

**REPORT ON THE  
COST REPORT REVIEW**

**EL CENTRO REGIONAL MEDICAL CENTER  
EL CENTRO, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1861409823**

**FISCAL PERIOD ENDED  
JUNE 30, 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 Moua**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

November 27, 2012

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

EL CENTRO REGIONAL MEDICAL CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1861409823  
FISCAL PERIOD ENDED JUNE 30, 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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited settlement for the fiscal period due the State in the amount of \$2,776,244 presented in the Summary of Findings represents 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. Audit Adjustments Schedule

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

Administrator  
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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.

Original Signed by:

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

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**EL CENTRO REGIONAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2009**

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>NPI: 1861409823</b>	Reported	\$ (1,070,026)	
	Net Change	\$ (1,706,218)	
	Audited Amount Due Provider (State)	\$ (2,776,244)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>NPI:</b>	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>		\$ (2,776,244)	
<b>9. Total Medi-Cal Cost</b>			\$ 0

**SUMMARY OF FINDINGS**

**Provider Name:**  
**EL CENTRO REGIONAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2009**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b> <b>NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b> <b>NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b> <b>NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b> <b>NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b> <b>NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b> <b>NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (2,776,244)	

**COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT  
NONCONTRACT HOSPITALS  
AB 5**

**10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008**

**Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER**

**Fiscal Period Ended:  
JUNE 30, 2009**

**NPI:  
1861409823**

**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>15,370,355</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>37,187</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-6)	<u>19,392</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$ <u><u>15,313,776</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u>8,767.75</u>
6. Audited Medi-Cal Cost Per Day (Line 4 ÷ Line 5)	\$ <u><u>1,746.60</u></u>

**AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 09/30/08**

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

N/A=El Centro is a noncontract hospital in a "open" Health Facility Planning Areas (HFPAs) with less than three hospitals in the HFPAs.

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

**Provider Name:**  
**EL CENTRO REGIONAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2009**

**NPI:**  
**1861409823**

**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>15,370,355</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 x Line 3)	<u>0</u>
5. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>37,187</u>
6. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-6)	<u>19,392</u>
7. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 4, 5 and 6)	\$ <u><u>15,313,776</u></u>
8. Total Audited Medi-Cal Days (Schs 4, 4A and 4B, excludes Administrative Days and Nursery Code 171)	<u><u>8,767.75</u></u>
9. Audited Medi-Cal Cost Per Day (Line 7 ÷ Line 8)	\$ <u><u>1,746.60</u></u>

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

10. Audited 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. Audited Medi-Cal Cost for 10/01/08 Through 04/05/09 (Line 9 X Line 10)	\$ <u><u>0</u></u>
12. Audited Medi-Cal Cost for 10/01/08 Through 04/05/09 with 10% Reduction (Line 11 X 90%)	\$ <u><u>0</u></u>

**Audited 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. Audited 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>
15. Audited Cost Using the Reduced Regional Average per Diem Contract Rate (Line 13 x 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 X 10%	\$ <u><u>0</u></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 a noncontract hospital in a "open" Health Facility Planning Areas (HFPAs) with less than three hospitals in the HFA.

**COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT  
NONCONTRACT HOSPITALS  
AB 5  
10% REDUCTION TO SERVICES FROM APRIL 6, 2009 THROUGH JUNE 30, 2009**

**Provider Name:**  
**EL CENTRO REGIONAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2009**

**NPI:**  
**1861409823**

**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>15,370,355</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>37,187</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-6)	<u>19,392</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$ <u><u>15,313,776</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u>8,767.75</u>
6. Audited Medi-Cal Cost Per Day (Line 4 ÷ Line 5)	\$ <u><u>1,746.60</u></u>

**AB 5 - 10 % Cost Reduction For Services From 04/06/09 Through 06/30/09**

7. Audited Medi-Cal Days of Service from 04/06/09 Through 06/30/09 (excludes Administrative Days)	<u>N/A</u>
8. Audited Medi-Cal Cost for 04/06/09 Through 06/30/09 (Line 6 X Line 7)	\$ <u>0</u>
9. AB 5 - 10% Cost Reduction for 04/06/09 Through 06/30/09 (Line 8 X 10%)	\$ <u><u>0</u></u> (To Schedule A, Line 3)

N/A=El Centro is a noncontract hospital in a "open" Health Facility Planning Areas (HFPAs) with less than three hospitals in the HFPAs.

**COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT  
HFPAs WITH LESS THAN THREE HOSPITALS  
AB 5  
10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH JUNE 30, 2009**

**Provider Name:**  
EL CENTRO REGIONAL MEDICAL CENTER

**Fiscal Period Ended:**  
JUNE 30, 2009

**NPI:**  
1861409823

**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>15,370,355</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>37,187</u>
3. Less: Medi-Cal Administrative Ancillary Cost (Schedule A-6)	<u>19,392</u>
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$ <u><u>15,313,776</u></u>
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days)	<u>8,767.75</u>
6. Audited Medi-Cal Cost Per Day (Line 4 ÷ Line 5)	\$ <u><u>1,746.60</u></u>

