# PROVIDER REIMBURSEMENT REVIEW BOARD DECISION

2015-D23

**PROVIDERS** – Medicare Inpatient/Outpatient Unbilled Bad Debts Group Appeals

Provider Nos.: Various – See Appendix A

vs.

**MEDICARE CONTRACTOR** – Noridian Healthcare Solutions, LLC

HEARING DATE – August 23-24, 2012

Cost Reporting Periods Ended – Various – See Appendix A

CASE NOs. – 98-0212G et al. – See Appendix A

Page No.

## INDEX

Issue	2
Decision	2
Introduction	2
Statement of Facts	2
Discussion, Findings of Fact, and Conclusion of Law	4
Decision and Order	9
Appendix A	10

## ISSUE:

Whether the Providers had to bill the state Medicaid program and submit a state remittance advice to the Medicare Contractor as a precondition for the Medicare program to pay bad debts for unpaid coinsurance and deductibles for individuals who are eligible for both Medicare and Medicaid.<sup>1</sup>

## **DECISION:**

The Board finds that the Medicare Contractor properly disallowed the bad debts arising from coinsurance and deductibles for individuals who are eligible for both Medicare and Medicaid ("dual eligibles"). Accordingly, the Board affirms the Medicare Contractor's adjustments.

## **INTRODUCTION:**

This case consists of 29 group appeals by numerous non-profit acute care hospitals located in California ("Providers"). The cost reporting periods at issue range from fiscal years ending November 30, 1995 to fiscal years ending September 30, 2004.<sup>2</sup> The designated fiscal intermediary for the Providers is currently Noridian Healthcare Solutions, LLC ("Medicare Contractor").

Each of the Providers participated in both the Medicare program and the California Medicaid program, commonly referred to as Medi-Cal. The Providers seek reversal of certain cost report adjustments disallowing Medicare payment for bad debts arising from unpaid Medicare coinsurance and deductible amounts for patients who were dual eligibles on the date of the hospital services. The Providers claim a reimbursement effect of more than \$60 million for the fiscal years at issue.<sup>3</sup>

The Providers filed timely appeals of their cost reports with the Provider Reimbursement Review Board ("Board") and a hearing was held on August 23 and 24, 2012. The Providers were represented by Frank P. Fedor, Esq., of Murphy Austin Adams Schoenfeld LLP. The Medicare Contractor was represented by Bernard M. Talbert, Esq., of the Blue Cross and Blue Shield Association.

## STATEMENT OF FACTS:

The primary issue in the appeal is whether the Providers had to bill the Medi-Cal to obtain a State remittance advice as a precondition for Medicare to pay the bad debts related to the dualeligible beneficiaries for the fiscal years at issue covering October 1995 to December 2004.<sup>4</sup> This issue has been the subject of confusion and litigation in California prior to the fiscal years at issue in this case.

<sup>&</sup>lt;sup>1</sup> The parties stipulated to this issue. *See* Transcript ("Tr.") at 6 (Aug. 23, 2012).

<sup>&</sup>lt;sup>2</sup> Details of the Providers and cost reporting periods are listed by group case number in the Schedule of Providers included at Appendix A.

<sup>&</sup>lt;sup>3</sup> Providers' Final Position Paper at 1.

<sup>&</sup>lt;sup>4</sup> See Providers Post-Hearing Brief at 1.

Federal regulations at 42 C.F.R. § 413.89(e) specify the criteria that must be met for a provider to claim bad debt reimbursement on its cost report. Specifically, § 413.89(e) states:

(1) The debt must be related to covered services and derived from deductible and coinsurance amounts.
 (2) The provider must be able to establish that reasonable collection efforts were made.
 (3) The debt was actually uncollectible when claimed as worthless.
 (4) Sound business judgment established that there was no likelihood of recovery at any time in the future.

Federal regulations provide no other specific guidance on Medicare reimbursement of bad debt for dual eligible individuals. However, additional guidance is located in the Provider Reimbursement Manual, CMS Pub. No. 15-1 ("PRM 15-1"). Specifically, PRM 15-1 § 312 requires a provider to "determine that no source other than the patient," including Medicaid, is responsible for the patient's bill.<sup>5</sup> Additionally, CMS regulations at 42 C.F.R. § 413.20(a) contains the general requirement that providers maintain sufficient financial records and statistical data for proper determination of costs payable under the program.

With respect to the bad debts at issue in this appeal, the Providers did not obtain a claim-byclaim State remittance advice from Medi-Cal to document the requested amount of Medicare bad debt reimbursement attributable to dual-eligible beneficiaries. Although prior to 1989 there appeared to have been some confusion among three fiscal intermediaries servicing California hospitals as to whether they had to bill Medi-Cal, the three California fiscal intermediaries advised the California Hospital Association ("CHA") in 1989 that the hospitals must bill Medi-Cal in order to be reimbursed for bad debt by the Medicare program.<sup>6</sup>

The Providers provided detailed evidence that in some instances the Medi-Cal system failed to accurately determine patient eligibility and issue remittance advice during the cost years at issue. In addition, Medi-Cal changed its payment policy to impose a "payment ceiling" which limited Medi-Cal payment of deductibles and coinsurance for dual eligible individuals. The Providers maintain that, as a result of this payment ceiling, Medi-Cal payments were zero or one or two dollars in 80 percent of the claims. As a result, the Providers maintain that it was not cost effective to bill Medi-Cal.<sup>7</sup>

<sup>&</sup>lt;sup>5</sup> See Provider Exhibit P-64.

<sup>&</sup>lt;sup>6</sup> In response to an October 27, 1989 CHA letter asking if was "necessary to bill Medi-Cal and receive a pro forma denial…"(Providers Exhibit P-3), Blue Cross of California stated: "[I]t will be necessary to bill Medi-Cal and receive a formal denial[of Medi-Cal payment of coinsurance and deductibles] in order to be reimbursed by Medicare." (Provider Exhibit P-2). An Aetna letter dated November 1, 1989 stated: "We believe that it is not necessary to bill Medi-Cal in these cases," (Provider Exhibit P-4) however, However, Aetna reversed this decision in subsequent letter stating: "Our revised answer to your Question…is 'Yes, it is necessary to bill Medi-Cal and receive a denial in order to be reimbursed for Medicare bad debt." (Provider Exhibit P-6) A third letter from Mutual of Omaha responded: "We believe that it is necessary to bill Medi-Cal regardless of payment outcome since there is really no other way for a provider to precisely know what payment would, or would not be, without billing." (Provider Exhibit P-4).

<sup>&</sup>lt;sup>7</sup> Providers' Final Position Paper at 6; Tr. at 138, 153 (Aug. 23, 2012).

Instead, in 2004, the Providers contacted the California Department of Human Services ("CDHS") to determine whether CDHS would allow them to engage EDS, the contractor that CDHS uses to process Medi-Cal claims using the Medi-Cal claims processing system in order to re-verify eligibility and generate certain reports "for the purposes of identifying outpatient and inpatient bad debt payable by the Medicare program."<sup>8</sup> With CDHS' blessing, the Providers retained the contractor in 2007 for these purposes.<sup>9</sup> The Providers proposed that the Medicare Contractor accept this alternative documentation to satisfy CMS' documentation requirements and argued that this alternative documentation was justified under CMS guidance, specifically HCFA Form-339 (Provider Cost Report Questionnaire) and PRM 15-2 § 1102.3L as revised by CMS in 1995.

In 1987 followed by retroactive amendments in 1988 and 1989, Congress enacted a non-codified statutory provision to bar certain changes to Medicare policy governing bad debts and that statutory provision became known as the "Bad Debt Moratorium."<sup>10</sup> There are essentially two prongs to the Bad Debt Moratorium: (1) the first prong prohibits CMS from changing its bad debt policy in effect on August 1, 1987; and (2) the second prong is a hold harmless provision that prohibits CMS from requiring a provider to change its bad debt collection policy when the intermediary had accepted that policy prior to August 1, 1987. Only the first prong is relevant to this appeal as the Providers have not presented any evidence to establish that the second prong is relevant.

## DISCUSSION, FINDINGS OF FACT AND CONCLUSION OF LAW:

The Providers claim that CMS never articulated a "must bill" policy that required hospitals to: (1) bill their State Medicaid program; (2) obtain a remittance advice from that program; and (3) provide the Medicaid remittance advice to the Medicare contractor in order to claim bad debt reimbursement on the cost report.<sup>11</sup> Providers contend that, if CMS actually had a "must bill" policy, this policy violates the Bad Debt Moratorium. Finally, they assert that: (1) PRM 15-2 § 1102.3L does not violate the Bad Moratorium; (2) consistent with § 1102.3L, their alternative documentation provides verification of Medicaid eligibility and pricing from the same source that would have appeared on a remittance advice, and (3) the Medicare Contactor should have accepted the alternative documentation pursuant to § 1102.3L.<sup>12</sup>

The Providers argue that CMS guidance as published in PRM 15-1 § 312 simply requires that the provider "determine" whether Medi-Cal owed any portion of the unpaid deductibles or coinsurance and does not require the provider to "bill" Medi-Cal.<sup>13</sup> The Providers cite to PRM

<sup>&</sup>lt;sup>8</sup>Provider Exhibit P-93 at 3, ¶3. *See also* Providers' Post-Hearing Brief at 13 (stating that the Providers' representative approached EDS again in 2004 for the purposes of acquiring certain State data on specified crossover claims).

<sup>&</sup>lt;sup>9</sup> See Provider Exhibit P-95.

<sup>&</sup>lt;sup>10</sup> See OBRA 1987, Pub. L. No. 100-203, § 4008(c), 101 Stat. 1330, 1355 (1987), as amended by Technical and Miscellaneous Revenue Act of 1988, Pub. L. No. 100-647, § 8402,102 Stat. 3342, 3798 (1988), as amended by Omnibus Budget Reconciliation Act of 1989, Pub. L. No. 101-239, § 6023, 103 Stat. 2106, 2167 (1989) (reprinted in 42 U.S.C. § 1395f note).

<sup>&</sup>lt;sup>11</sup> Providers Post-Hearing Brief at 17.

<sup>&</sup>lt;sup>12</sup> See Providers' Post-Hearing Brief at 13; Tr. at 1383:15-139-13 (Aug. 24, 2012).

<sup>&</sup>lt;sup>13</sup> See Providers' Post-Hearing Brief at 23-24.

15-1 § 322 which species that any amount not paid by the State Medicaid program under a payment ceiling "can be included as a bad debt under Medicare, provided that the requirements of § 312 are met."<sup>14</sup>

The Providers further support their argument by pointing to CMS' promulgation of revisions in November 1995 to the HCFA Form-339 (Provider Cost Report Questionnaire) and the related instructions at PRM 15-2 § 1102.3L.<sup>15</sup> In particular, the Providers point to the discussions surrounding the promulgation of revised § 1102.3L that occurred from 1992 through 1995 between California providers, HCFA staff from Region IX, central office management and staff, and the Medicare contractors, to find alternatives to State remittance advices as a means to document bad debts.<sup>16</sup> The Providers assert that the revisions to HCFA Form 339 and PRM 15-2 § 1102.3L showed that it was the Secretary's judgment that no "must bill" rule actually existed and that § 1102.3L allowed that providers did not have to bill a State Medicaid program to establish the existence of a bad debt, rather they only had to establish that non-payment would have occurred had they filed a claim with the State Medicaid program.<sup>17</sup>

The Board reviewed the facts of this case and the applicable statute, regulations and policies. The Board also reviewed the 2003 decision in the U.S Court of Appeals for the Ninth Circuit in *Community Hosp. of the Monterey Peninsula v. Thompson* ("*Monterey*")<sup>18</sup> because this decision is binding on the Providers as they are all located in the Ninth Circuit.

In *Monterey*, the Ninth Circuit reviewed CMS' then-existing guidance on bad debts and found that during cost report years 1989 to 1995 (the years at issue in *Monterey*), the Secretary had consistently applied a "must bill policy" and the Ninth Circuit did not find this policy unreasonable and upheld it.<sup>19</sup> The Court also found that PRM 15-2 § 1102.3L (1995), issued after the time period at issue, was in conflict with the Secretary's "must bill" policy.<sup>20</sup> The Ninth Circuit further found that the provider's bad debt documentation which purported to comply with PRM 15-2 § 1102.3L failed to satisfy the regulation, 42 C.F.R. § 413.20(a), because "in this case, the [p]roviders did not maintain contemporaneous documentation in the ordinary course of business to support their claim."<sup>21</sup> The only place in the *Monterey* decision that the Ninth Circuit discusses the Bad Debt Moratorium is located in footnote 9 of that decision. Footnote 9 is appended to the following sentence: "Moreover, nothing suggests that the author [of PRM 15-2 § 1102.3L] understood § 1102.3I to be establishing a change in policy." The footnote 9 then states:

Indeed, as the Providers stress, there is strong reason to believe that the author had no intent to change existing policy. Effective in August of 1987, Congress imposed a moratorium on changes in

<sup>&</sup>lt;sup>14</sup> See Providers' Post-Hearing Brief at 28-32

<sup>&</sup>lt;sup>15</sup> Providers' Post-Hearing Brief at 11. See also Provider Exhibits P-41, P-42.

<sup>&</sup>lt;sup>16</sup> Providers' Post-Hearing Brief at 39-54.

<sup>&</sup>lt;sup>17</sup> See id. at 52-54; Provider Exhibits P-41, P-42.

<sup>&</sup>lt;sup>18</sup> 323 F.3d 782 (9th Cir. 2003)

<sup>&</sup>lt;sup>19</sup> See id. at 795.

<sup>&</sup>lt;sup>20</sup> *Id.* at 798.

<sup>&</sup>lt;sup>21</sup> Id. at 799 (quoting California Hosp. 90-91 Outpatient Crossover Bad Debts Grp. v. Blue Cross of Cal., Adm'r Dec. (Oct. 31, 2000), rev'g, PRRB Dec. No. 2000-D80 (Sept. 6, 2000)).

Page 6

bad-debt reimbursement policies, and the Secretary lacked authority in November of 1995 to effect a change in policy.

As the cost years in the present case, (October 1995 to December 2004) are subsequent to those in *Monterey*, there are issues about the extent to which *Monterey* applies to this appeal, particularly as it relates to resolving the conflict between the Secretary's "must bill" policy as stated in *Monterey* (hereinafter referred to as the *Monterey* "must bill" policy) and PRM 15-2 § 1102.3L (1995) for the time period at issue, and how the Bad Debt Moratorium applies to that policy and § 1102.3L. However, the Board did not address these issues because they are moot. As conceded by the Providers, their position in this appeal hinges on either a finding that they complied with the HCFA Form 339 (1995) and its instructions (in particular, PRM 15-2 § 1102.3L (1995)) or a finding that the reports obtained from EDS are Medi-Cal remittance advices and thereby, satisfy the *Monterey* "must bill" policy.<sup>22</sup> As explained below, the Board finds that:

- (1) The reports that the Providers obtained from EDS cannot be considered remittance advices under the *Monterey* "must bill" policy because, even though the reports from EDS were generated using data from the Medi-Cal system, CDHS (*i.e.*, the State) neither validated nor certified the accuracy of the reports as remittance advices to reflect an adjudication of what Medi-Cal would have paid had the claims been submitted timely.
- (2) Contrary to the Providers' assertions, they did not comply with HCFA Form 339 (1995) and its instructions, because they failed to *maintain and provide contemporaneous documentation* of Medicaid eligibility and payment (or lack thereof), in compliance with those instructions and the interpretation of 42 C.F.R. § 413.20(a) adopted by the Ninth Circuit in *Monterey*. The Board's application and enforcement of *the contemporaneous documentation requirements* to Medicare reimbursement of bad debts pursuant to 42 C.F.R. § 413.20(a) and the instructions for HCFA Form 339 (1995) do not violate the Bad Debt Moratorium.<sup>23</sup>

## **REMITTANCE ADVICES UNDER THE MONTEREY "MUST BILL" POLICY**

The *Monterey* "must bill" policy requires a provider to bill crossover claims to the state Medicaid program and obtain a remittance advice (even in no pay situations) to confirm Medicaid eligibility and the amount of allowable Medicare bad debt for those claims. The Providers have argued that the report generated by EDS on the bad debt claims at issue using

<sup>&</sup>lt;sup>22</sup> See Providers' Post-Hearing Brief at 2, 61-68, 90-97 (arguing that the Providers' relied on and satisfied PRM 15-2 § 1102.3L (1995), that § 1102.3L is only fair notice that providers received between 1995 and 2004 on the CMS requirements for establishing unpaid crossover bad debts owed by Medicare, and that the EDS reports qualify as remittance advices, thus, satisfying CMS' must bill policy requiring remittance advices).

