	59,170	0	23,020	0	30,044	0	14,358	230,591	88,363	114,136	0
54.00	Electroencephalography	0	0	0	0	0	4,116	0	0	3	256	1,728	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	732,541	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	567,233	0
57.00	Renal Dialysis	132	2,827	0	1,100	0	0	0	0	0	0	9,081	0
58.00		0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01	Eating Disorders	0	0	0	0	0	0	0	0	0	0	7,529	0
59.02	Sleep Disorders	2,624	56,148	0	21,845	0	6,052	0	0	132	909	8,654	0
59.03	Spine Zone	0	0	0	0	0	2,452	0	0	0	0	2,274	0
60.00	Clinic	15,399	329,456	0	128,177	0	42,101	0	129,189	5,258	369,599	18,319	0
61.00	Emergency	3,096	66,237	0	25,770	0	78,789	0	246,449	14,218	953,765	172,810	0
62.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
64.00		0	0	0	0	0	0	0	0	0	0	0	0
65.00		0	0	0	0	0	0	0	0	0	0	0	0
66.00		0	0	0	0	0	0	0	0	0	0	0	0
67.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER													
96.00	Gift, Flower, Coffee Shop, and Canteen	619	13,233	0	5,148	0	0	0	0	0	0	0	0
97.00		0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Offices	12,555	268,604	0	104,502	0	0	0	0	0	0	0	0
99.00		0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Doctors Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.01	Public Relations	0	0	0	0	0	0	0	0	0	0	0	0
100.02	MOB I	0	0	0	0	0	0	0	0	0	0	0	0
100.03	MOB II	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	UCSD CAPS	53,450	1,143,505	0	444,887	0	0	0	0	0	0	0	0
	TOTAL	322,866	5,990,735	815,704	2,300,588	1,331,570	1,390,505	0	2,970,249	1,230,639	4,848,624	3,599,204	0

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

TRIAL BALANCE EXPENSES	19.00	19.02	19.03	20.00	21.00	22.00	23.00	24.00	25.00	POST	27.00
										SUBTOTAL	
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	11,524,156		11,524,156
38.00	0	0	0	0	0	0	0	0	0		0
39.00	0	0	0	0	0	0	0	0	0		0
40.00	0	0	0	0	0	0	0	0	0		0
41.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	4,063,594		4,063,594
41.01 CAT Scan	0	0	0	0	0	0	0	0	1,098,968		1,098,968
41.02 Ultrasound	0	0	0	0	0	0	0	0	1,080,819		1,080,819
41.03 Endoscopy	0	0	0	0	0	0	0	0	1,378,860		1,378,860
41.04 MRI	0	0	0	0	0	0	0	0	323,383		323,383
42.00	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	835,350		835,350
44.00 Laboratory	0	0	0	0	0	0	0	0	7,102,232		7,102,232
44.01 Pathological Laboratory	0	0	0	0	0	0	0	0	547,802		547,802
46.00	0	0	0	0	0	0	0	0	0		0
47.00	0	0	0	0	0	0	0	0	0		0
48.00	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	3,364,836		3,364,836
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,958,584		1,958,584
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	766,096		766,096
52.00 Speech Pathology	0	0	0	0	0	0	0	0	840,217		840,217
53.00 Electrocardiology	0	0	0	0	0	0	0	0	658,776		658,776
53.01 Cardiac Catheterization	0	0	0	0	0	0	0	0	2,741,799		2,741,799
54.00 Electroencephalography	0	0	0	0	0	0	0	0	230,061		230,061
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	32,575,524		32,575,524
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	9,176,429		9,176,429
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	912,709		912,709
58.00	0	0	0	0	0	0	0	0	0		0
59.00	0	0	0	0	0	0	0	0	0		0
59.01 Eating Disorders	0	0	0	0	0	0	0	0	304,497		304,497
59.02 Sleep Disorders	0	0	0	0	0	0	0	0	488,672		488,672
59.03 Spine Zone	0	0	0	0	0	0	0	0	197,032		197,032
60.00 Clinic	0	0	0	0	0	0	0	0	3,852,772		3,852,772
61.00 Emergency	0	0	0	0	0	0	0	0	9,369,829		9,369,829
62.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
64.00	0	0	0	0	0	0	0	0	0		0
65.00	0	0	0	0	0	0	0	0	0		0
66.00	0	0	0	0	0	0	0	0	0		0
67.00	0	0	0	0	0	0	0	0	0		0
NONREIMBURSABLE COST CENTER											
96.00 Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	33,730		33,730
97.00	0	0	0	0	0	0	0	0	0		0
98.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	684,665		684,665
99.00	0	0	0	0	0	0	0	0	0		0
99.01	0	0	0	0	0	0	0	0	0		0
99.02	0	0	0	0	0	0	0	0	0		0
99.03	0	0	0	0	0	0	0	0	0		0
99.04	0	0	0	0	0	0	0	0	0		0
100.00 Doctors Meals	0	0	0	0	0	0	0	0	604,445		604,445
100.01 Public Relations	0	0	0	0	0	0	0	0	1,295,461		1,295,461
100.02 MOB I	0	0	0	0	0	0	0	0	1,358,323		1,358,323
100.03 MOB II	0	0	0	0	0	0	0	0	1,797,221		1,797,221
100.04	0	0	0	0	0	0	0	0	0		0
100.05 UCSD CAPS	0	0	0	0	0	0	0	0	3,334,794		3,334,794
TOTAL	0	153,572,645	0	153,572,645							