**AB 5 - 10 % Cost Reduction For Services From 07/01/08 Through 06/30/09**

7. Audited Medi-Cal Days of Service from 07/01/08 Through 06/30/09 (excludes Administrative Days)	<u>8,767.75</u>
8. Audited Medi-Cal Cost for 07/01/08 Through 06/30/09 (Line 6 X Line 7)	\$ <u>15,313,776</u>
9. AB 5 - 10% Cost Reduction for 07/01/08 Through 06/30/09 (Line 8 X 10%)	\$ <u><u>1,531,378</u></u>
	(To Schedule A, Line 4)

**COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT  
RURAL HEALTH HOSPITALS  
AB 5**

**10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH OCTOBER 31, 2008**

**Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER**

**Fiscal Period Ended:  
JUNE 30, 2009**

**NPI:  
1861409823**

**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$	15,370,355
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)		37,187
3. Less: Medi-Cal Administrative Day Ancillary Costs (Schedule A-6)		19,392
4. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Lines 2 and 3)	\$	15,313,776
5. Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, exclude Administrative Days)		8,767.75
6. Audited Medi-Cal Cost Per Day (Line 4 ÷ Line 5)	\$	1,746.60

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

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

N/A=El Centro is a noncontract hospital in a "open" Health Facility Planning Areas (HFPAs) with less than three hospitals in the HFPA.



## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

NPI:  
1861409823

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>12,815,747</u>	\$ <u>15,075,826</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>12,815,747</u>	\$ <u>15,075,826</u>
6. Interim Payments (Adj 18)	\$ <u>(13,885,773)</u>	\$ <u>(16,314,852)</u>
7. Balance Due Provider (State)	\$ <u>(1,070,026)</u>	\$ <u>(1,239,026)</u>
8. Medi-Cal Overpayments (Adj 23)	\$ <u>0</u>	\$ <u>(5,840)</u>
9. Total Noncontract AB 5 Reductions (Schedule A) (Adj 1)	\$ <u>0</u>	\$ <u>(1,531,378)</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>(1,070,026)</u></u>	\$ <u><u>(2,776,244)</u></u>
	(To Summary of Findings)	

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
EL CENTRO REGIONAL MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2009NPI:  
1861409823

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 13,026,575 \$ 15,370,355

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 16) \$ 17,134,684 \$ 20,800,8223. Inpatient Ancillary Service Charges (Adjs 16, 20) \$ 32,619,049 \$ 38,796,2694. Total Charges - Medi-Cal Inpatient Services \$ 49,753,733 \$ 59,597,0915. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 36,727,158 \$ 44,226,7366. 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 SERVICESProvider Name:  
EL CENTRO REGIONAL MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2009NPI:  
1861409823

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 6,167,141	\$ 7,547,676
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 6,859,434	\$ 7,822,679
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)	\$ 13,026,575	\$ 15,370,355
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 13,026,575	\$ 15,370,355
	(To Schedule 2)	
9. Deductibles (Adj 17)	\$ (31,417)	\$ (35,164)
10. Coinsurance (Adj 17)	\$ (179,411)	\$ (259,365)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 12,815,747	\$ 15,075,826
	(To Schedule 1)	

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

**Provider Name:**  
**EL CENTRO REGIONAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2009**

**Provider NPI:**

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

REPORTED	AUDITED
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**INPATIENT DAYS**

1. Total Inpatient Days (include private & swing-bed) (Adj )	21,218	21,218
2. Inpatient Days (include private, exclude swing-bed)	<u>21,218</u>	<u>21,218</u>
3. Private Room Days (exclude swing-bed private room) (Adj )	<u>0</u>	<u>0</u>
4. Semi-Private Room Days (exclude swing-bed) (Adj )	<u>21,218</u>	<u>21,218</u>
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	<u>0</u>	<u>0</u>
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	<u>0</u>	<u>0</u>
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	<u>0</u>	<u>0</u>
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	<u>0</u>	<u>0</u>
9. Medi-Cal Days (excluding swing-bed) (Adj )	<u>0</u>	<u>0</u>

**SWING-BED ADJUSTMENT**

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ <u>0.00</u>	\$ <u>0.00</u>
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ <u>0.00</u>	\$ <u>0.00</u>
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ <u>0.00</u>	\$ <u>0.00</u>
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ <u>0.00</u>	\$ <u>0.00</u>
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ <u>16,903,020</u>	\$ <u>16,382,785</u>
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ <u>0</u>	\$ <u>0</u>
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ <u>0</u>	\$ <u>0</u>
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ <u>0</u>	\$ <u>0</u>
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ <u>0</u>	\$ <u>0</u>
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ <u>0</u>	\$ <u>0</u>
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ <u>16,903,020</u>	\$ <u>16,382,785</u>

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj )	\$ <u>41,757,716</u>	\$ <u>41,757,716</u>
29. Private Room Charges (excluding swing-bed charges) (Adj )	\$ <u>0</u>	\$ <u>0</u>
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj )	\$ <u>41,757,716</u>	\$ <u>41,757,716</u>
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ <u>0.404788</u>	\$ <u>0.392330</u>
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ <u>0.00</u>	\$ <u>0.00</u>
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ <u>1,968.03</u>	\$ <u>1,968.03</u>
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ <u>0.00</u>	\$ <u>0.00</u>
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ <u>0.00</u>	\$ <u>0.00</u>
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ <u>0</u>	\$ <u>0</u>
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ <u>16,903,020</u>	\$ <u>16,382,785</u>