<sup>&</sup>lt;sup>23</sup> The Board recognizes that: (1) subsequent to January 1, 2004, CMS issued Joint Signature Memorandum 370 ("JSM 370") to make clear that providers had to bill the State Medicaid program and receive remittance advice in order to claim bad debt reimbursement; and (2) JSM 370 contained hold harmless provisions. However, the Board notes that the hold harmless provision of JSM 370 do not apply in this case because the Providers have not presented any evidence to establish that any of the Medicare contractors had allowed them to provide alternative documentation before the effective date of the JSM.

data from the Medi-Cal claims processing system ("EDS Reports") satisfies this policy. Specifically, they claim that the EDS Reports show all of the elements included on a remittance advice (*e.g.*, Medicaid eligibility and the amount that Medi-Cal would have paid) and, accordingly, qualify as a remittance advices in compliance with the *Monterey* "must bill" policy. Further, they note that EDS certified each of the EDS Reports with the following certification:

> INFORMATION PROVIDED ON THIS REPORT IS DERIVED FROM CLAIMS DATA SUBMITTED BY A. CARLSON ASSOCIATES ON BEHALF OF ITS HOPSITAL CLIENTS AND PROCESSED (ELIGIBILITY VERIFIED AND MEDI-CAL PAYMENT/CUTBACK COMPUTED) ACCORDING TO MEDI-CAL PROCEDURES AND POLICIES USING PAYMENT RATES IN EFFECT AT THE TIME OF SERVICE.<sup>24</sup>

The Board finds that, contrary to the Providers' arguments, the EDS reports do not qualify as remittance advice to reflect an adjudication of what Medi-Cal would have paid had the claims been submitted timely. While the CDHS may have provided certain approvals for the work, CHDS did not issue the EDS Reports and neither validated nor certified the EDS Reports.<sup>25</sup> Accordingly, the Board finds that the EDS Reports cannot qualify as remittance advices in compliance with the *Monterey* "must bill" policy. The Board's finding is consistent with case law involving similar bad debt alternative documentation issues.<sup>26</sup>

## DOCUMENTATION REQUIREMENTS OF 42 C.F.R. § 413.20(a) AND HCFA FORM 339 (1995)

Federal regulation, 42 C.F.R § 413.20(a), demonstrates the general expectation that documentation supporting the cost report will be available for audit when the cost report is filed. It requires providers to "*maintain* sufficient financial records and statistical data for proper determination of costs payable under the [Medicare] program." In *Monterey*, the Ninth Circuit held that § 413.20(a) was relevant to determining a provider's compliance with PRM 15-2 § 1102.3L (1995) and this holding is binding in this case as the Providers are located in the Ninth Circuit. Specifically, the Ninth Circuit stated:

We believe § 413.20(a) is most reasonably read, as the Secretary does, to require documentation reflecting "data available from the

<sup>25</sup> See Provider Exhibit P-93 (Aug. 27, 2004 letter to CDHS proposing that the State certify the EDS Reports); Provider Exhibit P-94 (Oct. 25, 2004 letter to CDHS recognizing that State certification or validation of the EDS Reports had significant hurdles and may not be feasible); Provider Exhibit P-96 at 6-7 (letter from EDS to CDHS showing CDHS approval on Aug. 14, 2007 for EDS to produce the EDS Reports "using the existing Disproportionate Share Hospitals Eligibility Re-Verification Process" and "using programs and proceses developing by EDS, reviewed and approved by the CDHS" and "[s]pecial reporting approved by CDHS").

<sup>&</sup>lt;sup>24</sup> Providers' Post-Hearing Brief at 16. *See also id.* at 90-97. The Board notes that this certification is markedly different than what the 2007 EDS contract had specified it would be. *See* Provider Exhibit P-95 at 10 (stating there would be a disclaimer on the EDS reports stating in pertinent part: "Information provided on this report is derived from claims data . . . processed (eligibility verified and Medi-Cal payment/cutback computed) according to Medi-Cal procedures and policies using payment rates in effect at the time of service, *using systems authorized and verified by the California Department of Health Services*" (emphasis added)).

<sup>&</sup>lt;sup>26</sup> See Maine Med. Ctr. v. Burwell, 775 F.3d 470 (1st Cir. 2015); Grossmont Hosp. Corp v. Burwell, No. 12-5411, 2015 WL 4666540 (D.C. Cir. Aug. 7, 2015). See also Monterey, 323 F.3d at 787-788.

institution's basic accounts, as usually maintained." 42 C.F.R. § 413.20(a). Yet, as the Secretary found, "in this case, the Providers did not maintain contemporaneous documentation in the ordinary course of business to support their claim." Accordingly, to the extent . . . § 1102.3L is read to authorize reimbursement to the Providers in this case, it cannot be enforced."<sup>27</sup>

A similar requirement also existed in the HCFA Form 339 questionnaire as reflected in PRM 15-2 § 1102.3(L) 1995 because the purpose of the 339 was to facilitate the intermediary's audit of the relevant cost report and the information on the provider-completed 339 was to reflect the supporting documentation that the provider had available for audit when it filed its cost report. The requirement in § 413.20(a) and the Form 339 for contemporaneous documentation existed both prior to and after the Bad Debt Moratorium (including the time period at issue) and, accordingly, do not violate the first prong of the Bad Debt Moratorium. In particular, the Board notes that PRM 15-2 §§ 1100 and 1100.1 as they existed both prior to and after the Bad Debt Moratorium demonstrate: (1) the general expectation that documentation supporting the cost report be available for audit when the cost report is filed; and (2) this expectation is derived from 42 C.F.R. § 413.20(a) requirement that providers "maintain sufficient financial records and statistical data for proper determination of costs payable under the program."<sup>28</sup> Further, consistent with §§ 1100 and 1100.1, the bad debt portion of the HCFA Form 339 questionnaire in effect on August 1, 1987 (as well as during the time period at issue) specifically asked providers to answer the following question: "[I]s documentation available to support the bad debts claimed?"29

The Board finds that the Providers' effort to provide alternative documentation fails because they did not maintain contemporaneous documentation of Medicaid eligibility and payment in the ordinary course of business sufficient to support their claim. The evidence in this record is clear that the Providers did not bill Medicaid crossover claims because of a business decision that it was not cost effective to do so, given problems with the Medi-Cal computer system and the payment ceiling.<sup>30</sup> The evidence also demonstrates that the Providers made no attempt to

<sup>&</sup>lt;sup>27</sup> *Monterey*, 323 F.3d at 799.

<sup>&</sup>lt;sup>28</sup> See PRM 15-2 §§ 1100, 1100.1 (as revised Oct. 1986) (copy included at Provider Exhibit P-1) For example, § 1100.1 (1986) states the following after referencing the documentation requirement in 42 C.F.R. § 4213.20(a): "Failure to submit this questionnaire *and the supporting documentation* will result in suspension of payments to you and may result in a determination that all interim payments made since the beginning of the cost reporting period are overpayments" (emphasis added)). Further, the Board notes that the following sentences that CMS added to PRM 15-2 § 1102 in 1995 further confirms CMS' expectation that the providers' obligation to maintain supporting documentation 42 C.F.R. § 413.20(a):

The questionnaire requests providers to submit various listing and summary schedules in lieu of detailed, and potentially voluminous, supporting documentation. This is done to ease the providers filing burden. However, the intermediary maintains the right to request, and the provider must submit, additional detailed supporting documentation as deemed necessary.

<sup>&</sup>lt;sup>29</sup> See PRM 15-2 § 1199 Exhibit 1 (as revised June 1987) (excerpts included at Provider Exhibit P-1).
<sup>30</sup> See Providers' Post-Hearing Brief at 70-74. The bad debts at issue involve a portion of the Providers' inpatient and outpatient crossover claims. The Providers assert that: (1) with respect to inpatient crossover claims, the Medicare program had a process to automatically cross over claims to Medi-Cal and approximately 80 percent of their inpatient crossover claims were paid based on the automatic crossover or the Providers' follow-up manual billing procedures; and (2) with respect to outpatient crossover claims, the Medicare program did not have automatic

acquire the alternative documentation specified in PRM 15-2 § 1102.3L upon which Providers now rely until after they initiated their attempt to engage EDS, the Medi-Cal claims contractor, and then entered into a contract with EDS on May 14, 2007<sup>31</sup>--years after the Providers filed the cost reports at issue in these cases and, in most cases, years after the Medicare Contractor completed the audit of these cost reports.

## **DECISION AND ORDER:**

After considering the Medicare law and program instructions, the evidence presented and the parties' contentions, the Board finds that the Medicare Contractor properly disallowed the bad debts arising from coinsurance and deductibles for dual eligible Medicare and Medicaid beneficiaries and qualified Medicare beneficiaries. Accordingly, the Board affirms the Medicare Contractor's adjustments.

#### BOARD MEMBERS PARTICIPATING:

Michael W. Harty Clayton J. Nix, Esq. L. Sue Andersen, Esq. Charlotte F. Benson, C.P.A.

## FOR THE BOARD:

/s/ Michael W. Harty Chairman

DATE: SEPTEMBER 14, 2015

crossover process and the Providers' only manually billed approximately 70 percent of the outpatient crossover claims to Medi-Cal. *See* Providers' Post-Hearing Brief at 61-62.

<sup>&</sup>lt;sup>31</sup> See Provider Exhibits P-95 and P-103.

## APPENDIX A

## LISTING OF GROUP CASES CONSOLIDATED FOR HEARING AND SUMMARY SCHEDULES OF PROVIDERS BY GROUP CASE NUMBER

Below is a listing of the twenty-nine group cases impacted by this consolidated hearing and decision. Attached are the Schedules of Providers that correspond to each case.<sup>32</sup>

Case No.	Group Name	Page
97-2983G	CA Hospitals 1989-1998 Outpatient Bad Debts Group	11
98-0212G	CA Hospitals 1994-1995 Inpatient Bad Debt Group	14
99-3523GC	UniHealth 1990-1994 Outpatient Crossover Bad Debt Group	17
99-3524GC	Sutter Health 1995-2002 Outpatient Crossover Bad Debt Group	19
99-3526GC	Citrus Valley 1994, 1995 Outpatient Crossover Bad Debt Group	24
99-3527GC	Catholic HCW 1995-1999 Outpatient Crossover Bad Debt Group	25
99-3529GC	Adventist HS 1991-1994 Outpatient Crossover Bad Debt Group	32
99-3578GC	Memorial Hlth Svcs 1992 Crossover Bad Debt Group	34
02-2168G	Sutter Health 1995-2002 Inpatient Crossover Bad Debt Group	36
02-2169G	Catholic HW 1994-1999 Inpatient Crossover Bad Debt Group	40
02-2170GC	Citrus Valley 1994-1997 Inpatient Crossover Bad Debt Group	47
02-2171GC	UniHealth 1994-1998 Inpatient Crossover Bad Debt Group	48
02-2172GC	Adventist Hlth 1994-1998 Inpatient Crossover Bad Debt Group	50
02-2173G	Srs-St. Joseph C 1994-1999 Inpatient Crossover Bad Debt Group	52
02-2175GC	Cottage HS 1995-1998 Inpatient Crossover Bad Debt Group	53
02-2177GC	ValleyCare 1996-1998 Inpatient Crossover Bad Debt Group	54
06-1749GC	CHW 1999-2002 Medicare Inpatient Unbilled Bad Debts Group	55
07-1710GC	CHW 1994-1998 Unbilled Inpatient Crossover Bad Debts Group	60
07-1725GC	CHW 2003-2005 Medicare Inpatient Unbilled Bad Debts Group	62
08-0131G	ACarlson CA Hosps 1997-2001 Med Inpatient Unbilled Bad Debts Group	67
08-0281G	ACarlson CA Hosps 1997-2001 Med Outpatient Unbilled Bad Debts Group	69
09-0025GC	DOCHS 2000-2002 Medicare Inpatient Unbilled Bad Debts Group	71
09-0026GC	DOCHS 2000-2002 Medicare Outpatient Unbilled Bad Debts Group	73
09-0421GC	Citrus Valley 2000-2003 Inpatient Unbilled Bad Debts Group	76
09-0422GC	Citrus Valley 2000-2003 Outpatient Unbilled Bad Debts Group	77
09-1764GC	Memorial Health 2000-2004 Medicare Inpatient Unbilled Bad Debts CIRP Group	78
10-1311G	A Carlson 2002-2004 Unbilled Medicare Crossover Bad Debts – Outpatient Group	80
10-1312G	A Carlson 2002-2004 Unbilled Medicare Crossover Bad Debts – Inpatient Group	81
10-1376GC	Catholic HCW 00-04 O/P Crossover Bad Debt Group	82

<sup>&</sup>lt;sup>32</sup> The fiscal years listed in the group names were identified when the case was initially established, but do not necessarily reflect the final years in dispute due to the addition and removal of Providers from the group over time. Refer to the Schedules of Providers for identification of the participating Providers and FYEs at issue. If a row number is skipped on a Schedule, or a Provider is manually crossed off, then it means that the Provider withdrew from the case or the Board removed that Provider.

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			Sche	dule of P	Schedule of Providers in Group	م				007 31	31 2011
Grc	up Name:	Group Name: A Carlson O/P Crossover Bad Debts	ad Debts						Page No.	OY BEVTEN	PROVIDER REIMBURSEMENT
Gro	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	, A CARLSO	ON ASSC	CIATES				Date Prepared	ed 10/25/2	BOARD 011
ů C	Case No: 97-2983G	2983G		ssue: Ou	ssue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cross	sover Ur	billed Ba			
	Provider Number	Provider Name	FYE Inter	mediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
<del>~~</del>	05-0125	Alexian Brothers Hospital	12/31/1995	BCC	9/30/1998	3/28/1999	179	19	\$72,660.74	99-2936	3/8/1999
2	05-0125	Alexian Brothers Hospital	12/31/1996	BCC	9/30/1998	3/24/1999	175	19	\$135,296.33	99-2846	7/7/1999
ы	05-0125	Alexian Brothers Hospital	12/31/1997	BCC	9/28/2000	10/19/2000	21	18	\$171,582.78	N/A	10/19/2000
4	05-0125	Alexian Brothers Hospital	12/31/1998	NGS	9/27/2001	10/15/2001	18	42,43	\$146,072.75	A/N	10/15/2001
сı	05-0438	Huntington Memorial Hospital	12/31/1995	BCC	8/13/1997	10/31/1997	62	30	\$120,194.41	N/A	10/31/97
Q	05-0438	Huntington Memorial Hospital	12/31/1996	BCC	11/11/1998	1/4/1999	54	27	\$53,168.08	N/A	1/4/1999
2	05-0438	Huntington Memorial Hospital	12/31/1997	ngs	6/29/2000	2/2/2001	126	41, 42	\$77,990.56	N/A	2/2/2001
Ø	05-0438	Huntington Memorial Hospital	12/31/1998	ngs	9/27/2001	12/20/2001	84	31,66	\$41,412.74	N/A	12/20/2001
თ	05-0438	Huntington Memorial Hospital	12/31/1999	NGS	9/19/2002	3/17/2003	179	57,	\$31,386.44	03-0856	5/15/2003
10	05-0438	Huntington Memorial Hospital	12/31/2000	ngs	3/2/2004	8/27/2004	178	81,82	\$27,358.78	04-2161	6/6/2005
11	05-0438	Huntington Memorial Hospital	12/31/2001	NGS	11/21/2005	5/17/2006	177	SD	\$40,124.17	06-1764	8/20/2008
12	05-0438	Huntinĝton Memorial Hospital	12/31/2002	NGS	9/26/2006	3/12/2007	167	SD	\$45,063.69	07-1144	8/20/2008
<del>1</del> 3	05-0336	Lodi Memorial Hospital	12/31/1996	Mutual	4/27/1999	10/19/1999	175	SD	\$62,937.45	N/A	10/19/1999