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	EMP BENE (GROSS SALARIES)	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00
	5.00										
ANCILLARY COST CENTERS											
37.00	Operating Room	4,751,727								6,906,330	14,939
38.00										0	
39.00										0	
40.00										0	
41.00	Radiology-Diagnostic	1,862,032								2,757,689	8,563
41.01	CAT Scan	556,724								746,222	415
41.02	Ultrasound	699,352								842,319	348
41.03	Endoscopy	743,913								930,760	908
41.04	MRl	187,996								225,098	655
42.00										0	
43.00	Radioisotope	475,090								621,752	1,202
44.00	Laboratory	3,828,308								5,312,741	3,812
44.01	Pathological Laboratory	268,496								392,006	1,745
46.00										0	
47.00										0	
48.00										0	
49.00	Respiratory Therapy	1,955,116								2,446,283	3,080
50.00	Physical Therapy	943,843								1,328,665	8,760
51.00	Occupational Therapy	370,415								530,840	3,012
52.00	Speech Pathology	364,176								544,735	4,144
53.00	Electrocardiology	361,779								475,160	634
53.01	Cardiac Catheterization	1,172,871								1,812,648	2,428
54.00	Electroencephalography	160,692								186,275	
55.00	Medical Supplies Charged to Patients									26,485,019	
56.00	Drugs Charged to Patients									7,160,595	
57.00	Renal Dialysis									748,205	116
58.00										0	
59.00										0	
59.01	Eating Disorders									247,000	
59.02	Sleep Disorders	236,243								326,297	2,304
59.03	Spine Zone	95,728								159,948	
60.00	Clinic	1,643,559								2,341,570	13,519
61.00	Emergency	3,075,800								6,494,788	2,718
62.00	Observation Beds (Non-Distinct Part)									0	
64.00										0	
65.00										0	
66.00										0	
67.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop, and Canteen									12,252	543
97.00										0	
98.00	Physicians' Private Offices									248,692	11,022
99.00										0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
100.00	Doctors Meals									502,740	
100.01	Public Relations									1,077,484	
100.02	MOB I									1,129,769	
100.03	MOB II									1,494,817	
100.04										0	
100.05	UCSD CAPS									1,408,093	46,923
TOTAL		63,889,118	0	0	0	0	0	0	0	127,732,205	283,440
COST TO BE ALLOCATED		1,622,504	0	0	0	0	0	0	0	25,840,440	322,866
UNIT COST MULTIPLIER - SCH 8		0.025396	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.202302	1.139100