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ <u>796.64</u>	\$ <u>772.12</u>
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ <u>0</u>	\$ <u>0</u>
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ <u>0</u>	\$ <u>0</u>
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ <u>0</u>	\$ <u>0</u>
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ <u>0</u>	\$ <u>0</u>

(To Contract Sch 3)

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

**Provider Name:**  
**EL CENTRO REGIONAL MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2009**

**Provider NPI:**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,383,354	\$ 1,348,742
2. Total Inpatient Days (Adj )	2,470	2,470
3. Average Per Diem Cost	\$ 560.06	\$ 546.05
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 5,494,832	\$ 5,349,805
7. Total Inpatient Days (Adj )	3,350	3,350
8. Average Per Diem Cost	\$ 1,640.25	\$ 1,596.96
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 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
<b>NEONATAL INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 26.01, Col 27)	\$ 1,227,588	\$ 1,196,146
17. Total Inpatient Days (Adj )	704	704
18. Average Per Diem Cost	\$ 1,743.73	\$ 1,699.07
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 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)	\$ 0	\$ 0

(To Contract Sch 4)













Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

TRIAL BALANCE EXPENSES	4.08	EMPLOYEE BENEFITS 5.00	COMMUNICATIONS 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
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	565,907	6,135	30,716	36,832	126,341	0	0	0	0	3,757,719	498,035
37.01 Endoscopy	0	46,724	3,068	2,660	2,634	9,037	0	0	0	0	265,135	35,140
38.00 Recovery Room	0	216,344	3,068	1,296	6,817	23,384	0	0	0	0	988,531	131,016
39.00 Delivery Room and Labor Room	0	467,323	4,601	9,341	11,393	39,080	0	0	0	0	2,659,358	352,462
39.01 Antenatal Testing	0	26,189	0	24	51	176	0	0	0	0	103,300	13,691
40.00	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology-Diagnostic	0	887,781	16,872	39,446	57,507	197,257	0	0	0	0	6,087,588	806,828
42.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	769,100	23,007	297,471	93,534	320,836	0	0	0	0	7,775,261	1,030,506
44.01	0	0	0	0	0	0	0	0	0	0	0	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	0	253,914	1,534	14,585	41,338	141,798	0	0	0	0	1,496,311	198,316
50.00 Physical Therapy	0	144,529	4,601	2,122	4,091	14,033	0	0	0	0	1,174,875	155,714
51.00	0	0	0	0	0	0	0	0	0	0	0	0
52.00	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	58,487	3,068	1,305	17,297	59,330	0	0	0	0	368,888	48,891
54.00 Electroencephalography	0	7,789	0	479	128	438	0	0	0	0	47,713	6,324
55.00 Medical Supplies Charged to Patients	0	0	0	225,792	34,559	118,544	0	0	0	0	5,858,227	776,429
56.00 Drugs Charged to Patients	0	0	0	382,792	76,984	264,066	0	0	0	0	4,041,345	535,626
57.00 Renal Dialysis	0	53,870	0	2,349	7,954	27,282	0	0	0	0	573,348	75,990
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	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Operation Services	0	75,466	0	789	213	731	0	0	0	0	343,925	45,583
60.02 Wound Center	0	96,417	0	10,438	56	192	0	0	0	0	1,307,773	173,328
61.00 Emergency	0	1,206,768	10,737	30,468	29,547	101,349	0	0	0	0	6,185,498	819,804
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.50 Valley Family Care Center	0	239,128	0	6,037	0	1	0	0	0	0	2,057,745	272,726
63.51 Valley Family Carelixico	0	258,498	0	6,465	0	0	0	0	0	0	1,704,071	225,852
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
<b>NONREIMBURSABLE COST CENTER</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	1,534	0	0	0	0	0	0	0	7,189	953
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	0	0
98.02 Patient Telephones/Televisions	0	0	0	0	0	0	0	0	0	0	41,848	5,546
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
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Other Nonreimbursable Cost Center	0	104,005	0	4,330	0	0	0	0	0	0	980,937	130,010
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02 Vending Machines	0	0	0	0	0	0	0	0	0	0	11,280	1,495
100.03 Doctors' Lounges	0	0	0	0	0	0	0	0	0	0	28,752	3,811
100.04	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>12,375,007</b>	<b>234,673</b>	<b>1,275,652</b>	<b>610,379</b>	<b>2,093,696</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>87,152,978</b>	<b>10,199,188</b>



Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 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
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	352,406	3,422	121,948	0	50,315	0	111,762	53,432	0	122,474	0
37.01 Endoscopy	0	44,233	0	15,307	0	5,474	0	26,199	3,998	0	8,760	0
38.00 Recovery Room	0	82,426	0	28,523	0	18,317	0	79,937	1,391	0	22,668	0
39.00 Delivery Room and Labor Room	0	115,260	5,205	39,885	0	42,205	0	109,969	17,285	0	37,884	0
39.01 Antenatal Testing	0	0	0	0	0	1,671	0	8,197	55	0	171	0
40.00	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology-Diagnostic	0	322,349	4,517	111,546	0	91,942	0	75,394	99,827	0	191,219	0
42.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	0	0	0	0	0	0	0	0	0	0	0	0
44.00 Laboratory	0	182,877	32	63,283	0	89,804	0	223,320	282,397	0	311,015	0
44.01	0	0	0	0	0	0	0	0	0	0	0	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	0	50,566	0	17,498	0	24,247	0	0	23,424	0	137,457	0
50.00 Physical Therapy	0	104,884	226	36,294	0	16,426	0	34,382	346	0	13,604	0
51.00	0	0	0	0	0	0	0	0	0	0	0	0
52.00	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	36	0	0	7,068	0	0	231	0	57,514	0
54.00 Electroencephalography	0	8,038	0	2,781	0	0	0	0	400	0	424	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	521,945	0	114,915	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	1,640,958	255,983	0
57.00 Renal Dialysis	0	80,234	0	27,764	0	3,120	0	14,972	4,305	0	26,447	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	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01 Other Operation Services	0	0	0	0	0	4,053	0	19,888	473	0	709	0
60.02 Wound Center	0	119,401	0	41,318	0	10,988	0	37,243	17,417	0	186	0
61.00 Emergency	0	292,778	9,160	101,314	0	118,139	0	385,456	29,476	0	98,247	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.50 Valley Family Care Center	0	0	0	0	0	39,138	0	143,485	4,177	0	1	0
63.51 Valley Family Carelixco	0	0	0	0	0	31,833	0	107,663	3,185	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
<b>NONREIMBURSABLE COST CENTER</b>												
96.00 Gift, Flower, Coffee Shop & Canteen	0	9,207	0	3,186	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	0	0	0	0	25,342	0	0	0	0	0	0	0
98.02 Patient Telephones/Televisions	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
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Other Nonreimbursable Cost Center	0	74,047	0	25,623	0	0	0	17,109	41	0	0	0
100.01	0	0	0	0	0	0	0	0	0	0	0	0
100.02 Vending Machines	0	18,366	0	6,355	0	0	0	0	0	0	0	0
100.03 Doctors' Lounges	0	46,815	0	16,200	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>4,309,347</b>	<b>39,313</b>	<b>1,476,840</b>	<b>1,603,528</b>	<b>958,649</b>	<b>0</b>	<b>2,521,222</b>	<b>1,145,796</b>	<b>1,640,958</b>	<b>2,029,603</b>	<b>0</b>



Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

TRIAL BALANCE EXPENSES	19.00	19.02	19.03	20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST	TOTAL COST 27.00
										STEP-DOWN ADJUSTMENT 26.00	
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	0	0	0	5,071,510		5,071,510
37.01 Endoscopy	0	0	0	0	0	0	0	0	404,247		404,247
38.00 Recovery Room	0	0	0	0	0	0	0	0	1,352,809		1,352,809
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	3,379,513		3,379,513
39.01 Antenatal Testing	0	0	0	0	0	0	0	0	127,084		127,084
40.00	0	0	0	0	0	0	0	0	0		0
41.00 Radiology-Diagnostic	0	0	0	0	0	0	0	0	7,791,210		7,791,210
42.00 Radiology-Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00	0	0	0	0	0	0	0	0	0		0
44.00 Laboratory	0	0	0	0	0	0	0	0	9,958,496		9,958,496
44.01	0	0	0	0	0	0	0	0	0		0
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	1,947,819		1,947,819
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,536,750		1,536,750
51.00	0	0	0	0	0	0	0	0	0		0
52.00	0	0	0	0	0	0	0	0	0		0
53.00 Electrocardiology	0	0	0	0	0	0	0	0	482,627		482,627
54.00 Electroencephalography	0	0	0	0	0	0	0	0	65,680		65,680
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	7,271,515		7,271,515
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	6,473,912		6,473,912
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	806,181		806,181
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	0	0	0	0	0	0	0	0	0		0
59.02	0	0	0	0	0	0	0	0	0		0
59.03	0	0	0	0	0	0	0	0	0		0
60.00 Clinic	0	0	0	0	0	0	0	0	0		0
60.01 Other Operation Services	0	0	0	0	0	0	0	0	414,630		414,630
60.02 Wound Center	0	0	0	0	0	0	0	0	1,707,653		1,707,653
61.00 Emergency	0	0	0	0	0	0	0	0	8,039,872		8,039,872
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
63.50 Valley Family Care Center	0	0	0	0	0	0	0	0	2,517,273		2,517,273
63.51 Valley Family Calexico	0	0	0	0	0	0	0	0	2,072,604		2,072,604
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
<b>NONREIMBURSABLE COST CENTER</b>											
96.00 Gift, Flower, Coffee Shop & Canteen	0	0	0	0	0	0	0	0	20,535		20,535
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	25,342		25,342
98.02 Patient Telephones/Televisions	0	0	0	0	0	0	0	0	47,394		47,394
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
99.05	0	0	0	0	0	0	0	0	0		0
100.00 Other Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	1,227,767		1,227,767
100.01	0	0	0	0	0	0	0	0	0		0
100.02 Vending Machines	0	0	0	0	0	0	0	0	37,495		37,495
100.03 Doctors' Lounges	0	0	0	0	0	0	0	0	95,579		95,579
100.04	0	0	0	0	0	0	0	0	0		0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>87,152,978</b>	<b>0</b>	<b>87,152,978</b>







Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

	EMP BENE (GROSS SALARIES) 5.00	COMM (# OF EXTS) 6.01	PURCH (SUPPLY COST) 6.02	ADMIT (INPAT REV) 6.03	PAT ACCT (INPAT REV) 6.04	6.06	6.07	6.08	6.09	OTHER A&G (ACCUM COST) 6.05	7.00
<b>ANCILLARY COST CENTERS</b>											
37.00	Operating Room	1,656,509	4	255,386	12,138,123					3,757,719	
37.01	Endoscopy	136,770	2	22,116	868,180					265,135	
38.00	Recovery Room	633,276	2	10,779	2,246,615					988,531	
39.00	Delivery Room and Labor Room	1,367,936	3	77,661	3,754,591					2,659,358	
39.01	Antenatal Testing	76,660		199	16,929					103,300	
40.00										0	
41.00	Radiology-Diagnostic	2,598,690	11	327,974	18,951,336					6,087,588	
42.00	Radiology-Therapeutic									0	
43.00										0	
44.00	Laboratory	2,251,291	15	2,473,294	30,824,087					7,775,261	
44.01										0	
46.00										0	
47.00										0	
48.00										0	
49.00	Respiratory Therapy	743,250	1	121,262	13,623,083					1,496,311	
50.00	Physical Therapy	423,062	3	17,642	1,348,229					1,174,875	
51.00										0	
52.00										0	
53.00	Electrocardiology	171,202	2	10,851	5,700,111					368,888	
54.00	Electroencephalography	22,800		3,983	42,039					47,713	
55.00	Medical Supplies Charged to Patients			1,877,325	11,388,983					5,858,227	
56.00	Drugs Charged to Patients			3,182,687	25,369,971					4,041,345	
57.00	Renal Dialysis	157,687		19,533	2,621,128					573,348	
58.00										0	
59.00										0	
59.01										0	
59.02										0	
59.03										0	
60.00	Clinic									0	
60.01	Other Operation Services	220,903		6,563	70,256					343,925	
60.02	Wound Center	282,230		86,787	18,476					1,307,773	
61.00	Emergency	3,532,422	7	253,323	9,737,053					6,185,498	
62.00	Observation Beds									0	
63.50	Valley Family Care Center	699,969		50,195	133					2,057,745	
63.51	Valley Family Calexico	756,669		53,750						1,704,071	
84.00										0	
85.00										0	
86.00										0	
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00	Gift, Flower, Coffee Shop & Canteen		1							7,189	
97.00										0	
98.00	Physicians' Private Offices									0	
98.02	Patient Telephones/Televisions									41,848	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00	Other Nonreimbursable Cost Center	304,441		36,001						980,937	
100.01										0	
100.02	Vending Machines									11,280	
100.03	Doctors' Lounges									28,752	
100.04										0	
TOTAL		36,223,813	153	10,606,286	201,150,120	201,150,120	0	0	0	76,953,790	0
COST TO BE ALLOCATED		12,375,007	234,673	1,275,652	610,379	2,093,696	0	0	0	10,199,188	0
UNIT COST MULTIPLIER - SCH 8		0.341626	1533.807793	0.120273	0.003034	0.010409	0.000000	0.000000	0.000000	0.132537	0.000000



Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

	OPER PLANT (SQ FT) 8.00 (Adjs 10-12)	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00 (Adjs 10-12)	DIETARY (MEALS) 11.00	CAFETERIA (FTE'S) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (HRS OF SVC) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTED REQUIS) 16.00	MED REC (INPAT REV) 17.00	SOC SERV (TIME SPENT) 18.00	19.00	
<b>ANCILLARY COST CENTERS</b>													
37.00	Operating Room	7,234	53,910	7,234		51,079	23,125	191,852		12,138,123			
37.01	Endoscopy	908		908		5,557	5,421	14,356		868,180			
38.00	Recovery Room	1,692		1,692		18,595	16,540	4,995		2,246,615			
39.00	Delivery Room and Labor Room	2,366	82,007	2,366		42,846	22,754	62,065		3,754,591			
39.01	Antenatal Testing					1,696	1,696	199		16,929			
40.00													
41.00	Radiology-Diagnostic	6,617	71,170	6,617		93,339	15,600	358,440		18,951,336			
42.00	Radiology-Therapeutic												
43.00													
44.00	Laboratory	3,754	501	3,754		91,168	46,208	1,013,978		30,824,087			
44.01													
46.00													
47.00													
48.00													
49.00	Respiratory Therapy	1,038		1,038		24,615		84,106		13,623,083			
50.00	Physical Therapy	2,153	3,554	2,153		16,676	7,114	1,244		1,348,229			
51.00													
52.00													
53.00	Electrocardiology		566			7,175		828		5,700,111			
54.00	Electroencephalography	165		165				1,436		42,039			
55.00	Medical Supplies Charged to Patients							1,874,098		11,388,983			
56.00	Drugs Charged to Patients								3,182,687	25,369,971			
57.00	Renal Dialysis	1,647		1,647		3,167	3,098	15,459		2,621,128			
58.00													
59.00													
59.01													
59.02													
59.03													
60.00	Clinic												
60.01	Other Operation Services					4,115	4,115	1,697		70,256			
60.02	Wound Center	2,451		2,451		11,155	7,706	62,536		18,476			
61.00	Emergency	6,010	144,310	6,010		119,934	79,756	105,836		9,737,053			
62.00	Observation Beds												
63.50	Valley Family Care Center					39,733	29,689	14,999		133			
63.51	Valley Family Calexico					32,317	22,277	11,437					
84.00													
85.00													
86.00													
<b>NONREIMBURSABLE COST CENTERS</b>													
96.00	Gift, Flower, Coffee Shop & Canteen	189		189									
97.00													
98.00	Physicians' Private Offices				3,930								
98.02	Patient Telephones/Televisions												
99.01													
99.02													
99.03													
99.04													
99.05													
100.00	Other Nonreimbursable Cost Center	1,520		1,520			3,540	146					
100.01													
100.02	Vending Machines	377		377									
100.03	Doctors' Lounges	961		961									
100.04													
	<b>TOTAL</b>	<b>88,460</b>	<b>619,380</b>	<b>87,607</b>	<b>248,673</b>	<b>973,211</b>	<b>0</b>	<b>521,675</b>	<b>4,114,104</b>	<b>3,182,687</b>	<b>201,150,120</b>	<b>0</b>	<b>0</b>
	<b>COST TO BE ALLOCATED</b>	<b>4,309,347</b>	<b>39,313</b>	<b>1,476,840</b>	<b>1,603,528</b>	<b>958,649</b>	<b>0</b>	<b>2,521,222</b>	<b>1,145,796</b>	<b>1,640,958</b>	<b>2,029,603</b>	<b>0</b>	<b>0</b>
	<b>UNIT COST MULTIPLIER - SCH 8</b>	<b>48.715209</b>	<b>0.063471</b>	<b>16.857561</b>	<b>6.448340</b>	<b>0.985037</b>	<b>0.000000</b>	<b>4.832936</b>	<b>0.278504</b>	<b>0.515589</b>	<b>0.010090</b>	<b>0.000000</b>	<b>0.000000</b>

Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

	19.02	19.03	NONPHY ANESTH (ASG TIME) 20.00	NURSE SCHOOL (ASG TIME) 21.00	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	PARAMED EDUCAT (ASG TIME) 24.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
6.04							
6.06							
6.07							
6.08							
6.09							
6.05							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
<b>INPATIENT ROUTINE COST CENTERS</b>							
25.00							
26.00							
26.01							
27.00							
28.00							
29.00							
30.00							
31.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							



## TRIAL BALANCE OF EXPENSES

Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Cap Rel Costs-Bldg and Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg and Fixtures	3,349,122	0	3,349,122
4.00	New Cap Rel Costs-Movable Equipment	146,619	0	146,619
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	12,292,139	(20,862)	12,271,277
6.01	Communications	205,144	0	205,144
6.02	Purchasing	1,071,951	0	1,071,951
6.03	Admitting	424,502	0	424,502
6.04	Patient Accounting	1,682,945	0	1,682,945
6.06			0	0
6.07			0	0
6.08			0	0
6.09			0	0
6.05	Other Administrative and General	10,267,101	(1,690,122)	8,576,979
7.00			0	0
8.00	Operation of Plant	3,274,217	(28,544)	3,245,673
9.00	Laundry and Linen Service	22,803	0	22,803
10.00	Housekeeping	971,795	0	971,795
11.00	Dietary	878,762	0	878,762
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	1,414,354	0	1,414,354
15.00	Central Services and Supply	590,805	0	590,805
16.00	Pharmacy	970,074	0	970,074
17.00	Medical Records and Library	1,281,164	0	1,281,164
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern and Res Service-Salary & Fringes		0	0
23.00	Intern and Res Other Program		0	0
24.00	Paramedical Ed Program		0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults and Pediatrics (Gen Routine)	7,484,072	0	7,484,072
26.00	Intensive Care Unit	2,944,106	0	2,944,106
26.01	Neonatal Intensive Care Unit	666,169	0	666,169
27.00			0	0
28.00			0	0
29.00			0	0
30.00			0	0
31.00			0	0
33.00	Nursery	749,514	0	749,514
34.00			0	0
35.00			0	0
36.00			0	0
36.01			0	0
36.02			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
EL CENTRO REGIONAL MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 2,773,369	\$ 0	\$ 2,773,369
37.01	Endoscopy	173,846	0	173,846
38.00	Recovery Room	686,998	0	686,998
39.00	Delivery Room and Labor Room	2,056,831	0	2,056,831
39.01	Antenatal Testing	76,859	0	76,859
40.00			0	0
41.00	Radiology-Diagnostic	4,690,749	0	4,690,749
42.00	Radiology-Therapeutic		0	0
43.00			0	0
44.00	Laboratory	6,158,996	0	6,158,996
44.01			0	0
46.00			0	0
47.00			0	0
48.00			0	0
49.00	Respiratory Therapy	1,012,087	0	1,012,087
50.00	Physical Therapy	941,082	0	941,082
51.00			0	0
52.00			0	0
53.00	Electrocardiology	229,401	0	229,401
54.00	Electroencephalography	33,943	0	33,943
55.00	Medical Supplies Charged to Patients	5,479,332	0	5,479,332
56.00	Drugs Charged to Patients	3,317,503	0	3,317,503
57.00	Renal Dialysis	432,616	0	432,616
58.00			0	0
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01	Other Operation Services	266,725	0	266,725
60.02	Wound Center	1,127,337	0	1,127,337
61.00	Emergency	3,264,248	1,362,567	4,626,815
62.00	Observation Beds		0	0
63.50	Valley Family Care Center	1,812,578	0	1,812,578
63.51	Valley Family Calexico	1,439,108	0	1,439,108
84.00			0	0
85.00			0	0
86.00			0	0
	<b>SUBTOTAL</b>	\$ 86,660,966	\$ (376,961)	\$ 86,284,005
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower, Coffee Shop & Canteen		0	0
97.00			0	0
98.00	Physicians' Private Offices		0	0
98.02	Patient Telephones/Televisions	0	41,848	41,848
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00	Other Nonreimbursable Cost Center	780,213	46,912	827,125
100.01			0	0
100.02	Vending Machines		0	0
100.03	Doctors' Lounges		0	0
100.04			0	0
100.99	<b>SUBTOTAL</b>	\$ 780,213	\$ 88,760	\$ 868,973
101	<b>TOTAL</b>	\$ 87,441,179	\$ (288,201)	\$ 87,152,978