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Gro Gro 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Group Name: A Carlso Group Representative: Case No: 97-2983G Provider Provide Number Name Id 05-0336 Lodi Mer If 05-0336 Lodi Mer If 05-0336 Lodi Mer If 05-0327 Loma Li 06-0327 Loma Li 06-0327 Center If 05-0327 Center	Group Name: A Carlson O/P Crossover Bad Debts         Group Representative:       Barbara Meehan, A CARLSON ASSOCIATES         Case No: 97-2983G       Issue: Outpatient N         Case No: 97-2983G       Issue: Outpatient N         Provider       Provider         Number       Name         No       05-0327         Lona Linda University Med       12/31/1997	S 38 37 B 2 B 2 B 2 B	ts RLSON ASSC Issue: Ou Intermediary 1997 Mutual 1995 BCC 1998 UGS 1998 UGS	Parametrian     Parametrian     Parametrian       Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt     Date of Final     Bate of No of     Audit     Amou       Amou     Date of Final     Date of Final     Date of Audit     Amou     Amou     Amou       Mutual     8/31/1999     10/19/1999     49     SD, 2     \$4       Mutual     9/25/2001     10/31/2001     36     42,43     \$5       Mutual     9/25/2001     10/31/1997     49     43     \$16       BCC     9/12/1997     10/31/1997     49     43     \$15       BCC     3/9/1999     8/27/1999     171     47     \$16       BCC     5/25/2001     10/31/1997     32     71,28,27     \$27       BCC     5/21/1999     171     47     \$16     \$27       BCC     5/28/2001     10/26/2001     32     71,28,27     \$27       BCC     5/28/2001     10/26/2001     28     33,42,43     \$13       BCC     5/1999     3/13/1998     175     22     \$22	re/Medical Cross B Date of 10/19/1999 10/31/2001 10/31/1999 8/27/1999 7/24/2000 3/13/1998	sover Un C No of 171 28 32 28 28 175	billed Bad D Audit Adj No SD, 2 43 47 71,28, 27 71,28, 27 75 33,42,43, 75	Page No. 2 Date Prepared d Debt E F Amount of 0 Reimbursemen C \$44,963.40 \$120,917.16 \$196,680.94 \$196,680.94 \$134,692.58 \$134,692.58	2 of 3 ed 10/25/2011 F G Orig Da Case No Ad N/A 10 97-2983G 10 97-2983G 10 99-3891 4 N/A 20 99-3891 4 98-1689 5	:011 G Date of Add/Transf 8/24/2000 10/31/1997 10/31/1997 4/4/2000 8/17/2000 8/17/2000
20	05-0231 05-0231	Pomona Valley Hospital	12/31/1996		11/20/1998	5/14/1999	175	<u>م ۱</u>	\$162,292.69	99-3243	5/18/2000
22	05-0231	Pomona Valley Hospital	12/31/1997	BCC	2/4/2000	5/3/2000	88	46	\$214,790.47	N/A	5/3/2000
23	05-0231	Pomona Valley Hospital	12/31/1998	ngs	9/27/2001	2/28/2002	.154	56	\$200,558.52	02-0956	7/29/2002
24	05-0231	Pomona Valley Hospital	12/31/1999	NGS	10/15/2002	4/11/2003	178	24	\$272,320.64	03-1176	7/16/2003
25	05-0169	Presbyterian Intercommunity Hospital	9/30/1996	Mutual	9/30/1998	3/22/1999	173	28	\$276,887.03	99-2981	10/26/2000
26	05-0169	Presbyterian Intercommunity Hospital	9/30/1997	Mutual	2/26/1999	8/24/1999	179	-	\$176,172.47	99-3892	5/24/2000

Schedule of Providers in Group

Gro	up Name:	Group Name: A Carlson O/P Crossover Bad Debts	r Bad Debts						Page No.	3 of 3	
Gro	Group Representative:	sentative: Barbara Meehan, A CARLS	lan, A CARLS	ON ASSOCIATES	CIATES				Date Prepared	ed 10/25/2011	011
Cas	Case No: 97-2983G	2983G		lssue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cross	sover Un	billed Ba	d Debt		
	Provider	Provider	•		A Date of Final	B Date of	C No of	D Audit	· E Amount of		G Date of
	Number	Name	FYE Inte	Intermediary	Determination	Hearing Rqst	Days	Adj No	Reimbursemen	Case No	Add/ I ranst
27	-2520-90-	Bedlands Gonumentity	1881-8516		-0002/4575	346/2001		100-12			0/46/2004
28	05-0272	Redlands Community Hospital	9/30/1998	BCC	12/22/2000	4/16/2001	115	57	\$66,154.05	N/N	4/16/2001
29	05-0577	Santa Marta Hospital	6/30/1996	BCC	10/24/1997	10/31/1997	2	21	\$40,341.75	N/A	10/31/1997
30	05-0577	Santa Marta Hospital	6/30/1997	BCC	11/5/1999	12/13/1999	38	33	\$31,551.64	00-1734	7/17/2000
31	05-0577	Santa Marta Hospital	6/30/1998	NGS	9/27/2000	12/19/2000	83	ы	\$62,671.75	N/A	12/19/2000
32	05-0577	Santa Marta Hospital	6/30/1999	NGS	9/21/2001	10/18/2001	27	4,5	\$16,243.71	02-0099	3/11/2002
33	05-0002	St. Rose Hospital	9/30/1996	BCC	9/15/1998	2/19/1999	157	12	\$30,741.91	N/A	2/19/1999
34	05-0002	St. Rose Hospital	6/30/1997	BCC	5/26/2000	6/16/2000	21	22	\$40,871.74	N/A	6/16/2000
35	05-0002	St. Rose Hospital	9/30/1998	BCC	11/30/2000	2/14/2001	76	62	\$51,131.72	N/A	2/14/2001
36	05-0002	St. Rose Hospital	9/30/1999	ngs	9/9/2002	11/25/2002	11	12,15	\$21,142.22	N/A	11/25/2002
37	05-0283	Valley Memorial Hospital	6/30/1998	BCC	8/18/2000	10/16/2000	59	31,32	\$18,138.49	N/A	10/16/2000
38	05-0283	Valley Memorial Hospital	6/30/1999	BCC	11/22/2002	3/12/2003	110	19,20	\$6,739.37	N/A	3/12/2003
						Tota	Total Reimbursement	rsement	\$3,882,714.99		

Schedule of Providers in Group

	II CEMENT	RD	011		G Date of Add/Transf	6/15/1999	6/17/1999	10/20/2000	10/15/2001	10/30/1997	5/10/1999	2/2/2001	12/20/2001	5/15/2003	6/6/2005	8/20/2008	8/20/2008	10/19/1999
RECEIVED	0CT 2 6 2011	ER REIMBUT	ed 10/18/2011		F Orig Case No	99-2936	99-2846	N/A	N/A	N/A	N/A	N/A	N/A	03-0856		06-1764	07-1144	N/A
		Page NO. RENTER BOARD	Date Prepared	Debt	E Amount of Reimbursemen	\$34,461.58	\$43,384.51	\$28,178.81	\$43,555.10	\$169,770.04	\$257,429.89	\$220,200.23	\$474,088.20	1 \$134,009.63	\$67,448.99	\$167,888.39	\$207,828.30	\$30,977.24
				lled Bad I	D Audit Adj No	19	19	18	42,43	30	27	41	31,66	57, 90, 91	81,82	SD	SD	SD
				ver Unbi	C No of Days	175	175	22	18	78	180	126	84	179	178	171	167	175
				Medical Crossc	B Date of Hearing Rqst	3/24/1999	3/24/1999	10/20/2000	10/15/2001	10/30/1997	5/10/1999	2/2/2001	12/20/2001	3/17/2003	8/27/2004	5/17/2006	3/12/2007	10/19/1999
	Schedule of Providers in Group		CIATES	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	9/30/1998	9/30/1998	9/28/2000	9/27/2001	8/13/1997	11/11/1998	9/29/2000	9/27/2001	9/19/2002	3/2/2004	11/21/2005	9/26/2006	4/27/1999
	ule of Pro	Bad Debts	OSSA NO	ssue: Inp	Intermediary	BCC	BCC	BCC	ngs	BCC	BCC	SOU	NGS	SOU	SOU	NGS	NGS	Mutual
	Sched		, A CARLSC		FYE Inter	12/31/1995	12/31/1996	12/31/1997	12/31/1998	12/31/1995	12/31/1996	12/31/1997	12/31/1998	12/31/1999	12/31/2000	12/31/2001	12/31/2002	12/31/1996
		Group Name: Independent Hosps Inpatient Unbilled	entative: Barbara Meehan, A CARLSON ASSOCIATES	1212G	ider Ie	Alexian Brothers Hospital	Alexian Brothers Hospital	Alexian Brothers Hospital	Alexian Brothers Hospital	Huntington Memorial Hospital	Lodi Memorial Hospital							
		ip Name:	Group Representative:	Case No: 98-0212G	Provider Number	05-0125	05-0125	05-0125	05-0125	05-0438	05-0438	05-0438	05-0438	05-0438	05-0438	05-0438	05-0438	05-0336
i		Grou	Grol	Cast	ц 2	<del></del>	2	ຕ	4	ß	Q	7	Ø	თ	10	1	12	13

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Gro	up Name:	Group Name: Independent Hosps Inpatient Unbilled Bad Debts	ent Unbilled	Bad Deb	ţ				Page No.		
Gro	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	ո, A CARLS	ON ASSC	<b>OCIATES</b>				Date Prepared	ed 10/18/2011	011
Cas	Case No: 98-0212G	212G		Issue: Inp	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	/Medical Crosso	ver Unbi	illed Bad	Debt		
	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
14	05-0336	Lodi Memorial Hospital	12/31/1997	Mutual	8/31/1999	10/19/1999	49	SD, 2	\$24,508.27	N/A	10/19/1999
15	05-0336	Lodi Memorial Hospital	12/31/1998	Mutual	9/25/2001	10/31/2001	36	42,43	\$29,955.59	N/A	10/31/2001
16	05-0327	Loma Linda University Med Center	12/31/1995	BCC	9/12/1997	10/30/1997	48	43	\$108,697.59	97-2983G	10/30/1997
17	05-0327	Loma Linda University Med Center	12/31/1996	BCC	3/9/1999	8/27/1999	171	47	\$131,054.11	99-3891	5/22/2000
18	05-0327	Loma Linda University Med Center	12/31/1997	BCC	6/22/2000	7/24/2000	32	71,28, 27	\$57,057.44	N/A	7/24/2000
19	05-0327	Loma Linda University Med Center	12/31/1998	NGS	9/28/2001	10/26/2001	28	33,42,43, 75	\$66,998.03	N/A	10/26/2001
20	05-0327	Loma Linda University Med Center	12/31/1999	ngs	9/18/2002	10/9/2002	21	39,57	\$53,167.01	N/A	10/9/2002
21	05-0327	Loma Linda University Med Center	12/31/2000	ngs	9/26/2003	3/18/2004	174	10,65,66	\$70,212.59	04-1130	1/30/2006
22	05-0231	Pomona Valley Hospital	12/31/1995	BCC	9/19/1997	3/13/1998	175	22	\$12,848.00	98-1689	5/3/2000
23	05-0231	Pomona Valley Hospital	12/31/1996	BCC	11/20/1998	5/14/1999	175	2ı	\$13,070.04	99-3243	5/3/2000
24	05-0231	Pomona Valley Hospital	12/31/1997	BCC	2/4/2000	5/3/2000	80	46	\$10,099.32	N/A	5/3/2000
. 25	05-0231	Pomona Valley Hospital	12/31/1998	NGS	9/27/2001	2/28/2002	154	56	\$15,270.59	02-0956	7/29/2002
26	05-0231	Pomona Valley Hospital	12/31/1999	NGS	10/15/2002	4/11/2003	178	24	\$25,606.93	03-1176	7/16/2003

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Providers in
Schedule of I

Group Name: Independent Hosps Inpatient Unbilled Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 98-0212G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Ca	Case No: 98-0212G	12126		lin .oncei				5			
	Provider Number	Provider Name	۱۱ FYE	FYE Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	C D H No of Audit / Days Adj No I	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
27	05-0002	St. Rose Hospital	9/30/1996	6 BCC	9/15/1998	2/19/1999	157	12	\$85,359.78	N/A	2/19/1999
28	05-0002	St. Rose Hospital	9/30/1997	7 BCC	5/26/2000	6/16/2000	21	52	\$38,951.71	N/A	6/16/2000
29	05-0002	St. Rose Hospital	9/30/1998	BCC	11/30/2000	2/7/2001	69	62	\$50,869.97	N/A	2/7/2001
30	05-0002	St. Rose Hospital	9/30/1999	0 NGS	9/9/2002	10/2/2002	23	12,15	\$33,543.56	N/A	10/2/2002
						Total F	Total Reimbursement:	ement:	\$2,706,491.44		

Date Prepared 10/18/2011

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Date Prepared 10/18/2011

Schedule of Providers in Group

Group Name: UNIHEALTH O/P Crossover Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 99-3523G

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Ca	Case No: 89-3523G	55Z3G		issue. Ou	Issue. Outpatient integrate integration of cost of						
Tab	Tab Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
<del></del>	05-0149	California Hospital Medical Center	9/30/1996	BCC	9/30/1999	3/8/2000	160	68, 69, 81	\$53,315.98	N/A	3/8/2000
2	05-0149	California Hospital Medical Center	9/30/1997	BCC	9/28/2000	1/23/2001	117	24	\$41,718.52	N/A	1/23/2001
ы	05-0149	California Hospital Medical Center	11/30/1998	ngs	9/26/2001	2/27/2002	154	37,43	\$2,250.22	N/N	2/27/2002
4	05-0058	Glendale Memorial Hospital	9/30/1996	BCC	9/23/1999	11/4/1999	42	62, 64	\$102,973.54	N/A	11/4/1999
ъ	05-0058	Glendale Memorial Hospital	9/30/1997	BCC	9/23/1999	11/4/1999	42	60	\$73,563.52	N/A	11/4/1999
<b>9</b>	05-0058	Glendale Memorial Hospital	9/30/1998	BCC	11/8/2000	1/9/2001	62	84	\$65,238.84 	N/A	1/9/2001
7	05-0580	La Palma Intercommunity Hospital	12/31/1995	Mutual	9/25/1998	3/18/1999	174	20	\$177,680.42	N/A	3/18/1999
ω.	05-0580	La Palma Intercommunity Hospital	12/31/1996	Mutual	9/25/1998	3/18/1999	174	17	\$220,613.34	N/A	3/18/1999
თ	05-0580	La Palma Intercommunity Hospital	12/31/1997	BCC	9/24/1999	1/4/2000	102	ຮ	\$140,865.43	N/A	1/4/2000
10	05-0580	La Palma Intercommunity Hospital	11/30/1998	Mutual	4/20/2001	7/3/2001	74	4	\$48,251.02	N/A	7/3/2001
÷-	05-0170	Long Beach Community Hospital	6/30/1996	BCC	9/9/1 999	10/14/1999	35	25	\$48,032.84	N/A	10/14/1999
12	05-0170	Long Béach Community Hospital	6/30/1997	BCC	9/30/1999	2/21/2000	144	12, 11	\$34,456.71	N/A	2/21/2000
13	05-0170	Long Beach Community Hospital	6/30/1998	BCC	9/22/2000	10/20/2000	28	19, 37	\$53,316.46	N/A	10/20/2000

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Grot	up Name: L	Group Name: UNIHEALTH O/P Crossover Bad Debts	er Bad Debt	Ø					Page No.	~~~~	
Gro	Group Representative:	ntative: Barbara Meehan, A CARLS(	n, A CARLS	ON ASSOCIATES	OCIATES				Date Prepared	ed 10/18/2011	011
Cas	Case No: 99-3523G	523G		lssue: Ou	issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cross	sover Un	billed Ba	d Debt		
Tab F	Tab Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
14	05-0170	Long Beach Community Hospital	11/30/1998	ngs	9/28/2001	12/3/2001	66	38,39,41, 42	\$11,256.87	N/A	12/3/2001
15	98.0282		- 51287-996	-HGS-	100212216	12/5/2001		R2-001	\$38,547.85	And a second second	
16	05-0282	Martin Luther Hospital	9/30/1997	BCC	9/28/2000	11/14/2000	47	ß	\$42,450.07	N/A	11/14/2000
17	05-0282	Martin Luther Hospital	9/30/1998	nes	9/27/2001	12/3/2001	67	а, О	\$18,993.78	N/A	12/3/2001
18	05-0282	Martin Luther Hospital	11/30/1998	NGS	9/27/2001	12/3/2001	67	сı	\$1,620.52	N/A	12/3/2001
19	05-0282	Martin Luther Hospital	8/31/1999	NGS	7/12/2002	1/3/2003	175	40	\$63,114.65	03-0505	10/3/2003
20	05-0116	Northridge Hospital-Roscoe Campus	6/30/1996	BCC	9/25/1998	3/8/1999	164	35	\$139,867.37	99-1756	7/23/1999
21	05-0116	Northridge Hospital-Roscoe Campus	6/30/1997	BCC	9/22/1999	10/21/1999	29	12	\$78,774.25	N/A	10/21/1999
22	05-0299	Northridge Hospital- Sherman Wa	3/31/1996	BCC	9/25/1998	3/8/1999	164	21	\$119,558.51	99-1798	7/23/1999
23	05-0299	Northridge Hospital- Sherman Wa	3/31/1997	BCC	9/17/1999	10/21/1999	34	48, 49	\$94,094.81	N/A	10/21/1999
24	05-0132	San Gabriel Valley Medical .Center	9/30/1996	BCC	9/28/1998	3/1/1999	154	15, 16	\$130,914.52	99-1622	3/19/1999
25	05-0132	San Gåbriel Valley Medical <sub>.</sub> Center	9/30/1997	BCC	2/16/2000	3/9/2000	22	41, 40	\$104,920.13	N/A	3/9/2000
						Tot	al Reimbı	Total Reimbursement	\$1,926,390.17		