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (PATS DAYS) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (PATS DAYS) 11.00	CAFETERIA (GROSS SALARIES) 12.00	13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (CST REQ) 16.00	MED REC (GROSS REVENUE) 17.00	18.00	19.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	14,939	14,939		4,751,727		50,950	16,440,454	123,543	83,305,581			
38.00													
39.00													
40.00													
41.00	Radiology-Diagnostic	8,563	8,563		1,862,032		4,978	363,623	28,654	18,645,213			
41.01	CAT Scan	415	415		556,724			16,752		36,302,806			
41.02	Ultrasound	348	348		699,352			11,053	86	7,731,484			
41.03	Endoscopy	908	908		743,913		12,268	170,483	12,390	5,125,301			
41.04	MRl	655	655		187,996			540	158	4,951,988			
42.00													
43.00	Radioisotope	1,202	1,202		475,090			218,506	839	3,263,746			
44.00	Laboratory	3,812	3,812		3,828,308			2,483,185	53	77,414,202			
44.01	Pathological Laboratory	1,745	1,745		268,496			77,027		1,048,510			
46.00													
47.00													
48.00													
49.00	Respiratory Therapy	3,080	3,080		1,955,116			164,255	5,616	43,216,004			
50.00	Physical Therapy	8,760	8,760		943,843			360		6,412,280			
51.00	Occupational Therapy	3,012	3,012		370,415			4,895		2,689,782			
52.00	Speech Pathology	4,144	4,144		364,176			6	2,230	2,075,738			
53.00	Electrocardiology	634	634		361,779			4,438	248	11,274,212			
53.01	Cardiac Catheterization	2,428	2,428		1,172,871		2,962	4,957,237	9,336	24,058,809			
54.00	Electroencephalography				160,692			59	27	364,257			
55.00	Medical Supplies Charged to Patients									154,412,327			
56.00	Drugs Charged to Patients									119,566,995			
57.00	Renal Dialysis	116	116							1,914,254			
58.00													
59.00													
59.01	Eating Disorders									1,586,934			
59.02	Sleep Disorders	2,304	2,304		236,243			2,845	96	1,824,218			
59.03	Spine Zone				95,728					479,323			
60.00	Clinic	13,519	13,519		1,643,559		26,652	113,035	39,050	3,861,466			
61.00	Emergency	2,718	2,718		3,075,800		50,843	305,660	100,770	36,426,618			
62.00	Observation Beds (Non-Distinct Part)												
64.00													
65.00													
66.00													
67.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop, and Canteen	543	543										
97.00													
98.00	Physicians' Private Offices	11,022	11,022										
99.00													
99.01													
99.02													
99.03													
99.04													
100.00	Doctors Meals												
100.01	Public Relations												
100.02	MOB I												
100.03	MOB II												
100.04													
100.05	UCSD CAPS	46,923	46,923										
	TOTAL	245,826	44,264	242,647	44,264	54,283,009	0	612,769	26,456,222	512,281	758,675,697	0	0
	COST TO BE ALLOCATED	5,990,735	815,704	2,300,588	1,331,570	1,390,505	0	2,970,249	1,230,639	4,848,624	3,599,204	0	0
	UNIT COST MULTIPLIER - SCH 8	24.369819	18.428158	9.481214	30.082450	0.025616	0.000000	4.847258	0.046516	9.464774	0.004744	0.000000	0.000000

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

19.02 19.03 20.00 21.00 22.00 23.00 24.00

GENERAL SERVICE COST CENTERS

- 1.00
- 2.00
- 3.00 New Cap Rel Costs—Bldg and Fixtures
- 4.00 New Cap Rel Costs—Mvble Equipment
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00 Employee Benefits
- 6.01
- 6.02
- 6.03
- 6.04
- 6.05
- 6.06
- 6.07
- 6.08
- 6.00 Administrative and General
- 7.00 Maintenance and Repairs
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00
- 14.00 Nursing Administration
- 15.00 Central Services and Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00
- 19.00
- 19.02
- 19.03
- 20.00
- 21.00
- 22.00
- 23.00
- 24.00

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults and Pediatrics
- 26.00 Intensive Care Unit
- 27.00
- 28.00
- 29.00
- 30.00
- 31.00
- 32.00
- 33.00
- 34.00
- 35.00
- 35.01
- 36.00

TRIAL BALANCE OF EXPENSES

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

	REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
GENERAL SERVICE COST CENTERS			
1.00	\$	\$ 0	\$ 0
2.00		0	0
3.00	New Cap Rel Costs—Bldg and Fixtures	3,098,825	3,098,825
4.00	New Cap Rel Costs—Mvble Equipment	3,651,432	3,651,432
4.01		0	0
4.02		0	0
4.03		0	0
4.04		0	0
4.05		0	0
4.06		0	0
4.07		0	0
4.08		0	0
5.00	Employee Benefits	1,594,368	1,594,368
6.01		0	0
6.02		0	0
6.03		0	0
6.04		0	0
6.05		0	0
6.06		0	0
6.07		0	0
6.08		0	0
6.00	Administrative and General	25,301,147	25,301,147
7.00	Maintenance and Repairs	253,869	253,869
8.00	Operation of Plant	4,081,617	4,081,617
9.00	Laundry and Linen Service	678,452	678,452
10.00	Housekeeping	1,774,310	1,774,310
11.00	Dietary	634,464	634,464
12.00	Cafeteria	1,156,536	1,156,536
13.00		0	0
14.00	Nursing Administration	2,046,721	2,046,721
15.00	Central Services and Supply	729,336	729,336
16.00	Pharmacy	3,731,666	3,731,666
17.00	Medical Records and Library	2,822,747	2,822,747
18.00		0	0
19.00		0	0
19.02		0	0
19.03		0	0
20.00		0	0
21.00		0	0
22.00		0	0
23.00		0	0
24.00		0	0
INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics	24,285,736	24,285,736
26.00	Intensive Care Unit	5,411,487	5,411,487
27.00		0	0
28.00		0	0
29.00		0	0
30.00		0	0
31.00		0	0
32.00		0	0
33.00		0	0
34.00		0	0
35.00		0	0
35.01		0	0
36.00		0	0
		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
ALVARADO HOSPITAL