(To Schedule 8)









Provider Name							Fiscal Period			NPI		Adjustments
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009			1861409823		23
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
<u>MEMORANDUM ADJUSTMENT</u>												
1							The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W&I Code, Section 14166.245					

Provider Name							Fiscal Period	NPI	Adjustments	
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009	1861409823	23	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b>RECLASSIFICATIONS OF REPORTED COSTS</b>										
2	10A	A			6.01	7	Communications	\$205,144	(\$13,304)	\$191,840 *
	10A	A			98.02	7	Patient Telephones/Televisions To reclassify patient related telephone costs in order to establish a nonreimbursable cost center in conjunction with adjustment 6. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2106.1, 2300, and 2304	0	13,304	13,304 *
3	10A	A			6.05	7	Other Administrative and General	\$10,267,101	(\$1,362,567)	\$8,904,534 *
	10A	A			61.00	7	Emergency To reclassify physician on call costs from Other Administrative and General cost center to Emergency cost center. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2109.1, 2109.2A, 2182.6A, 2300, and 2304	3,264,248	1,362,567	4,626,815
4	10A	A			8.00	7	Operation of Plant	\$3,274,217	(\$28,544)	\$3,245,673
	10A	A			98.02	7	Patient Telephones/Televisions To reclassify patient related television costs in order to establish a nonreimbursable cost center. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2106.1, 2300, and 2304	* 13,304	28,544	41,848

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI		Adjustments
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009	1861409823		23
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED COSTS</b>										
5	10A	A			5.00	7	Employee Benefits To eliminate other purchases expense due to lack of documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code, Section 14124.2(b)	\$12,292,139	(\$20,862)	\$12,271,277
6	10A	A			6.01	7	Communications To reverse the patient telephone costs in order to establish a nonreimbursable cost center in conjunction with adjustment 2. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2106.1, 2300, and 2304	* \$191,840	\$13,304	\$205,144
7	10A	A			6.05	7	Other Administrative and General To abate revenue against Other Administrative and General cost center due to insufficient documentation. 42 CFR 413.20, 413.24, and 431.107 CMS Pub. 15-1, Sections 2300 and 2304 W&I Code, Section 14124.2(b)	* \$8,904,534	(\$267,555)	\$8,636,979 *
8	10A	A			6.05	7	Other Administrative and General To eliminate legal expenses not related to patient care activities. 42 CFR 405.2468 and 413.9 CMS Pub. 15-1, Sections 2102.3 and 2183	* \$8,636,979	(\$60,000)	\$8,576,979
9	10A	A			100.00	7	Other Nonreimbursable Cost Center To reverse the negative balance for IVHRA expenses due to lack of documentation explaining the discrepancy. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$780,213	\$46,912	\$827,125

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			NPI		Adjustments
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009			1861409823		23
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>												
10	9	B-1			60.02	3,4,8,10	Wound Center (Square Feet)		0	2,451	2,451	
	9	B-1			3.00	3	Total—Square Feet		112,984	2,451	115,435 *	
	9	B-1			4.00	4	Total—Square Feet		114,584	2,451	117,035 *	
	9	B-1			8.00	8	Total—Square Feet		84,671	2,451	87,122 *	
	9	B-1			10.00	10	Total—Square Feet		83,818	2,451	86,269 *	
							To include Wound Center square feet in accordance with reimbursement principles. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304					
11	9	B-1			100.02	3,4,8,10	Vending Machines (Square Feet)		0	377	377	
	9	B-1			3.00	3	Total—Square Feet	*	115,435	377	115,812 *	
	9	B-1			4.00	4	Total—Square Feet	*	117,035	377	117,412 *	
	9	B-1			8.00	8	Total—Square Feet	*	87,122	377	87,499 *	
	9	B-1			10.00	10	Total—Square Feet	*	86,269	377	86,646 *	
							To include Vending Machines square feet in a nonreimbursable cost center in accordance with reimbursement principles. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2102.3, 2300, 2304, and 2328					
12	9	B-1			100.03	3,4,8,10	Doctors' Lounges (Square Feet)		0	961	961	
	9	B-1			3.00	3	Total—Square Feet	*	115,812	961	116,773	
	9	B-1			4.00	4	Total—Square Feet	*	117,412	961	118,373	
	9	B-1			8.00	8	Total—Square Feet	*	87,499	961	88,460	
	9	B-1			10.00	10	Total—Square Feet	*	86,646	961	87,607	
							To include Doctors' Lounges square feet in a nonreimbursable cost center in accordance with reimbursement principles. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2102.3, 2300, 2304, and 2328					