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			Sche	edule of F	Schedule of Providers in Group	<u>0</u>			PRC	VIDER REIM REVIEW I	PROVIDER REIMBURSEMENT REVIEW BOARD
0 0	up Name: S	Group Name: Sutter O/P Crossover Bad Debts	Debts					٩	Page No.	1 of 5	
Gro	Group Representative:	intative: Barbara Meehan, A CARLS	In, A CARLS	ON ASSC	ON ASSOCIATES				Date Prepared	d 02/13/2012	012
Ca	Case No: 99-3524GC	524GC		Issue: Or	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Crost	sover Ur	billed Ba	d Debt		
	Provider Number	Provider Name	FYE Inte	ermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
<del></del>	05-0208	California Pacific Med Ctr - California	12/31/1995	BCC	8/22/1997	12/4/1997	104	SD	\$38,193.19	98-0606	12/4/1997
2	05-0047	California Pacific Med Ctr - Pacific	12/31/1995	BCC	9/30/1997	12/4/1997	65	13	\$118,443.01	NIA	12/4/1997
ю	05-0047	California Pacific Med Ctr - Pacific	12/31/1996	BCC	9/29/1998	3/26/1999	178	38	\$154,487.26	99-2797	11/4/1999
4	05-0047	California Pacific Med Ctr - Pacific	12/31/1997	BCC	3/24/2000	4/4/2000	1	83	\$169,308.59	<b>N</b> N	4/4/2000
Q	05-0047	California Pacific Med Ctr - Pacific	12/31/1998	ncs	9/25/2001	11/19/2001	55	50,71	\$131,981.92	VN	11/19/2001
G	05-0047	California Pacific Med Ctr - Pacific	12/31/1999	ngs	11/18/2002	12/12/2002	24	104,108	\$75,216.86	VN	12/12/2002
2	050042	Galifernia Bacific Med Ctr - Pacific	42/34/2000	990	E00CLTHE1	94972004	181		\$107,222,02	04-1803	9/2//2009
ω	05-0047	California-Pacific Med <sup>r</sup> Ote	TZISHZOOZ	( SOA	4242942009	8/18/2010		80	\$99,301.08	604-0-	412719044
6	CONDUCT	Bantomia Pacific-Med Ct - Pacific	Tristisoes-Ealmetto	Palmetto	<pre>}</pre>	X		đ	\$158445.82		21021822
6	05-0008	Davies Medical Center	12/31/1995	BCC	1/12/1998	3/9/1998	20	Q	\$62,958.33	N/A	3/9/1998
1	05-0008	Davies Medical Center	12/31/1996	BCC	9/30/1999	12/21/1999	82	44	\$63,575.65	NIA	12/21/1999
42	05-0008	Davies Medical Center	12/31/1997	BCC	9/30/2000	10/23/2000	53	34	\$45,587.66	N/A	10/23/2000
13	05-0008	Davies Medical Center	7/29/1998	BCC	8/24/2000	2/15/2001	175	28	\$25,778.96	01-1200	8/13/2001

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ų	2012		G Date of Add/Transf	11/19	11/27	HZIS)	12/4/	8/25/	6/27/	10/23	11/16	4/2/	4/2/		#3/6	10
2 of 5	ed 02/13/2012		F Orig Case No	N/A	NIA	(1950-60)	NN	N/A	N/A	N/A	N/A	07-0534	07-1222	11-2023	06-0997	- ALAGY
Page No.	Date Prepared	ld Debt	E Amount of Reimbursemen	\$10,852.27	\$19,782.79	10:62:415	\$33,091.16	\$26,476.02	\$9,566.51	\$9,414.14	\$3,933.35	\$10,739.16	\$16,026.11	227,947,00	\$184.337.08	\$97,562,49
		billed Ba	D Audit Adj No	31	34,43	Ę	24	11	46	48	56,57	S	S	\$ }	Ś	as
		sover Un	C No of Days	55	75		O	56	<b>3</b>	28	2	175	168		470	-180-
*		e/Medical Cros	B Date of Hearing Rqst	11/19/2001	11/27/2002	12/24/2008	12/4/1997	8/25/1999	6/27/2000	10/23/2001	11/15/2002	12/22/2006	3/12/2007	12/2007	51912006	3/42/2007
	CIATES	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	9/25/2001	9/13/2002	98021212	11/25/1997	6/30/1999	6/9/2000	9/25/2001	9/5/2002	6/30/2006	9/25/2006	2008/11/1	ereeredos	943/2006
÷	ON ASSC	ssue: Ou	Intermediar	ngs	ngs	Hes	BCC	BCC	BCC	BCC	ngs	ncs	ncs	TICS (	-3014	965
ad Debts	Barbara Meehan, A CARLSON ASSOCIATES		FYE Inter	12/31/1998	12/31/1999	-000074024	6/30/1996	6/30/1997	1/14/1998	12/31/1998	12/31/1999	12/31/2001	12/31/2002	1273472003	10021842	12003
Group Name: Sutter O/P Crossover Bad Debts		د د	ider Ie	Davies Medical Center	Davies Medical Center	Bevice Medical Genter	Eden Hospital Medical Center	Eden Hospital Medicał Center	Eden Hospital Medical Center	Eden-Hospitan Medicar Center	Mills Peningula Health Services	Mils Peninsula Health Services				
»: Sutter	sentativ	-3524G	Provider Name	Davie		)	Eden H Center	Eden H Center	Eden Centi	Eden H Center	Eden H Center	Eden Centi	Eden Centi	Center	Mills-Ren Services	Servi Servi
up Name	Group Representative:	Case No: 99-3524GC	Provider Number	05-0008	05-0008	-96-0098	05-0488	05-0488	05-0488	05-0488	05-0488	05-0488	05-0488	05-0488	100-000-2-	
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Group Name: Sutter O/P Crossover Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Ca	Case No: 99-3524GC	3524GC		lssue: Ou	ssue: Outpatient Medicare/Medical Crossover Unblited Bad Leot	re/Medical Cros	sover un	pilled bac			
·	Provider Number	Provider Name	FYE Interr	rmediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
27	05-0007	Peninsula Hospital	12/31/1997	BCC	11/23/1999	2/8/2000	1	42, 53	\$125,369.50	N/A	2/8/2000
28	05-0007	Peninsula Hospital	12/31/1999	ngs	8/7/2002	10/2/2002	56	13	\$100,189.65	N/A	11/25/2002
29	05-0055	St. Luke's Hospital	6/30/1996	BCC	2/25/1998	7/22/1998	147	თ	\$648,518.30	N/A	5/18/1998
30	05-0055	St. Luke's Hospital	6/30/1997	BCC	4/30/1999	8/23/1999	115	11	\$162,994.20	99-3861	4/21/2000
31	05-0055	St. Luke's Hospital	6/30/1998	BCC	5/23/2000	8/24/2000	83	24	\$173,990.41	N/A	8/24/2000
32	05-0055	St. Luke's Hospital	6/30/1999	NGS	9/20/2001	3/8/2002	169	29,30	\$123,139.68	02-1055	7/31/2002
33	05-0055	St. Luke's Hospital	6/30/2000	ngs	9/25/2002	3/20/2003	176	29, 30, 34	\$90,331.88	03-1008	12/22/2003
34	845-04555	St. Lukës Hospital	1219-12009	Aes	97912905	364206	154	99		070010	6002415000
35	05-0417	Sutter Coast Hospital	12/31/1995	BCC	9/19/1997	1/28/1998	131	13	\$107,196.07	95-0758	1/29/1998
36	05-0417	Sutter Coast Hospital	12/31/1996	BCC	1/27/1999	3/18/1999	50	24, 23	\$27,721.72	N/A	3/18/1999
37	05-0412	Sutter Coast Hospital	-12/61/2002	( 304)	900341246	2002102/2	180	~60~	\$14,808.99	02-1362	
38	1470-90	06-64 M Sutter COBST Hospital	1213112003	<b>Des</b>	9/22/2006	HOOCHAIE	180	B	810,045.93	Sterro	96024k5060
39	05-0108	Sutter Community Hospital	12/31/1995	BCC	6/30/1997	12/16/1997	169	25	\$170,481.25	98-0505	3/19/1998

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Group Name: Sutter O/P Crossover Bad Debts

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	ré/Medical Cro	B Date of Hearing Rqs	7/12/1999	3/27/1998	3/24/1999	3/22/2007	3/19/2004	11/3/2006	3/5/2007	WORNELS	1/28/1998	8/19/1996	9/5/1997		2/16/2000
OCIATES	utpatient Medica	A Date of Final Determination	3/31/1999	3/13/1998	9/28/1998	9/28/2006	9/22/2003	5/9/2006	9/7/2006	14/24/2009	10/30/1997	2/25/1998	3/12/1997		9/14/2005
N ASS	ssue: O	mediar	BCC	BCC	BCC	ngs	BC	ngs	ngs	) SOL	BCC	BCC	BCC	100	ngs
A CARLSC		FYE Inter	12/31/1996	12/31/1995	12/31/1996	12/31/2002	-12/31/2000-	12/31/2001	12/31/2002	-200245124	12/31/1995	4/1/1996	3/25/1996	613012001	12/31/2001
ototive: Barbara Meehan A CARLSOI		Provider Name	Sutter Community Hospital	Sutter Lakeside Hospital	Sutter Lakeside Hospital	Sutter Lakeside Hospital	Butter Madical Center	Sutter Medical Center Sacramento	Sutter Medical Center Sacramento	Sutter Madical Center Sacramento	Sutter Memorial Hospital	Sutter Memorial Hospital	Sutter Santa Rosa Medical Center	Sutter Santa Rosa Medien Center	Sutter Santa Rosa Medical
	Case No: 99-3524GC	Provider Number	05-0108	05-0476	05-0476	05-0476	B6.0408~~	05-0108	05-0108	~05-9108~	05-0109	05-0109	05-0291	06-02-90	05-0291
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	2012		G Date of Add/Tra	3/2	Ĩ	4/6	y6	3/2	3/2	Ĩ.	
5 of 5	d 02/13/2012		F Orig Case No	08-0860	2101-80	97-3188	99-2181	05-1117	05-1119	805+CD	
Page No.	Date Prepared	d Debt	E Amount of Reimbursemen	\$67,472.48	\$99°671.90	\$400,411.12	\$472,302.56	\$37,889.91	\$40,295.89	\$20,762.78	\$6,954,319.45
		billed Ba	D Audit Adj No	SD	(CI)	ŝ	5	SD	SD		sement:
		sover Un	C No of Days	157	したう	172	180	174	174		Total Reimbursement:
	-	e/Medical Cros	B Date of Hearing Rqst	1/28/2008	B102008	9/15/1997	3/17/1999	3/15/2005	3/15/2005	SHEROBY	Tots
	DCIATES	ssue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	8/24/2007	8124/2004	3/27/1997	9/18/1998	9/22/2004	9/22/2004	012042006	
	ON ASS(	ssue: O	Intermediar	ngs	AGS (	BCC	BCC	ngs	ngs	Ser	
ebts	A CARLSO		FYE Inter	12/31/2002	1213112003	12/31/1995	12/31/1996	12/31/2001	12/31/2002	1219-112003	
Group Name: Sutter O/P Crossover Bad Debts	ientative: Barbara Meehan, A CARLSON ASSOCIATES	3524GC	Provider Name F	Sutter Santa Rosa Medical Center	Sutter Santa Rose Medical	Sutter Solano Medical Center	Saher Soland Medical Section 1275/12003-				
up Name:	Group Representative:	Case No: 99-3524GC	Provider Number	05-0291	05-0201	05-0101	05-0101	05-0101	05-0101	\$6-0101	
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1 of 1	d 10/18/2011		F Orig Case No	97-2676	N/A	N/A	98-0047	N/A	N/A	98-0048	99-3140	N/A	
Page No.	Date Prepared	d Debt	E Amount of Reimbursemen	\$25,803.59	\$8,331.38	\$11,085.21	\$20,523.58	\$21,927.40	\$36,894.39	\$80,986.13	\$22,122.42	\$19,650.93	t \$247,325.03
		ibilled Bac	D Audit Adj No	12	17	20	18	17	32	16	22,23,24, 25	თ	Total Reimbursement
		sover Un	C No of Days	160	60	69	6	28	19	06	28	38	otal Reim
		e/Medical Cros	B Date of Hearing Rqst	7/8/1997	10/16/1998	5/15/2000	7/29/1997	10/16/1998	10/16/2000	7/29/1997	11/20/1998	5/15/2000	T
	CIATES	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	1/29/1997	8/17/1998	3/7/2000	4/23/1997	9/18/1998	9/27/2000	4/30/1997	10/23/1998	4/7/2000	
	ON ASSC	ssue: Ou	Intermediary	BCC	BCC	BCC	BCC	BCC	BCC	BCC	BCC	BCC	
r Bad Debts	I, A CARLSC		FYE Inter	12/31/1995	12/31/1996	12/31/1997	12/31/1995	12/31/1996	12/31/1997	12/31/1995	12/31/1996	12/31/1997	
Group Name: Citrus Valley O/P Crossover Bad Debt	entative: Barbara Meehan, A CARLSON ASSOCIATES	526GC	Provider Name	Foothill Presbyterian Hospital	Foothill Presbyterian Hospital	Foothill Presbyterian Hospital	Intercommunity Medical Center	Intercommunity Medical Center	Intercommunity Medical Center	Queen of the Valley Hospital	Queen of the Valley Hospital	Queen of the Valley Hospital	
np Name:	Group Representative:	Case No: 99-3526GC	Tab Provider Number	05-0597	05-0597	05-0597	05-0382	05-0382	05-0382	05-0369	05-0369	05-0369	
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Q	up Name:	Group Name: CHW 96 - 99 O/P Crossover	er Bad Debts	S					Page No.	2 of 7	
Gro	Group Representative:	entative: Barbara Meehan,	n, A CARLSON ASSOCIATES	ON ASSC	CIATES				Date Prepared	ed 11/30/2010	010
ü	Case No: 99-3527GC	1527GC		lssue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	re/Medical Cros	sover Un	billed Ba	d Debt		
	Provider Number	Provider Name	FYE Inter	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
14	05-0366	Mark Twain St Joseph Hospital	6/30/1999	ngs	2/22/2002	7/26/2002	154	6,10	\$55,736.00	N/A	7/26/2002
15	05-0421	Mercy American River	12/31/1995	BCC	2/4/1999	6/2/1999	118	19	\$82,267.00	N/A	6/2/1999 & 7/9/2002
16	05-0017	Mercy General Hospital	3/31/1996	NGS	9/22/2006	10/23/2006	31	41	\$94,652.00	07-0313	4/2/2007
17	05-0017	Mercy General Hospital	3/31/1997	NGS	9/21/2006	10/25/2006	34	7	\$146,481.00	07-0150	4/2/2007
18	05-0017	Mercy General Hospital	3/31/1998	NGS	12/2/2005	5/23/2006	172	34	\$134,643.00	06-1787	4/2/2007
19	05-0017	Mercy General Hospital	3/31/1999	NGS	9/19/2006	10/25/2006	36	5	\$122,979.00	07-0151	4/2/2007
20	05-0414	Mercy Hospital of Folsom	3/31/1999	NGS	9/16/2004	3/14/2005	179	22	\$7,913.00	05-0979	6/26/2007
21	05-0280	Mercy Medical Center Redding	6/30/1996	BCC	10/29/1998	12/2/1998	34	9	\$255,482.00	N/A	12/2/1998 & 7/9/2002
3	05-0280	Mercy Medical Center Redding	6/30/1997	BCC	9/30/2000	10/16/2000	16	52	\$57,849.00	N/A	10/16/2000
23	05-0280	Mercy Medical Center Redding	6/30/1998	ngs	9/28/2001	10/15/2001	17	57	\$87,759.00	N/A	10/15/2001
24	05-0280	Mercy Medical Center Redding	6/30/1999	ngs	9/28/2001	10/15/2001	17	31,32	\$63,799.00	N/A	10/15/2001
25	05-0444	Mercy Merced Medical Center - Community Campus	12/31/1996	BCC	5/29/1998	11/24/1998	179	SD	\$149,115.00	99-0569	9/14/2000 & 11/16/2010
26	05-0590	Mercy Methodist Hospital	12/31/1996	BCC	3/31/2000	9/21/2000	174	23, 24	\$106,577.00	00-3932	6/28/2001