Fiscal Period Ended:
DECEMBER 31, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 6,448,584	\$ 0	\$ 6,448,584
38.00			0	0
39.00			0	0
40.00			0	0
41.00	Radiology-Diagnostic	2,517,192	0	2,517,192
41.01	CAT Scan	722,720	0	722,720
41.02	Ultrasound	816,706	0	816,706
41.03	Endoscopy	891,380	0	891,380
41.04	MRI	205,545	0	205,545
42.00			0	0
43.00	Radioisotope	582,566	0	582,566
44.00	Laboratory	5,129,507	0	5,129,507
44.01	Pathological Laboratory	345,814	0	345,814
46.00			0	0
47.00			0	0
48.00			0	0
49.00	Respiratory Therapy	2,327,137	0	2,327,137
50.00	Physical Therapy	1,107,041	0	1,107,041
51.00	Occupational Therapy	453,472	0	453,472
52.00	Speech Pathology	441,984	0	441,984
53.00	Electrocardiology	451,667	0	451,667
53.01	Cardiac Catheterization	1,728,079	0	1,728,079
54.00	Electroencephalography	182,194	0	182,194
55.00	Medical Supplies Charged to Patients	26,485,019	0	26,485,019
56.00	Drugs Charged to Patients	7,160,595	0	7,160,595
57.00	Renal Dialysis	745,588	0	745,588
58.00			0	0
59.00			0	0
59.01	Eating Disorders	247,000	0	247,000
59.02	Sleep Disorders	268,312	0	268,312
59.03	Spine Zone	157,517	0	157,517
60.00	Clinic	1,994,798	0	1,994,798
61.00	Emergency	6,355,349	0	6,355,349
62.00	Observation Beds (Non-Distinct Part)		0	0
64.00			0	0
65.00			0	0
66.00			0	0
67.00			0	0
	SUBTOTAL	\$ 149,018,479	\$ 0	\$ 149,018,479
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop, and Canteen		0	0
97.00			0	0
98.00	Physicians' Private Offices		0	0
99.00			0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
100.00	Doctors Meals	502,740	0	502,740
100.01	Public Relations	1,077,484	0	1,077,484
100.02	MOB I	1,129,769	0	1,129,769
100.03	MOB II	1,494,817	0	1,494,817
100.04			0	0
100.05	UCSD CAPS	349,356	0	349,356
100.99	SUBTOTAL	\$ 4,554,166	\$ 0	\$ 4,554,166
101	TOTAL	\$ 153,572,645	\$ 0	\$ 153,572,645

(To Schedule 8)

Provider Name							Fiscal Period		NPI		Adjustments
ALVARADO HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		1265468946		11
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—NONCONTRACT											
1	4A	Not Reported					Medi-Cal Administrative Day Rate	\$0.00	\$351.26	\$351.26	
	4A	Not Reported					Medi-Cal Administrative Days	0	314	314	
2	6	Not Reported					Medi-Cal Ancillary Charges—Radiology-Diagnostic	\$0	\$31,836	\$31,836	
	6	Not Reported					Medi-Cal Ancillary Charges—Ultrasound	0	4,235	4,235	
	6	Not Reported					Medi-Cal Ancillary Charges—Laboratory	0	210,356	210,356	
	6	Not Reported					Medi-Cal Ancillary Charges—Physical Therapy	0	28,607	28,607	
	6	Not Reported					Medi-Cal Ancillary Charges—Occupational Therapy	0	10,188	10,188	
	6	Not Reported					Medi-Cal Ancillary Charges—Speech Pathology	0	4,162	4,162	
	6	Not Reported					Medi-Cal Ancillary Charges—Drugs Charged to Patients	0	365,183	365,183	
	6	Not Reported					Medi-Cal Ancillary Charges—Total	0	654,567	654,567	
3	2	Not Reported					Medi-Cal Routine Service Charges	\$0	\$646,448	\$646,448	
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	654,567	654,567	
4	3	Not Reported					Medi-Cal Coinsurance	\$0	\$8,393	\$8,393	
5	1	Not Reported					Medi-Cal Interim Payments	\$0	\$252,453	\$252,453	
							To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data: Service Period: January 1, 2009 through December 31, 2009 Payment Period: January 1, 2009 through April 16, 2013 Reports Dated: April 16, 2013 42 CFR 413.20, 413.24, 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				