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	NPI	Adjustments	
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009	1861409823	23	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—NONCONTRACT</b>										
13	4	D-1	I	XIX	9.00	1	Medi-Cal Days—Adults and Pediatrics	5,287	758	6,045 *
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days—Nursery	1,178	37	1,215
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days—Intensive Care Unit	910	192	1,102 *
	4A	D-1	II	XIX	43.01	4	Medi-Cal Days—Neonatal Intensive Care Unit	284	132	416 *
14	4A	Not Reported					Medi-Cal Administrative Day Rate (July 1, 2008 through May 31, 2009)	\$0.00	\$318.19	\$318.19
	4A	Not Reported					Medi-Cal Administrative Days	0	97	97
	4A	Not Reported					Medi-Cal Administrative Day Rate (June 2009)	\$0.00	\$351.26	\$351.26
	4A	Not Reported					Medi-Cal Administrative Days	0	18	18
15	6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges—Operating Room	\$2,319,184	\$576,495	\$2,895,679
	6	D-4		XIX	37.01	2	Medi-Cal Ancillary Charges—Endoscopy	157,574	43,425	200,999
	6	D-4		XIX	38.00	2	Medi-Cal Ancillary Charges—Recovery Room	1,638,703	(1,308,123)	330,580
	6	D-4		XIX	39.00	2	Medi-Cal Ancillary Charges—Delivery Room and Labor Room	268,913	1,384,849	1,653,762
	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges—Radiology-Diagnostic	3,802,471	793,498	4,595,969 *
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges—Laboratory	7,646,942	1,527,756	9,174,698 *
	6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges—Respiratory Therapy	2,795,444	412,079	3,207,523
	6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges—Physical Therapy	154,392	68,923	223,315 *
	6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges—Electrocardiology	981,223	240,186	1,221,409
	6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients	3,798,470	497,578	4,296,048
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges—Drugs Charged to Patients	6,377,426	1,332,660	7,710,086 *
	6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges—Renal Dialysis	569,314	137,935	707,249
	6	D-4		XIX	60.01	2	Medi-Cal Ancillary Charges—Other Operation Services	69,583	1,620	71,203
	6	D-4		XIX	61.00	2	Medi-Cal Ancillary Charges—Emergency	2,023,245	395,757	2,419,002
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges—Total	32,619,049	6,104,638	38,723,687 *
16	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$17,134,684	\$3,666,138	\$20,800,822
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	32,619,049	6,104,638	38,723,687 *

-Continued on next page-

Provider Name							Fiscal Period			NPI		Adjustments
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009			1861409823		23
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—NONCONTRACT</b>												
-Continued from previous page-												
17	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$31,417	\$3,747	\$35,164		
	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	179,411	79,954	259,365		
18	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$13,885,773	\$2,429,079	\$16,314,852		
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data: Service Period: July 1, 2008 through June 30, 2009 Payment Period: July 1, 2008 through August 30, 2012 Reports Dated: August 30, 2012 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												
19	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges—Radiology-Diagnostic	* \$4,595,969	\$5,779	\$4,601,748		
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges—Laboratory	* 9,174,698	21,088	9,195,786		
	6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges—Physical Therapy	* 223,315	9,595	232,910		
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges—Drugs Charged to Patients	* 7,710,086	36,120	7,746,206		
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges—Total	* 38,723,687	72,582	38,796,269		
20	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	* \$38,723,687	\$72,582	\$38,796,269		
To adjust Medi-Cal Settlement Data to include allowable administrative days other cutbacks and agree with the following Fiscal Intermediary payment data: Service Period: July 1, 2008 through June 30, 2009 Payment Period: July 1, 2008 through September 5, 2012 Reports Dated: September 5, 2012 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 W&I Code, Section 14115 CCR, Title 22, Sections 51173, 51511, and 51542												

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			NPI		Adjustments
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009			1861409823		23
Report References										As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments					
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—NONCONTRACT</b>												
21	4	D-1	I	XIX	9.00	1	Medi-Cal Days—Adults and Pediatrics	*	6,045.00	(4.50)	6,040.50	*
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days—Intensive Care Unit	*	1,102.00	(0.25)	1,101.75	*
							To reduce Medi-Cal routine days by 25% for claims billed during the 7th through 9th month after the month of service. W&I Code, Section 14115					
22	4	D-1	I	XIX	9.00	1	Medi-Cal Days—Adults and Pediatrics	*	6,040.50	(1.00)	6,039.50	
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days—Intensive Care Unit	*	1,101.75	(2.00)	1,099.75	
	4A	D-1	II	XIX	43.01	4	Medi-Cal Days—Neonatal Intensive Care Unit	*	416.00	(2.50)	413.50	
							To reduce Medi-Cal routine days by 50% for claims billed during the 10th through 12th month after the month of service. W&I Code, Section 14115					

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			NPI		Adjustments
EL CENTRO REGIONAL MEDICAL CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009			1861409823		23
Report References												
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
<u>ADJUSTMENT TO OTHER MATTERS</u>												
23	1	N/A					Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not 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, Sections 51458.1 and 51476			\$0	\$5,840	\$5,840