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G Date of Add/Transf 12/5/2002 1/31/2000 7/17/2007 0/16/2000 11/15/2002 10/6/2000 12/21/2004 4/11/2000 4/2/2007 6/20/2008 8/20/2008 8/13/2001 7/27/2001 Date Prepared 11/30/2010 F Orig Case No 05-0055 05-0099 06-0180 08-0536 01-1279 04-2324 ٨N ٨N NA MA ٨N NA NA 3 of 7 Amount of Reimbursemen \$106,107.00 \$176,241.00 \$134,070.00 \$33,982.00 \$76,364.00 \$147,368.00 \$46,153.00 \$50,765.00 \$28,367.00 \$68,121.00 \$59,748.00 \$59,684.00 Page No. \$7,590.00 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt ш Audit Adj No 33, 34 32, 31 37,62 24,30 23,24 S 9 8 38 33 26 36 4 ۵ C No of Days 112 174 181 177 182 104 175 179 88 24 24 6 ÷ Hearing Rqst 0/20/2004 10/20/2004 8/13/2001 10/16/2000 11/15/2002 12/27/2007 10/6/2000 1/31/2000 11/3/2005 12/5/2002 4/11/2000 9/27/2004 2/14/2001 B Date of Determination A Date of Final 4/26/2004 4/22/2004 9/12/2000 7/20/2001 9/30/2000 7/26/2002 5/13/2005 3/31/2000 9/20/2007 8/16/2000 8/23/2002 4/5/2004 8/5/1999 Barbara Meehan, A CARLSON ASSOCIATES Intermediary BCC UGS BCC NGS NGS NGS ngs ngs BCC SS NGS ugs BCC Group Name: CHW 96 - 99 O/P Crossover Bad Debts 12/31/1997 12/31/1998 12/31/1999 6/30/1997 6/30/1998 6/30/1996 3/31/1999 9/30/1998 6/30/1997 3/31/1998 6/30/1998 6/30/1999 3/31/1997 FYE San Gabriel Valley Medical Center Mercy San Juan Hospital Sequoia District Hospital Sequoia District Hospital Mercy San Juan Hospital Mercy San Juan Hospital Mercy Methodist Hospital Mercy Methodist Hospital Mercy Methodist Hospital Mercy Mount Shasta Mercy Mount Shasta Mercy Mount Shasta Mercy Mount Shasta Provider Group Representative: Name Case No: 99-3527GC 05-0419 05-0516 05-0197 05-0197 05-0419 05-0419 05-0516 05-0132 05-0516 Provider Number 05-0590 05-0590 05-0419 05-0590 38 35 30 37 3 ខ្ល 34 29 8 સ 28 27

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G Date of Add/Transf 6/10/1999 & 7/9/2002 7/29/1998 & 9/29/2010 11/15/2002 10/26/2006 10/12/2001 5/1/2000 3/14/2003 3/18/2003 6/26/2000 1/13/2000 1/2/2001 2/26/2001 COLLEGE COLLEGE Date Prepared 11/30/2010 E F Amount of Orig Reimbursemen Case No 06-1905 99-0080 99-4031 NA AN ¥Ν NA ٨N NA ¥Ν ΝN ٩X 5 of 7 \$141,210.00 \$123,907.00 Page No. \$372,817.00 \$22,294.00 \$92,863.00 \$60,607.00 \$71,815.00 \$19,055.00 \$57,000.00 \$2,052.00 \$4,863.00 \$3,937.00 B Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt Audit Adj No 14, 15 11,12 28, 29 6,40 9,13 18 18 9 23 18 24 ~ C No of Days 112 174 132 5 107 118 28 8 9 88 88 69 9 B Date of Hearing Rqst 1/13/2000 7/29/1998 11/15/2002 6/10/1999 12/3/1998 2/26/2001 10/12/2001 6/29/2006 3/14/2003 3/18/2003 9/21/1999 5/1/2000 2001+1+ A Date of Final FYE Intermediary Determination 2/23/1999 12/18/2002 12/10/2002 9/3/1999 3/3/2006 9/25/2000 9/14/2001 9/25/1998 5/29/1998 3/31/1999 4/11/2000 7/26/2002 8000000 Barbara Meehan, A CARLSON ASSOCIATES Mutual Mutual Mutual ngs NGS NGS BCC NGS NGS NGS BCC BOG Group Name: CHW 96 - 99 O/P Crossover Bad Debts 12/31/1997 12/31/1998 12/31/1996 6/30/1999 6/30/1996 6/30/1996 6/30/1996 6/30/1997 6/30/1997 6/30/1997 6/30/1998 6/30/1999 St. John's Regional Medical Center St. John's Regional Medical Center St. John's Pleasant Valley Hospital St. Francis Medical Center SB St. Elizabeth Community Hospital St. Elizabeth Community Hospital St. Joseph's Behavioral Health Center St. Joseph's Behavioral Health Center St. Joseph's Behavioral Health Center St. Francis Memorial Hospital (SF) St. Francis Memorlal Hospital (SF) St. Francis Memorial Hospital (SF) St. Francis Memorial Hospital (SF) Provider Group Representative: Name Case No: 99-3527GC 05-0616 05-4123 Provider Number 05-0082 05-0082 05-4123 05-0152 05-0042 05-0152 05-0152 05-4123 05-0042 05-0152 22 PSP **}** 65 58 59 8 80 8 ß 56 5 6 54 33

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Group Name: CHW 96 - 99 O/P Crossover Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Cä	Case No: 99-3527GC	3527GC		lssue: Ou	tpatient Medicar A	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt A B C C D E	over Un C	billed Ba D	d Debt E	LL C	ں م
	Provider Number	Provider Name	FYE Inter	Intermediary	Date of Final Determination	Date of Hearing Rqst	No of Days	Audit Adj No	Amount of Reimbursemen	Urig . Case No	Late of Add/Transf
, 66	05-4123	St. Joseph's Behavioral Health Center	12/31/1999	NGS	9/17/2002	3/12/2003	176	7,10	\$3,419.00	N/A	3/12/2003
67	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1995	BCC	9/12/1997	3/9/1998	178	38	\$186,657.00	97-2279	5/24/2000
68	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1996	NGS	9/27/2006	10/31/2006	34	SD	\$168,625.00	07-0201	3/15/2007
69	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1997	SOU	12/5/2000	2/21/2001	78	65	\$195,576.00	N/A	2/21/2001
70	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1998	NGS	9/28/2001	10/12/2001	14	43,44	\$104,010.00	N/A	10/12/2001
71	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1999	ngs	11/22/2002	3/6/2003	104	33,41	\$73,557.00	N/A	3/6/2003
72	05-0191	St. Mary Medical Center - Long Beach	5/29/1996	Mutual	9/28/1998	3/1/1999	154	45	\$229,725.00	99-1691	3/2/2000
73	05-0191	St. Mary Medical Center - Long Beach	6/30/1997	Mutual	7/17/2002	1/13/2003	180	62	\$810,212.00	03-0431	3/26/2004
74	05-0457	St. Mary's Medical Center, S.F.	6/30/1996	BCC	3/31/2000	5/30/2000	60	13, 14	\$80,252.00	N/A	5/30/2000
75	05-0457	St. Mary's Medical Center, S.F.	6/30/1997	NGS	9/29/2000	3/7/2001	159	21	\$75,981.00	01-1750	9/27/2001
76	05-0457	St. Mary's Medical Center, S.F.	6/30/1998	ngs	9/27/2002	3/20/2003	174	71,72	\$84,756.00	03-1044	6/27/2003
11	05-0457	St. Mary's Medical Center, S.F.	6/30/1999	ngs	9/30/2002	3/25/2003	176	40	\$116,024.00	03-1107	6/19/2003
78	05-0127	Woodland Memorial Hospital	7/29/1996	BCC	4/24/1998	7/31/1998	98	12	\$9,482.00	N/A	7/31/1998 & 9/29/2010

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G Date of Add/Transf 7/31/1998 & 7/29/2002 11/20/2002 3/26/2003 9/15/2008 9/18/2008 Date Prepared 11/30/2010 Ť E F Amount of Orig Reimbursemen Case No 02-1288 02-1287 7 of 7 **N/A** Μ MA \$231,359.00 Page No. \$127,140.00 \$52,704.00 \$32,568.00 \$1,126.00 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt Audit Adj No 27,28 3,24 ß ß <u>6</u> Δ C No of Days 174 170 88 g 2 B Date of Hearing Rqst 11/20/2002 7/31/1998 3/26/2003 3/15/2002 3/18/2002 A Date of Final FYE Intermediary Determination 2/21/2003 9/9/2002 4/24/1998 9/26/2001 9/25/2001 Barbara Meehan, A CARLSON ASSOCIATES ngs NGS UGS 11/30/1998 UGS BCC Group Name: CHW 96 - 99 O/P Crossover Bad Debts 11/30/1998 9/30/1996 9/30/1998 9/30/1999 Woodland Memorial Hospital Woodland Memorial Hospital Woodland Memorial Hospital Northridge Hospital-Roscoe Campus Northridge Hospital-Sherman Way Provider Group Representative: Name Case No: 99-3527GC 05-0299 05-0116 Provider Number 05-0127 05-0127 05-0127 ß 82 8 50 8

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Date Prepared 10/28/2011 1 of 2 Page No. nhilled Rad Dehi Group Representative: Barbara Meehan, A CARLSON ASSOCIATES leene. Outr Group Name: Adventist California O/P Crossover Bad Debts 0000000000 NIO. ĉ

S	Case No: 99-3529GC	3529GC		Issue: Ou	ssue: Outpatient Medicare/Medical Crossover Unbilled Bad Debi	re/Medical Cros	sover Ur	billed Ba	ad Debi			
	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E <sup>-</sup> Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
-	05-0239	Glendale Adventist Hospital	12/31/2000	FCSO	5/30/2003	11/7/2003	161	SD	\$274,343.05	04-0141	8/11/2011	
2	05-0239	Giendale Adventist Hospital	12/31/2001	FCSO	9/25/2007	3/19/2008	176	SD	\$323,780.80	08-1652	8/11/2011	
e	05-0239	Giendale Adventist Hospital	12/31/2002	FCSO	12/21/2009	6/15/2010	176	SD	\$401,861.81	N/A	6/15/2010	
4	05-0239	Glendale Adventist Hospital	12/31/2003	FCSO	1/21/2010	6/15/2010	145	SD	\$317,696.15	N/A	6/15/2010	
ŝ	05-0024	Paradise Valley Hospital	12/31/2000	FCSO	9/29/2003	2/4/2004	128	SD	\$177,798.66	04-0680	7/6/2010	
Q	05-0024	Paradise Valley Hospital	12/31/2001	FCSO	9/22/2005	3/8/2006	167	SD	\$304,887.32	06-1037	7/6/2010	
4	05-0024	Paradise Valley Hospital	12/31/2002	FCSO	9/28/2005	3/14/2006	167	SD	\$111,222.81	06-1182	7/6/2010	
Ø	05.0024	05.0024 Paradise Valley Hospital	-12/2//2008	-FC30	6002107	-623/2010-	-ZEE	28~	- or water	- NIA	0402723/0	
ຸດ	05-0013	St. Helena Hospital	12/31/1996	FCSO	12/31/1998	3/3/1999	62	53	\$108,760.48	NIA	3/3/1999	
10	05-0013	St. Helena Hospital	12/31/1997	FCSO	10/28/1999	1/13/2000	1 1	69,70	\$108,145.71	N/A	1/13/2000	
÷	05-0013	St. Helena Hospital	12/31/1999	FCSO	9/25/2002	1/21/2003	118	38,68	\$110,794.00	N/A	1/21/2003	
42	05-0013	St. Helena Hospital	12/31/2001	FCSO	9/17/2004	3/15/2005	179	SD	\$67,402.88	05-1046	10/17/2008	
13	05-0013	St. Helena Hospital	12/31/2002	FCSO	9/8/2005	12/27/2005	110	SD	\$69,365.31	06-0418	10/17/2008	

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	2011		G Date of Add/Transf	10/17/2008
2 of 2	∋d 10/28/2		F Orig Case No	08-1263
Page No. 2 of 2	Date Prepared 10/28/2011	ad Debi	E F Amount of Orig Reimbursemen Case No	\$88,813.83
		nbilled Ba	C D No of Audit Days Adj No	SD
		ssover U	C No of Days	166
		re/Medical Cros	B Date of Hearing Rqst	3/8/2008
	<b>CIATES</b>	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debi	A B Date of Final Date of itmediary Determination Hearing Rqst	9/24/2007
d Debts	SON ASSC	Issue: Out	mediary	FCSO
over Ba	CARLS	•	Inte	12/31/2003
/P Cross	sehan, A		FYE	12
Group Name: Adventist California O/P Crossover Bad Debts	Group Representative: Barbara Meehan, A CARLSON ASSOCIATES		Ŀ	St. Helena Hospital
Adventis	entative:	1529GC	Provider Name	St. Helen
oup Name:	oup Repres	Case No: 99-3529GC	Provider Number	14 05-0013
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Schedule of Providers in Group

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\$2,776,087.74 Total Reimbursement:

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Gro	up Name: I	Group Name: Memorial Health O/P Crossover Bad Debts	sover Bad D	ebts					Page No.	ROVIDER RE	PROVIDER REIMBURSEMENT
Gro	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	n, A CARLS	ON ASSO	CIATES				Date Prepared	ed 10/24/2011	011
Cas	Case No: 99-3578GC	578GC		Issue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cros	sover Un	ibilled Ba	d Debt		
	Provider Number	Provider Name	FYE Interm	rmediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
~	05-0226	Anaheim Memorial	6/30/1998	BCC	9/15/2000	3/9/2001	175	SD	\$110,478.92	01-1689	5/19/2009
2	05-0226	Anaheim Memorial	6/30/1999	ngs	9/26/2001	3/19/2002	174	42	\$112,473.66	N/A	4/6/2010
ຕ	05-0226	Anaheim Memorial	6/30/2000	nes	8/12/2003	2/5/2004	177	36	\$73,628.55	04-0709	10/28/2004
4	05-0226	Anaheim Memorial	6/30/2001	ngs	9/23/2005	3/20/2006	178	5,17,18	\$66,014.79	06-1331	6/16/2009
5	05-0226	Anaheim Memorial	6/30/2002	ngs	9/7/2006	2/27/2007	173	19,20,21	\$41,301.99	07-0963	6/16/2009
· y	05-0226	Anaheim Memorial	6/30/2003	ngs	9/14/2006	2/28/2007	167	17	\$52,001.94	07-1056	6/16/2009
7	05-0226	Anaheim Memorial	6/30/2004	ngs	9/8/2006	2/28/2007	173	16	\$63,662.78	07-1057	6/16/2009
8	05-0485	Long Beach Memorial Medical Center	6/30/1997	BCC	9/28/1999	3/22/2000	176	46	\$213,044.82	00-2441	8/6/2008
6	05-0485	Long Beach Memorial Medical Center	6/30/1998	BCC	9/22/2000	3/16/2001	175	46	\$283,411.29	01-1986	8/6/2008
10	05-0485	Long Beach Memorial Medical Center	6/30/1999	ngs	9/26/2001	3/22/2002	177	37	\$239,678.28	02-1373	8/24/2009
÷	050485	Long Beach Memorial Medical Center	6/30/2000	ngs	11/16/2004	5/10/2005	175	, 84	\$106,416.00	05-1525	6/16/2009
12	05-0485	Long Beach Memorial Medical Center	6/30/2001	NGS	9/19/2005	3/16/2006	178	5,17	\$96,640.47	06-1178	6/16/2009
13	05-0485	Long Beach Memorial Medical Center	6/30/2002	ncs	9/22/2006	3/14/2007	173	28,41	\$102,604.16	07-1220	6/16/2009
14	05-0485	Long Beach Memorial Medical Center	6/30/2003	NGS	7/1/2008	12/23/2008	175	33	\$131,239.88	09-0585	6/16/2009

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	Group Name: Memoria Group Representative:	<u> </u>	Health O/P Crossover Bad Debts Barbara Meehan, A CARLSON ASSOCIATES		<b>JCIATES</b>				Page No. 2 Date Prepared	2 of 2 sd 10/24/2011	011
~	Case No: 99-3578GC	178GC		Issue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cros	sover Un	ibilled Ba	d Debt		
	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
	05-0485	Long Beach Memorial Medical Center	6/30/2004	Palmetto	10/13/2009	3/31/2010	169	59, 63, 65	\$150,700.41	N/A	3/31/2010
	05-0678	Orange Coast Hospital	6/30/2000	NGS	1/31/2003	7/22/2003	172	24	\$12,172.25	03-1397	11/4/2003
	05-0678	Orange Coast Hospital	6/30/2001	ngs	9/22/2005	3/17/2006	176	14,15	\$10,483.35	06-1191	6/16/2009
	05-0678	Orange Coast Hospital	6/30/2002	NGS	9/6/2006	2/23/2007	170	12,17	\$5,017.29	07-0964	6/16/2009
	05-0678	Orange Coast Hospital	6/30/2003	NGS	9/22/2006	3/8/2007	167	13	\$4,858.73	07-1075	6/16/2009
	05-0678	Orange Coast Hospital	6/30/2004	NGS	12/18/2006	6/11/2007	175	10,11	\$11,128.55	07-2232	6/16/2009
	05-0603	Saddleback Memorial	6/30/1996	BCC	9/30/1998	3/29/1999	180	30,31	\$8,480.33	97-2983G	8/30/1999
	05-0603	Saddleback Memorial	6/30/2001	NGS	9/14/2005	3/9/2006	176	30,31	\$7,094.46	06-1035	6/16/2009
	05-0603	Saddleback Memorial	6/30/2002	NGS	9/26/2006	3/14/2007	169	28	\$13,161.84	07-1219	6/16/2009
	05-0603	Saddleback Memorial	6/30/2003	NGS	9/25/2006	3/14/2007	170	20	\$20,520.94	07-1218	6/16/2009
	05-0603	Saddleback Memorial	6/30/2004	NGS	4/2/2007	9/25/2007	176	29,30	\$9,954.47	07-2831	6/16/2009
	05-0603	Saddleback Memorial	. 6/30/2000	ngs	8/20/2002	2/6/2003	170	23,24	\$13,782.74	03-0660	11/6/2003