Provider Name							Fiscal Period		NPI		Adjustments	
ALVARADO HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		1265468946		11	
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												
6	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days—Adults and Pediatrics	5,144	(95)	5,049		
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days—Intensive Care Unit	711	57	768		
7	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges—Operating Room	\$4,435,416	(\$158,409)	\$4,277,007		
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges—Radiology-Diagnostic	1,714,085	8,900,537	10,614,622		
	Contract 6	D-4		XIX	41.01	2	Medi-Cal Ancillary Charges—CAT Scan	3,195,526	(1,491,438)	1,704,088		
	Contract 6	D-4		XIX	41.02	2	Medi-Cal Ancillary Charges—Ultrasound	778,105	(566,931)	211,174		
	Contract 6	D-4		XIX	41.03	2	Medi-Cal Ancillary Charges—Endoscopy	355,425	17,159	372,584		
	Contract 6	D-4		XIX	41.04	2	Medi-Cal Ancillary Charges—MRI	504,444	(269,878)	234,566		
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges—Radioisotope	359,540	(176,687)	182,853		
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges—Laboratory	11,791,302	(4,729,013)	7,062,289		
	Contract 6	D-4		XIX	44.01	2	Medi-Cal Ancillary Charges—Pathology Laboratory	69,076	(26,838)	42,238		
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges—Respiratory Therapy	6,899,995	(5,041,368)	1,858,627		
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges—Physical Therapy	604,676	(35,701)	568,975		
	Contract 6	D-4		XIX	51.00	2	Medi-Cal Ancillary Charges—Occupational Therapy	378,165	3,382	381,547		
	Contract 6	D-4		XIX	52.00	2	Medi-Cal Ancillary Charges—Speech Pathology	284,954	(76,213)	208,741		
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges—Electrocardiology	1,421,641	(984,548)	437,093		
	Contract 6	D-4		XIX	53.01	2	Medi-Cal Ancillary Charges—Cardiac Catheterization	3,415,778	(1,846,315)	1,569,463		
	Contract 6	D-4		XIX	54.00	2	Medi-Cal Ancillary Charges—Electroencephalography	37,815	(3,630)	34,185		
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients	10,851,473	129,200	10,980,673		
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges—Drugs Charged to Patients	14,933,964	(3,526,626)	11,407,338		
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges—Renal Dialysis	390,503	(46,441)	344,062		
	Contract 6	D-4		XIX	59.01	2	Medi-Cal Ancillary Charges—Eating Disorders	246,202	(246,202)	0		
	Contract 6	D-4		XIX	60.00	2	Medi-Cal Ancillary Charges—Clinic	11,622	(11,622)	0		
	Contract 6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges—Emergency	2,942,125	(516,208)	2,425,917		
	Contract 6	D-4		XIX	62.00	2	Medi-Cal Ancillary Charges—Observation Beds (Non-Distinct Part)	238,801	(238,801)	0		
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges—Total	65,860,633	(10,942,591)	54,918,042		
8	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$17,340,538	(\$1,450,835)	\$15,889,703		
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	65,860,633	(10,942,591)	54,918,042		

-Continued on next page-

Provider Name							Fiscal Period			NPI		Adjustments
ALVARADO HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009			1265468946		11
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												
-Continued from previous page-												
9	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$14,524	\$14,524		
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	0	495,705	495,705		
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data:</p> <p style="text-align: center;">Service Period: January 1, 2009 through December 31, 2009 Payment Period: January 1, 2009 through April 16, 2013 Reports Dated: April 16, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51541</p>												

Provider Name							Fiscal Period	NPI	Adjustments	
ALVARADO HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1265468946	11	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO OTHER MATTERS</u>										
10	Contract 1	N/A					Medi-Cal Overpayments To recover Medi-Cal overpayments due to lack of documentation to verify that the Share of Cost was properly deducted from the amount billed. 42 CFR 413.20 and 431.107 CMS Pub. 15-1, Sections 2300 and 2304.1 CCR, Title 22, Section 51476	\$0	\$2,798	\$2,798 *
11	Contract 1	N/A					Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. CCR, Title 22, Section 51458.1	* \$2,798	\$353	\$3,151

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		NPI		Adjustments
ALVARADO HOSPITAL							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		1265468946		11
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Cost Report											
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.					

*Balance carried forward from prior/to subsequent adjustments