Total Reimbursement \$1,959,952.89

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FEB <b>2</b> 7 2012	PROVIDER REIMBURSEMENT REVIEW BOARD		2012		G Date of Add/Transf	11/30/1999	2419/2009	France	212412019	3/9/1998	12/28/1999	10/23/2000	8/13/2001	003/03/C	1/29/2003	8/25/1999	6/27/2000
Ë	PROVIDER	1 of 4	ed 02/09/2012		E Orig Case No	98-0606	04480	( HOLES		A/N	NN	N/A	01-1200	08-999-0	A/N	A/N	NIA
		Page No.	Date Prepared	Debt	E Amount of Reimbursemen	\$12,808.00	09:420/8264	\$032'308'31	- 46:477-1996	\$33,931.43	\$40,003.20	\$15,247.00	\$21,384.00	\$141,864.08	\$62,272.08	\$42,804.93	\$15,282.00
				oilled Bad	D Audit Adj No	SD	de l	SD .		G	4	34	28		24	<b>4</b> -	46
<i>.</i> .	,			over Unt	C No of Days	138	5	Ś	Ş	56	82	23	175	E (	σ	<b>20</b>	18
	0			/Medical Cross	B Date of Appeal	1/7/1998	1002(14)	61492040		3/9/1998	12/21/1999	10/23/2000	2/15/2001	12/24/2008	12/4/1997	8/25/1999	6/27/2000
	of Providers in Group		ASSOCIATES	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	8/22/1997	-800844FV	6002152124		1/12/1998	9/30/1999	6/30/2000	8/24/2000	12/2006	11/25/1997	6/30/1999	6/9/2000
	Schedule of F	Debts		Issue: Ir	Intermediar	BCC	<b>N</b>	AGS	Pairmetto	BCC	BCC	BCC	BCC	650	BCC	BCC	BCC
	Sche	billed Bad	n, A CARLS		FYE Inte	12/31/1995	4279442900	COGETRACT	-2134/2908-	12/31/1995	12/31/1996	12/31/1997	7/29/1998	12/84/2003-	6/30/1996	6/30/1997	1/14/1998
		Group Name: Sutter Health Inpatient Unbilled Bad Debts	ntative: Barbara Meehan, A CARLSON	168G	Provider Name	California Pacific Med Ctr - California	california Pacific And Chr.	<del>California Pacific Med Cth</del> Pacific	<b>California-Radifie Mod Otr &gt;</b> Pacific	Davies Medical Center	Davies Medical Center	Davies Medical Center	Davies Medical Center	Davies-Medteal-Conter	Eden Hospital Medical Center	Eden Hospital Medical Center	Eden Hospital Medical Center
·		p Name: S	Group Representative:	Case No: 02-2168G	Provider F Number N	05-0208	2400-90			05-0008	05-0008	05-0008	05-0008	05A008	05-0488	05-0488	05-0488
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Gro	up Name:	Group Name: Sutter Health Inpatient Unbilled Bad Debts	nbilled Bad I	Debts					Page No.	2 of 4		
Gro	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	an, A CARLS	SON ASS	DCIATES				Date Prepared	ed 02/09/2012	2012	. 1
Ö	Case No: 02-2168G	2168G		Issue: In	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	Medical Crosso	ver Unbi	illed Bad	Debt			
Tab	Provider Number	Provider Name	FYE Inte	Intermediar	A Date of Final Determination	B Date of Appeal	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
13	05-0488	Eden Hospital Medical Center 12/31/1998	12/31/1998	BCC	9/25/2001	10/23/2001	28	48	\$28,248.15	N/A	10/23/2001	
4	05-0488	Eden Hospital Medical Center 12/31/1999	12/31/1999	ncs	9/5/2002	11/15/2002	11	56,57	\$21,214.60	N/A	11/6/2002	
15	05-0488	Eden Hospital Medical Center 12/31/2001	12/31/2001	NGS	6/30/2006	12/22/2006	175	SD	\$20,764.63	07-0534	4/2/2009	
16	05-0488	Eden Hospital Medical Center 12/31/2002	12/31/2002	ngs	9/25/2006	3/12/2007	168	SD	\$10,018.40	07-1222	4/2/2009	
17	05-0488~~	-Eden-Nospila-Modical Senter	-60074576	201	200824117	~2008H212~	(27)	<b>R</b>	~1978815	07-2322	41212008	
18	<	Mills Reningula Hoeith Services	-1002/12/24	Hes	50050210	3005/015	-170		20 20 20	-2660-00	600314310	
19	05-0007	Services	42431/2009	~ AG8	<b>60926H</b>	2002/246		Es	10,790,612	02461	312412009	
20	05-0007	Peninsula Hospital	12/31/1996	BCC	3/31/1999	5/21/1999	51	39, 38	\$77,551.53	N/A	5/21/1999	
21	05-0007	Peninsula Hospital	12/31/1997	BCC	11/23/1999	2/8/2000	11	42, 53	\$137,190.73	NA	2/8/2000	
53	02-0007	Peninsula Hospital	12/31/1999	ngs	8/7/2002	10/2/2002	56	13	\$5,345.54	NN	10/2/2002	
23	05-0055	St. Luke's Hospital	6/30/1996	BCC	2/25/1998	7/22/1998	147	თ	\$118,529.59	N/A	5/18/1998	
24	05-0055	St. Luke's Hospital	6/30/1997	BCC	4/30/1999	8/23/1999	115	11	\$152,501.20	99-3861	4/21/2000	

	,														
	012		G Date of Add/Transf	8/24/2000	7/31/2002	7/11/2003	3/24/2009	3/18/1999	600214616	412/2009-	8/24/2009	312412005	3/24/2009	4/2/2009	-+10014214-
3 of 4	ed 02/09/2012		F Orig Case No	N/A	02-1055	03-1008	07-0916	N/A	07-1362	Cherto	07-1525	94-1246	07-0186	07-1000	101058
Page No.	Date Prepared	Debt	E Amount of Reimbursemen	\$195,949.17	\$104,893.18	\$24,345.83	\$15,456,48	\$63,507.42	-	- traclacs	\$17,718.70	237,298,20	\$116,212.86	\$144,625.91	<b>err3;307.57</b>
		illed Bad	D Audit Adj No	24	29,30	29, 30, 34		24, 23		45	S	24492	S	SD	-C3
		over Unbi	C No of Days	<b>6</b> 3	169	176	454	50			175		178	179	128
		Medical Cross	B Date of Appeal	8/24/2000	3/8/2002	3/20/2003	90021546	3/18/1999	-100210346	32448007	3/22/2007	CHORTRON C	11/3/2006	3/5/2007	010211219
	DCIATES	Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	5/23/2000	9/20/2001	9/25/2002	99921996	1/27/1999	9/24/2006	6002758	9/28/2006	912212003	5/9/2006	9/7/2006	
Debts	ON ASSC	lssue: Ing	Intermediar	BCC	ncs	NGS	1897	BCC	S SA	AGS	nes	Bec	ngs	ngs	< SOT
Unbilled Bad D	Barbara Meehan, A CARLSON ASSOCIATES		FYE Inte	6/30/1998	6/30/1999	6/30/2000	-21212603	12/31/1996	2002112124	-1216412008	12/31/2002	-12:012:000	12/31/2001	12/31/2002	-9002146125
Sutter Health Inpatient Unbilled Bad Debts		2168G	Provider Name	St. Luke's Hospital	St. Luke's Hospital	St. Luke's Hospital	-St. tuke's Hospital	Sutter Coast Hospital	Sutter Constrationalitat	-Ostien Coast Hospital	Sutter Lakeside Hospital	Sutter Medical Center Sacramento	Sutter Medical Center Sacramento	Sutter Medical Center	Sutter Medical Center Sacramento
Group Name:	Group Representative:	Case No: 02-2168G	Provider Number	05-0055	05-0055	05-0055	<b>BE-0065</b> ~	05-0417	05.041%	00-041-1-0-0Q	05-0476	0.0400 0	05-0108	05-0108	05-0408
Grou	Grot	С О	Tab	25	26	27	28	29	30	31	32	33	34	35	36

Schedule of Providers in Group

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Grc	up Name:	Group Name: Sutter Health Inpatient Unbilled Bad		Debts					Page No.	4 of 4	
9 2 0	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	n, A CARLS	ON ASSC	DCIATES				Date Prepared	ed 02/09/2012	012
Ü	Case No: 02-2168G	.2168G		Issue: Inp	issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	ledical Crosso	ver Unbi	lled Bad	Debt		
Tab	Provider Number	Provider Name	FYE Inte	Intermediar	A Date of Final Determination	B Date of Appeal	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G ⊡ate of Add/Transf
37	065023	Center Santa Bora Modicat	-61307004-	-NG9	01312804	10/4/2004	FE	8	51870240	05-0612	-12/2/2009
38	05-0291	Sutter Santa Rosa Medical Center	12/31/2001	NGS	9/14/2005	2/16/2006	155	SD	\$6,653.23	06-0752	10/9/2009
39	05-0291	Sutter Santa Rosa Medical Center	12/31/2002	NGS	8/24/2007	1/28/2008	157	SD	\$15,300.85	08-0860	3/24/2009
40	05-0294	-Sutter-Settle-Rosa-Medieal-	12/51/2009	)697	8242002	000-000-000-00-00-00-00-00-00-00-00-00-	54	<del>a</del>	98*295 <sup>4</sup> 39	08-1012	372412009
41	05-0101	Sutter Solano Medical Center 12/31/2001	12/31/2001	NGS	9/22/2004	3/15/2005	174	SD	\$55,758.74	05-1117	3/24/2009
42	05-0101	Sutter Solano Medical Center	12/31/2002	ngs	9/22/2004	3/15/2005	174	SD	\$55,326.61	05-1119	3/24/2009
43	95-0401~>	85.0407 - Suttor Eulena Medioch Center - 12/3412903	-42/3472003	6997	942072099	SHERDOZ	-489	SD-	\$60,129.62	07-1508	3/24/2009
						F	Total Rein	Total Reimbursement	nt \$3,880,741.95		
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Schedule of Providers in Group

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Grot	up Name:	ĝ.	ad Debts						Page No.	1899-Pu	1 BROVIDER REIMBURSEMENT - REVIEW BOARD	<b>IENT</b>
50	Group Kepresentative:	entative: barbara Meenan, A CARLSON ASSOCIALES	I, A CARLS	ON ASSO	CIAIES				Date Prepared	ed 10/27/11	-	
Sa	Case No: 02-2169G	2169G		Issue: Inp	atient Medicare	npatient Medicare/Medical Crossover Unbilled Bad Debt	ver Unbl	lled Bad	Debt			
	Provider Number	Provider Name	FYE Inter	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
-	05-0036	Bakersfield Memorial Hospital	6/30/1996	BCC	2/19/1998	4/6/1998	46	32	\$18,499.26	98-2509	11/17/2000	
2	05-0036	Bakersfield Memoriał Hospital	6/30/1997	BCC	3/31/1999	8/13/1999	135	UC/SD	\$16,142.55	<del>99-4</del> 006	11/28/2000	
ო	05-0242	Dominican Santa Cruz Hospital	6/30/1996	BOC	8/26/1998	2/17/1999	175	44	\$42,413.92	99-1828	8/23/1999	
4	05-0242	Dominican Santa Cruz Hospital	6/30/1997	ngs	8/5/1999	1/28/2000	176	14,15	\$46,318.88	00-1198	2/27/2001	
сı	05-0242	Dominican Santa Cruz Hospital	6/30/1998	ncs	8/23/2000	12/14/2000	113	43,49	\$160,350.87	01-0597	2/27/2001	
Q	05-0107	Marian Medical Center	11/30/1995	BCC	5/6/1998	10/26/1998	173	SD	\$2,864.00	98-2768	12/21/1999	
2	05-0107	Marian Medical Center	4/24/1997	BCC	8/12/1999	12/30/1999	140	50	\$21,860.83	NA	12/30/1999	
ø	05-0107	Marlan Medical Center	6/30/1999	ncs	7/2/2002	9/16/2002	76	52,60	\$15,418.13	02-2105	1/30/2003	
Ø	05-0366	Mark Twain St Joseph Hospital	12/31/1996	BCC	6/29/1999	12/22/1999	176	36	\$16,025.96	00-0960	7/24/2000	
10	05-0366	Mark Twain St Joseph Hospitał	6/30/1998	ngs	9/30/2000	2/27/2001	150	25, 24	\$20,813.53	N/A	2/27/2001	

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С С С	up Name:	Group Name: CHW Inpatient Unbilled Bad Debts	ad Debts						Page No.	2 of 7	
0 0	Group Representative:	entative: Barbara Meehan, A CARLS	n, A CARLS	ON ASSOCIATES	CIATES				Date Prepared	ed 10/27/11	<del>~-</del>
Ö	Case No: 02-2169G	-2169G		lssue: Inp	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	/Medical Crosso	over Unb	illed Bad	Debt		
- "	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
7	05-0366	Mark Twain St Joseph Hospital	6/30/1999	ngs	2/22/2002	7/26/2002	154	6,10	\$17,503.40	N/A	7/26/2002
5	05-0421	Mercy American River	12/31/1995	BCC	2/4/1999	6/2/1999	118	19	\$26,234.30	NA	6/2/1999
13	05-0295	Mercy Bakersfield	6/30/1996	BCC	9/11/1998	1/18/1999	129	14	\$78,230.36	99-1013	11/20/2000
4	05-0295	Mercy Bakersfield	6/30/1997	BCC	6/7/1999	12/8/1999	184	32	\$37,037.86	00-0816	11/28/2000
15	05-0295	Mercy Bakersfield	6/30/1998	BCC	9/6/2002	2/12/2003	159	35	\$321,799.33	03-0616	5/28/2003
16	05-0295	Mercy Bakersfield	6/30/1999	BCC	11/22/2002	2/12/2003	82	33	\$186,604.39	03-0617	5/28/2003
17	05-0280	Mercy Medical Center Redding	6/30/1996	BCC	10/29/1998	12/2/1998	34	G	\$52,541.55	NIA	3/8/1999
18	05-0280	Mercy Medical Center Redding	6/30/1997	BCC	9/30/2000	10/16/2000	16	52	\$24,831.57	NA	10/16/2000
19	05-0280	Mercy Medical Center Reddirtg	6/30/1998	ngs	9/28/2001	10/15/2001	17	22	\$35,325.89	N/A	10/15/2001
20	05-0280	Mercy Medical Center Redding	6/30/1999	ncs	9/28/2001	10/15/2001	11	31,32	\$23,754.88	NIA	10/15/2001

Schedule of Providers in Group

Gro	Group Name:	CHW Inpatient Unbilled Bad Debts	ad Debts						Page No.	3 of 7	
Gro	Group Representative:	sutative: Barbara Meehan, A CARLSON ASSOCIATES	n, A CARLS	ON ASSC	CIATES				Date Prepared	ed 10/27/11	+
ö	Case No: 02-2169G	2169G		lssue: Inp	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	Medical Crosso	over Unb	illed Bad	Debt		
	Provider Number	Provider Name	FYE Intermediary	mediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
5	05-0280	Mercy Medical Center Redding	6/30/2000	ngs	12/3/2002	5/31/2003	179	34	\$35,797.54	03-1338	9/9/2003
53	05-0590	Mercy Methodist Hospital	12/31/1996	BCC	3/31/2000	9/21/2000	174	23, 24	\$3,824.00	00-3932	6/28/2001
23	05-0590	Mercy Methodist Hospital	12/31/1997	ncs	8/16/2000	2/14/2001	182	23,24	\$26,100.00	01-1279	7/27/2001
24	05-0590	Mercy Methodist Hospital	12/31/1998	ncs	8/23/2002	12/5/2002	104	37,62	\$48,038.25	NIA	12/5/2002
25	05-0419	Mercy Mount Shasta	6/30/1996	BCC	8/5/1999	1/31/2000	179	5	\$8,907.85	N/A	1/31/2000
26	05-0419	Mercy Mount Shasta	6/30/1997	BCC	3/31/2000	4/11/2000	£	28	\$1,520.00	N/A	4/11/2000
27	05-0419	Mercy Mount Shasta	6/30/1998	BCC	9/30/2000	10/16/2000	16	32, 31	\$4,369.78	N/A	10/16/2000
28	05-0419	Mercy Mount Shasta	6/30/1999	ngs	7/26/2002	11/15/2002	112	24,30	\$4,774.97	N/A	9/4/2002
29	05-0132	San Gabriel Valley Medical Center	9/30/1996	BCC	9/28/1998	3/1/1999	25	15, 16	\$20,356.28	99-1622	3/19/1999
30	05-0132	San Gabriel Valley Medical Center	9/30/1997	BCC	2/16/2000	3/9/2000	<b>3</b> 3	41, 40	\$31,581.76	N/A	3/9/2000

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Schedule

9 C	up Name:	Group Name: CHW Inpatient Unbilled Bad Debts	ad Debts						Page No.	4 of 7		
Ю Л	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	n, A CARLS	ON ASSC	<b>OCIATES</b>				Date Prepared	ed 10/27/11	<u> </u>	
Ü	Case No: 02-2169G	2169G		Issue: Inp	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	/Medical Crossc	over Unb	illed Bad	Debt			
	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
31	05-0197	Sequoia District Hospital	6/30/1996	BCC	12/13/1999	12/31/1999	18	33	\$75,610.39	N/A	12/31/1999	
32	05-0197	Sequoia District Hospital	6/30/1997	BCC	9/12/2000	10/6/2000	24	32	\$25,252.76	N/A	10/8/2000	
33	05-0197	Sequoia District Hospital	6/30/1998	BCC	7/20/2001	8/13/2001	24	33, 34	\$7,592.58	NIA	8/13/2001	
8	05-0197	Sequoia District Hospital	6/30/1999	nes	8/31/2001	9/20/2001	20	36	\$9,461.53	N/A	9/20/2001	
35	05-0150	Sierra Nevada Memorial Hospital	12/31/1995	BCC	8/25/1998	12/23/1998	120	25	\$16,785.15	99-0863	3/20/2000	
36	05-0150	Sierra Nevada Memorial Hospital	12/31/1996	BCC	9/28/1998	12/23/1998	86	SD, 10	\$18,545.53	99-0862	3/28/2000	
37	05-0150	Sierra Nevada Memorial Hospital	12/31/1998	ncs	3/7/2001	7/24/2001	139	52	\$16,631.96	N/A	7/24/2001	
38	05-0150	Sierra Nevada Memorial Hospital	12/31/1999	nes	10/18/2002	2/3/2003	108	27,28	\$16,025.72	N/A	2/3/2003	
39	05-0695	St. Dominic's Hospital	12/31/1997	nes	12/5/2000	2/21/2001	78	58	\$20.00	N/A	2/21/2001	
40	05-0695	St. Dominic's Hospital	12/31/1998	nes	8/31/2001	10/12/2001	42	25,32	\$4,020.00	NA	10/12/2001	

Page 43.

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Providers
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Schedule

	Group Name: CHW Ir Group Representative:	CHW Inpatient Unbilled Bad Debts entative: Barbara Meehan, A CARL		SONASSOCIATES	OCIATES				Page No. E	5 of 7 ed 10/27/11	
õ	Case No: 02-2169G	2169G		lssue: Inp	atient Medicare	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	ver Unbi	illed Bad	Debt		
	Provider Number	Provider Name	FYË Inter	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
.0	05-0695	St. Dominic's Hospital	12/31/1999	nes	9/13/2002	3/11/2003	179	24,25	\$466.80	N/A	3/11/2003
<u> </u>	05-0042	St. Elizabeth Community Hospital	6/30/1996	BCC	3/26/1999	4/26/1999	31	16	\$23,553.86	N/A	4/26/1999
<b>C</b>	05-0042	St. Elizabeth Community Hospital	6/30/1997	BCC	4/11/2000	5/1/2000	20	24	\$11,878.74	N/A	5/1/2000
	05-0042	St. Elizabeth Community Hospital	6/30/1999	ngs	7/26/2002	11/15/2002	112	9,13	\$7,286.72	N/A	9/4/2002
	05-0061	St. Francis Medical Center, SB	4/24/1997	BCC	8/26/1999	12/30/1999	126	~	\$2,597.13	N/A	12/30/1999
	05-0152	St. Francis Memorial Hospital (SF)	6/30/1996	BCC	2/23/1999	6/10/1999	107	16	\$39,769.60	NA	6/9/1999
<u> </u>	05-0152	St. Francis Memorial Hospital (SF)	6/30/1998	nes	12/18/2002	3/14/2003	86	52	\$31,347.41	N/A	3/14/2003
<u> </u>	05-0152	St. Francis Memorial Hospital (SF)	6/30/1999	ngs	12/10/2002	3/18/2003	86	6,40	\$13,710.80	N/A	3/18/2003
~	05-0152	St. Francis Memorial Hospital (SF)	6/30/2000	ngs	12/13/2002	4/28/2003	136	46,48	\$18,009.70	03-1245	8/27/2003
<u> </u>	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1995	BCC	9/12/1997	3/9/1998	178	38	\$158,658.00	97-2279	5/24/2000

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Gro	up Name:	Group Name: CHW Inpatient Unbilled Bad Debts	ad Debts						Page No.	6 of 7	
g	Group Representative:	entative: Barbara Meehan, A CARLS	n, A CARLS	ON ASSOCIATES	OCIATES				Date Prepared	ed 10/27/11	4
Ö	Case No: 02-2169G	2169G	,	Issue: Inp	atient Medicare	ssue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	ver Unb	illed Bad	Debt		
	Provider Number	Provider Name	FYE Inter	rmediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
51	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1997	nes	12/5/2000	2/21/2001	78	65	\$73,357.90	NA	2/21/2001
52	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1998	ngs	9/28/2001	10/12/2001	4	43,44	\$43,556.94	N/A	10/12/2001
53	05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1999	ngs	11/22/2002	3/6/2003	5	33,41	\$24,302.93	NIA	3/6/2003
54	05-0191	St. Mary Medical Center - Long Beach	6/30/1998	Mutual	9/27/2002	3/20/2003	174	17	\$27,426.34	03-1044	6/27/2003
55	05-0457	St. Mary's Medical Center, S.F.	6/30/1996	BCC	3/31/2000	5/30/2000	60	13, 14	\$49,922.13	N/A	5/30/2000
56	05-0457	St. Mary's Medical Center, S.F.	6/30/1997	ngs	9/29/2000	3/7/2001	159	21	\$39,472.00	01-1750	9/27/2001
57	05-0457	St. Mary's Medical Center, S.F.	6/30/1998	ncs	9/27/2002	3/20/2003	174	71,72	\$89,909.00	03-1044	6/27/2003
58	05-0457	St. Mary's Medical Center, S.F.	6/30/1999	nes	9/30/2002	3/25/2003	176	40	\$50,462.47	03-1107	6/19/03
28	05-0127	Woodland Memorial Hospital	7/29/1996	BCC	4/24/1998	7/31/1998	98	12	\$16,797.78	NIA	7/31/1998
60	05-0127	Woodland Memorial Hospital	9/30/1996	BCC	4/24/1998	7/31/1998	80	12	\$1,472.00	N/A	7/31/1998

ed Bad Debts 7 of 7	Barbara Meehan, A CARLSON ASSOCIATES Date Prepared 10/27/11	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A B C D E F G Date of Final Date of No of Audit Amount of Orig Date of FYE Intermediary Determination Hearing Rqst Days Adj No Reimbursemen Case No Add/Transf	ltal 9/30/1998 UGS 2/21/2003 3/26/2003 33 3,24 \$8,188.39 N/A 3/26/2003	ital 9/30/1999 UGS 9/9/2002 11/20/2002 72 27,28 \$5,632.37 N/A 10/2/2002	11al - 9/36/2068 - Lies	
)ebts	CARLSON ASSOCI	Issue: Inpati	Intermediary			Sarzoan - Lies	
Group Name: CHW Inpatient Unbilled Bad Debts		169G	Provider Name FYI	Woodland Memorial Hospital 9/3	Woodland Memorial Hospital	63 05-0127- VV00dtaner Memoular Flospital 9/36/2068 UGS	
Group Name: (	Group Representative:	Case No: 02-2169G	Provider Number	61 05-0127	62 05-0127	63 VE-OLEY	

Total Reimbursement: \$2,281,334.67

Page 46

Schedule of Providers in Group

				Schedu	Schedule of Providers in Group	in Group					
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Б С	up Name:	Group Name: Citrus Valley 94 - 97 Inpatient Unbilled Bad Debts	ent Unbilled	Bad Debt	Ś				Page No.	1 of 1	
Gro	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	n, A CARLS(	ON ASSO	CIATES				Date Prepared 09/26/2013	ed 09/26/2	01\$ 0CT 3 0 2013
Ö	Case No: 02-2170G	-2170G		lssue: Inp	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	/Medical Crosso	ver Unbi	illed Bad	Debt		
	Provider Number	Provider Name	FYE Inter	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
~	05-0597	Foothill Presbyterian Hospital	12/31/1995	BCC	1/29/1997	7/8/1997	160	5	\$6,084.01	97-2676 98-0212G	6/29/2000 9/30/2002
2	05-0597	Foothill Presbyterian Hospital	12/31/1996	BCC	8/17/1998	10/16/1998	60	17	\$32,735.59	Direct Add 98-0212G	10/16/1998 9/30/2002
ო	05-0597	Foothill Presbyterian Hospital	12/31/1997	BCC	3/7/2000	5/15/2000	69	20	\$9,594.55	Direct Add 98-0212G	5/15/2000 9/30/2002
4	05-0382	Intercommunity Medical Center	12/31/1995	BCC	4/23/1997	10/2/1997	162	16,18	\$3,914.57	98-0047 98-0212G	10/30/1997 9/30/2002
ß	05-0382	Intercommunity Medical Center	12/31/1996	BCC	9/18/1998	10/16/1998	28	17	\$25,131.76	Direct Add 98-0212G	10/16/1998 9/30/2002
Q	05-0382	Intercommunity Medical Center	12/31/1997	BCC	9/27/2000	10/16/2000	19	32	\$24,697.08	Direct Add 98-0212G	10/16/2000 9/30/2002
7	05-0369	Queen of the Valley Hospital	12/31/1995	BCC	4/30/1997	10/3/1997	. 156	16	\$37,579.66	98-0048 98-0212G	10/30/1997 9/30/2002
ω	05-0369	Queen of the Valley Hospital	12/31/1996	BCC	10/23/1998	4/7/1999	166	22,23,24, 25	\$96,354.34	99-3140 98-0212G	8/11/1999 9/30/2002
თ	05-0369	Queen of the Valley Hospital	12/31/1997	BCC	4/7/2000	5/15/2000	38	თ	\$38,543.27	Direct Add 98-0212G	5/15/2000 9/30/2002
						Total Rei	Total Reimbursement:	ant:	\$274,634.83		

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Schedule of Providers in Group

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Grc	up Name: L	Group Name: Unihealth Inpatient Unbilled Bad Debts	Bad Debts						Page No.	2 of 2	
Grc	Group Representative:	entative: Barbara-Meehan, A CARLSON ASSOCIATES	, A CARLSC	ON ASSOC	CIATES				Date Prepared	ed 10/26/2011	011
Ö	Case No: 02-2171G	2171G		issue: Inpa	tient Medicare	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	ver Unbi	lled Bad	Debt	×	
P Book	Provider Number	Provider Name	FYE Inter	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
20 11	05-0282	Martin Luther Hospital	9/30/1998	ngs	9/27/2001	12/3/2001	67	8 8	\$13,680.79	N/A	12/3/2001
<b>21</b> 12	05-0282	Martin Luther Hospital	11/30/1998	ngs	9/27/2001	12/3/2001	67	ນ	\$1,833.60	N/A	12/3/2001
<b>2</b> 13	05-0282	Martin Luther Hospital	8/31/1999	NGS	7/12/2002	1/3/2003	175	40	\$17,370.91	03-0505	10/3/2003
14 14	05-0282	Martin Luther Hospital	9/30/1996	NGS	9/27/2001	12/3/2001	67	R2-001	\$15,951.14	N/A	3/18/1999
75 15	05-0116	Northridge Hospital-Roscoe Campus	6/30/1996	BCC	9/25/1998	3/8/1999	164	35	\$204,080.16	99-1756	7/23/1999
<b>26</b> 16	05-0116	Northridge Hospital-Roscoe Campus	6/30/1997	BCC BCC	9/22/1999	10/21/1999	29	12	\$77,100.89	A/N	10/21/1999
28 17	05-0299	Northridge Hospital- Sherman Wa	3/31/1996	BCC	9/25/1998	3/8/1999	164	21	\$32,431.06	99-1798	7/23/1999
<b>29</b> 18	05-0299	Northridge Hospital- Shermẩn Wa	3/31/1997	BCC	9/17/1999	10/21/1999	34	48, 49	\$23,293.53	N/A	10/21/1999
,		,				Total I	Total Reimbursement:	ment:	\$522,004.78		

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REC	FEB. 0	PROVIDER REIMBURSEMENT	ed 01/30/2012		F Orig Case No	04-0141	08-1652	N/A	N/A	04-0680	06-1037	06-1182	N/A	N/A	N/A	05-1046	06-0418
		<i>PR</i> Page No.	Date Prepared	Debt	E Amount of Reimbursemen	\$18,425,63	\$208,432.83	\$774,619.01	\$55,715.89	\$28,467.80	\$144,320.98	\$502,270.27	\$27,494.24	\$31,280.96	\$17,035.49	\$13,698.95	\$16,533.08
				oilled Bad	D Audit Adj No	SD	SD	SD	SD	SD	SD	SD	53	69,70	38,68	SD	SD
·	roup			over Unb	C No of Days	161	176	176	145	128	167	167	62	11	118	179	110
	Schedule of Providers in Group	• •		//Medical Cross	B Date of Hearing Rqst	11/7/2003	3/19/2008	6/15/2010	6/15/2010	2/4/2004	3/8/2006	3/14/2006	3/3/1999	1/13/2000	1/21/2003	3/15/2005	12/27/2005
	Schedule o		DCIATES	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	5/30/2003	9/25/2007	12/21/2009	1/21/2010	9/29/2003	9/22/2005	9/28/2005	12/31/1998	10/28/1999	9/25/2002	9/17/2004	9/8/2005
		d Debts	ON ASSOCIATES	Issue: Inp	Intermediary	FCSO	FCSO	FCSO	FCSO	FCSO	FCSO	FCSO	FCSO	FCSO	FCSO	FCSO	FCSO
		Unbilled Bac	n, A CARLS		FYE Inter	12/31/2000	12/31/2001	12/31/2002	12/31/2003	12/31/2000	12/31/2001	12/31/2002	12/31/1996	12/31/1997	12/31/1999	12/31/2001	12/31/2002
		Group Name: Adventist Health Inpatient Unbilled Bad Debts	e: Barbara Meehan, A CARLS		e	Glendale Adventist Hospital	Giendale Adventist Hospital	Giendale Adventist Hospital	Glendale Adventist Hospital	Paradise Valley Hospital	Paradise Valley Hospital	Paradise Vailey Hospital	St. Helena Hospital				
		: Advent	sentative	2-2172G	Provider Name	Glenda	Glenda	Glenda	Glendal	Paradis	Paradis	Paradis	St. Hele				
		up Name	Group Representative:	Case No: 02-2172G	Provider Number	05-0239	05-0239	05-0239	05-0239	05-0024	05-0024	05-0024	05-0013	05-0013	05-0013	05-0013	05-0013
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Page No. 2 of 2	Date Prepared 01/30/2012	3ad Debt	C D E F G No of Audit Amount of Orig Date of t Days Adj No Reimbursemen Case No Add/Ţransf
		Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	C D No of Aud st Days Adj
		re/Medical Cros	A Date of Final Date of rmediary Determination Hearing Rqst
	OCIATES	patient Medica	A Date of Final Determination
ed Bad Debts	ARLSON ASS	Issue: In	Inte
Sroup Name: Adventist Health Inpatient Unbilled Bac	Barbara Meehan, A CARLSON ASSOCIATES		FYE
e: Adventist	<b>Broup Representative:</b>	Case No: 02-2172G	Provider Provider Number Name
Group Nam	Group Repr	Case No:	Provider Number

Total Reimbursement: \$1,852,703.82

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Page 51

Grc	up Name:	Group Name: SSJC Inpatient Unbilled Bad Debts	Bad Debts						Page No.	1 of 1	RECEIVED	Page :
Э С	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCI	an, A CARLS	SON ASSC	DCIATES				Date Prepared	ed 09/26/2013	2013 ( 0CT <b>3 0</b> 2013	
Ö	Case No: 02-2173G	-2173G		lssue: Inp	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	/Medical Crosso	ver Unb	oilled Bad I	Debt			
	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
<b>*</b>	05-0559	Daniel Freeman Marina Hospital	6/30/1997	BCC	8/31/1999	10/5/1999	35	Self Disallowed	\$31,979.08	Direct Add 98-0212G	10/5/1999 9/30/2002	
р	05-0559	Daniel Freeman Marina Hospital	6/30/1998	BCC	9/28/2000	3/16/2001	169	25	\$36,501.50	01-2523 98-0212G	5/11/2001 9/30/2002	
т	05-0559	Daniel Freeman Marina Hospital	6/30/1999	BCC	9/21/2001	12/14/2001	84	21,29	\$60,574.41	Direct Add 98-0212G	12/14/2001 9/30/2002	
4	05-0267	Daniel Freeman Memorial Hospital	6/30/1996	BCC	3/27/1998 -	7/29/1998	124	36	\$186,117.25	Direct Add 98-0212G	7/29/1998 9/30/2002	
сı	05-0267	Daniel Freeman Memorial Hospital	6/30/1997	BCC	9/17/1999	10/5/1999	18	Self Disallowed	\$105,169.61	Direct Add 98-0212G	10/5/1999 9/30/2002	
ဖ	05-0267	Daniel Freeman Memorial Hospital	6/30/1998	BOC	9/22/2000	3/16/2001	175	Self Disallowed	\$196,797.95	01-2522 98-0212G	5/11/2001 9/30/2002	
2	05-0267	Daniel Freeman Memorial Hospital	6/30/1999	BCC	9/25/2001	12/14/2001	80	59,78	\$153,170.00	Direct Add 98-0212G	12/14/2001 9/30/2002	
Ø	05-0577	Santa Marta Hospital	6/30/1996	BCC	10/24/1997	2/5/1998	104	5	\$13,607.34	Direct Add 98-0212G	2/5/1998 9/30/2002	
თ	05-0577	Santa Marta Hospital	6/30/1997	BCC	11/5/1999	12/13/1999	38	33	\$3,704.00	00-1734 98-0212G	7/17/2000 9/30/2002	CN
10	05-0577	Santa Marta Hospital	6/30/1998	ngs	9/27/2000	12/19/2000	. 83	. <del>ന</del>	\$9,012.77	Direct Add 98-0212G	12/19/2000 9/30/2002	: 98-02
5	05-0577	Santa Marta Hospital	6/30/1999	Ň	9/21/2001	10/18/2001	27	4,5	\$8,422.88	02-0099 98-0212G	3/11/2002 9/30/2002	212G et
						Total Re	Total Reimbursement:	rent:	\$805,056.79			al.

Schedule of Providers in Group

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		012	G Date of Add/Transf	5/12/1999	6/9/2000	1/25/2002	12/20/2002	-10/20/2000	666549779	5/4/2000	1/24/2002	10, <b>9</b> /2002	FEB	0 3 2012 REIMBURSEMI IEW BOARD	ent
	1 of 1	ed 01/30/2012	F Orig Case No	99-0246	N/A	01-3256	02-2073		-99-2669	NIA	02-0328	NIA	04-0283		
	Page No.	Date Prepared	E Amount of Reimbursemen	\$4,633.00	\$5,212.00	\$3,613.00	\$5,068.00	\$124,483.00		\$105,644.00	\$74,488.00	\$62,789.00	\$65,817.83	rt \$506,288.83	
		oilled Bad I	D Audit Adi No	SD	G	SD, 11	SD, 5	- <del>8</del>	- Gg	SD	55	9,44	38,39	Total Reimbursement	
		over Unb	No of Dave	53	<mark>о</mark>	11	120	Ĵ	3	G	68	40	99	Total Rei	
		Medical Crosso	B Date of Anneal	10/16/1998	6/9/2000	7/24/2001	9/5/2002	10/20/2000	345/4909	5/4/2000	12/5/2001	10/9/2002	12/4/2003	• ·	
Providers in Group	)ebts	SOCIATES Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	9/23/1998	5/31/2000	7/13/2001	5/8/2002	10/12/2008		4/28/2000	9/28/2001	8/30/2002	9/29/2003		
Schedule of Pro	illed Bad D	Issue: Inp	Intermedianu	BCC	BCC	nes	nes	608	BCC	BCC	ngs	ngs	ngs		
Sche	Inpatient Unb	an, a cakto	EVE Inte	66	12/31/1997	12/31/1998	12/31/1999	120911000	-12/34/1986-	12/31/1997	12/31/1998	12/31/1999	12/31/2000		
•	T	entative: barbara Meenan, A CAKLSON ASSOCIALES -2175G Issue: Inpatient Me	Provider Name	Goleta Valley Cottage Hospital	Goleta Valley Cottage Hospital	Goleta Valley Cottage Hospital	Goleta Valley Cottage Hospital	-Bainta-Barberta-Cottage Hospital	-Senta Barbara Certage Hospital	Santa Barbara Cottage Hospital	Santa Barbara Cottage Hospital	Santa Barbara Cottage Hospital	Santa Barbara Cottage Hospital	*	
	up Name:	Group Kepresentative: Case No: 02-2175G	Provider Number	05-0357	05-0357	05-0357	05-0357	₽648398 ~~	03-096-0	05-0396	05-0396	05-0396	05-0396		
	Gro		Tab	<del></del>	2	ю	4	- CI	g	~	Ø	<b>o</b>	10		

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- 1 age 34	68	G Dath of Dath of Official	07/07/89 04/29/99 10/12/03 03/12/03	PROVI
-	Dete Prepared <u>2/25/04</u> Issue <u>Whather claims of waiters bed debt under Provider Raimbursement Manuel - 1. secton 332. must be base On</u> a bill to the Madicald agency, and it sot, what must the provider document to mostlys had debt raimburanment)	F Drig Cane II 99-1021 09-021	88-02120 88-02120 98-02120 98-02120	• •
	L section 332. Market bed de	E Antronk. Antronki 39,255	18,404 31,691 46,036 63,637 63,537 266,038	
	ent Manual - 1 powersent to n	Audit Adj. Number	3 8 9 3 1 9 2 2 0	
	u: Raimbursame a' tha providar d	No of Days	99 <b>1</b> 2 2 C	. •
	it under Provid	A B Date of Einel. Date of Hearlog. Datem Boat 07/31/88 01/18/99 04/11/80 04/18/99	01/12/000 00/20/00 10/12/03 02/12/03	•
3roup of 1	2/75/04 A waltare had di raki açenirov. an	A Date of Errel. E Datarm 07/31/88 04/1100	08/11/08 06/11/08 08/18/00 08/18/00 11/22/02	
Schedule of Providers Group Page No. 1 of	Date Prepared <u>2/75/04</u> Whather daime of waltare a bit to the Medicald Agen	BCC SCC SCC SCC SCC SCC SCC SCC SCC SCC	2 2 2 2 2 3 2 2 2 2 2 3 3 3 3 5 3 3	
Schedu		EXE 06/30/06 04/00/06	06/30/95 06/30/97 06/30/98 06/30/98	
Group Name ValleyGara	Representative <u>Centus Comonsilion Inpatient</u> Case No. <u>02-21770</u>	Provider Name Valley Care Medice, Center Valley Care Medice, Center	Valley Memorial Hoapital Valley Memorial Hoapital Valley Memorial Hoapital Valley Memorial Hoapital Total	
Group Narr	Representative <u>.Cer</u> ti Case No. <u>.02-21770</u>	, Provider. Number 05-0700 05-0700	05-0283 05-0283 05-0283 05-0283	•
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PROVIDER REIMBURSEMENT REVIEW BOARD

				Sched	Schedule of Providers in Group (Schedule A)	in Group (Schec	tule A)			•	FEB 2 8 2012
อั	Group Name:	CHW Inpatient Unbilled Bad Debts 1999-	3ad Debts 19	99-2002	•				Page No.	1 of 5pRO	1 of SPROVIDER REIMBURSEN
อั	Group Representative:	entative: Barbara Meehan, A CARLSON	an, A CARLS		ASSOCIATES				Date Prepared		02/17/2012 02/17/2012
U	Case No: 06-1749G	1749G		lssue: Inp	ue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	Medical Crosso	ver Unb	illed Bad	Debt		
# #	Tab Provider # Number	Provider Name	FYE Inte	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F, Orig Case No	G Date of Add/Transf
<b>~</b>	05-0366	Mark Twain St Joseph Hospital	6/30/2002	ngs	9/13/2005	3/9/2006	177	SD	\$8,552.33	06-1043	10/23/2006
~	05-0017	Mercy General Hospital	3/31/1999	ngs	9/19/2006	10/25/2006	36	Ω.	\$35,813.28	07-0151	4/2/2007
ო	05-0017	Mercy General Hospital	3/31/2000	ngs	11/2/2004	4/27/2005	176	39,40,53	\$35,901.56	05-1458	5/11/2006
4	05-0017	Mercy General Hospital	3/31/2001	ngs	11/11/2004	5/5/2005	175	41,46	\$33,917.98	05-1583	5/11/2006
ŝ	05-0017	Mercy General Hospital	3/31/2002	nes	9/19/2006	3/6/2007	168	39,40	\$55,527.42	07-1065	4/2/2007
9	05-0414	Mercy Hospital of Folsom	3/31/1999	ngs	9/16/2004	3/14/2005	179	53	\$5,724.00	05-0979	6/26/2007
2	05-0280	Mercy Medical Center Redding	6/30/2001	ngs	8/20/2004	2/3/2005	167	25,29	\$27,193.42	05-0675	7/17/2007
ø	05-0280	Mercy Medical Center Redding	6/30/2002	ngs	2/3/2006	7/27/2006	174	21	\$29,490.73	06-2035	7/17/2007
თ	05-0590	Mercy Methodist Hospital	12/31/1999	ngs	4/5/2004	9/27/2004	175	36	\$30,858.13	04-2324	12/21/2004 & 7/24/2007
10	05-0590	Mercy Methodist Hospital	12/31/2000	ngs	5/27/2005	11/21/2005	178	38	\$37,851.51	06-0267	4/2/2007
5	05-0590	Mercy Methodist Hospital	12/31/2001	ngs	10/6/2005	3/30/2006	175	13	\$44,452.84	06-1479	4/2/2007

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0 D	up Name:	Group Name: CHW Inpatient Unbilled Bad Debts 1999-2002	ad Debts 19	99-2002					Page No.	2 of 5		
Gro	Group Representative:	entative: Barbara Meehan, A CARLSON AS	n, A CARLS	ON ASSC	SOCIATES				Date Prepared	ed 02/17/2012	012	,
ö	Case No: 06-1749G	1749G		Issue: Inp	atient Medicare	Inpatient Medicare/Medical Crossover Unbilled Bad Debt	ver Unbi	lled Bad [	Jebt			
Tab   #	Tab Provider # Number	Provider Name	FYE Inter	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Õrig Case No	G Date of Add/Transf	
12	05-0590	Mercy Methodist Hospital	12/31/2002	ncs	9/27/2006	3/9/2007	163	20, 21, 25	\$37,095.34	07-1122	4/2/2007	
13	05-0419	Mercy Mount Shasta	6/30/2002	ngs	4/14/2005	10/10/2005	179	18,19	\$2,012.05	06-0022	7/17/2007	
14	05-0419	Mercy Mount Shasta	9/29/2001	SON	6/29/2005	12/13/2005	167	18,19	\$554.40	06-0429	7/17/2007	
15	05-0516	Mercy San Juan Hospital	3/31/1999	nes	4/26/2004	10/20/2004	177	32	\$92,499.00	05-0055	7/17/2007	
16	05-0516	Mercy San Juan Hospital	3/31/2002	ngs	9/20/2006	3/6/2007	167	13	\$66,647.95	07-1066	4/2/2007	
17	05-0150	Sierra Nevada Memorial Hospital	12/31/2001	ngs	10/6/2005	3/15/2006	160	28, 29	\$12,744.79	06-1292	7/17/2007	
18	05-0150	Sierra Nevada Memorial Hospital	12/31/2002	NGS	8/15/2006	2/5/2007	174	53	\$20,221.81	07-0829	7/17/2007	
19	05-0695	St. Dominic's Hospital	6/30/2002	nes	3/25/2005	9/21/2005	180	SD	\$4,505.20	05-278	5/11/2006	
20	05-0042	St. Elizabeth Community Hospital	6/30/2001	ngs	12/29/2004	6/15/2005	168	9,10,11	\$5,358.86	05-1911	7/17/2007	
21	05-0042	St. Elizabeth Community Hospital	6/30/2002	nes	9/27/2006	3/7/2007	161	23	\$10,437.42	07-1128	7/17/2007	
22	05-0042	St. Elizabeth Community Hospital	9/29/2001	ngs	3/11/2005	8/31/2005	173	б	\$2,745.82	05-2105	7/17/2007	

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Gro	up Name:	Group Name: CHW Inpatient Unbilled Bad Debts 1999-2002	ad Debts 19	99-2002	·				Page No.	3 of 5		
Gro	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	I, A CARLS	ON ASSC	DCIATES				Date Prepared	∋d 02/17/2012	2012	,
Ö	Case No: 06-1749G	1749G		Issue: Inp	Inpatient Medicare/Medical Crossover Unbilled Bad Debt	Medical Crosso	wer Unbi	lled Bad	Debt			
tab #	Tab Provider # Number	Provider Name	FYE Inter	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
23	05-0152	St. Francis Memorial Hospital (SF)	6/30/2001	SOU	11/12/2004	4/5/2005	144	ŝ	\$6,783.43	05-1584	6/29/2007	
24	05-0084	St. Joseph's Med. Ctr- Stockton	6/30/2002	ncs	9/22/2006	3/9/2007	168	5,12,13	\$36,516.36	07-1115	5/31/2007	
25	05-0084	St. Joseph's Med. Ctr- Stockton	9/29/2001	SOU	6/28/2006	10/31/2006	125	SD	\$25,885.50	07-0200	3/15/2007	
26	05-0457	St. Mary's Medical Center, S.F.	12/31/2001	ngs	3/31/2005	9/22/2005	175	23,24,25	\$17,361.08	05-2254	7/17/2007	
27	05-0457	St. Mary's Medical Center, S.F.	6/30/2000	NGS	3/12/2004	9/7/2004	179	62	\$26,485.03	04-2232	7/17/2007	
28	05-0457	St. Mary's Medical Center, S.F.	6/30/2001	NGS	8/31/2004	2/25/2005	178	8,9	\$44,738.57	05-0831	7/17/2007	
30	05-0127	Woodland Memorial Hospital	12/31/2001	ngs	7/17/2006	10/20/2006	95	*	\$554.40	07-0314	4/2/2007	
31	05-0127	Woodland Memorial Hospital	9/30/2001	ngs	4/27/2006	10/16/2006	172	~	\$12,596.10	0600-20	4/2/2007	
32	05-0127	Woodland Memorial Hospital	9/30/2002	NGS	9/25/2006	3/7/2007	163	SD	\$25,658.07	07-1157	4/2/2007	
33	05-0117	Mercy Medical Center- Dominican Campus	6/30/2001	NGS	7/22/2004	1/14/2005	176	18	\$21,159.06	05-0562	7/27/2007	
34	05-0117	Mercy Medical Center- Dominican Campus	6/30/2002	nes	5/13/2005	11/9/2005	180	28	\$19,576.73	05-0117	7/27/2007	

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Gro	up Name:	ğ	ad Debts 19	99-2002		,		·	Page No.	ž	
50	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	ח, A CARLSC	ON ASSC	DCIATES				Date Prepared	sd 02/17/2012	012
Ö	Case No: 06-1749G	1749G		lssue: Inp	patient Medicare	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	ver Unbi	lled Bad	Debt		
tab #	Tab Provider # Number	Provider Name	FYE Inter	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F ∖ Orig Case No	G Date of Add/Transf
35	05-0444	Mercy Merced Medical Center - Community Campus	6/30/2001	NGS	9/9/2005	2/9/2006	153	SD	\$44,629.06	06-0698	7/27/2007
36	05-0444	Mercy Merced Medical Center - Community Campus	6/30/2002	NGS	9/14/2005	2/10/2006	149	28	\$17,598.10	06-0707	7/30/2007
38	05-0242	Dominican Santa Cruz Hospital	6/30/2001	nes	4/5/2004	8/17/2004	134	OS	\$46,772.50	04-2081	8/20/2008
39	05-0058	Glendale Memorial Hospital	6/30/2002	ngs	9/29/2005	3/28/2006	180	42	\$22,261.46	06-1428	8/20/2008
40	05-0116	Northridge Hospital-Roscoe Campus	6/30/2000	ngs	4/23/2004	10/13/2004	173	SD	\$18,433.11	05-0054	9/15/2008
41	05-0116	Northridge Hospital-Roscoe Campus	6/30/2001	NGS	9/13/2004	3/9/2005	177	SD	\$16,120.00	05-1039	9/15/2008
42	05-0116	Northridge Hospital-Roscoe Campus	12/31/2001	nes	9/15/2008	3/15/2006	-915	S	\$10,391.60	06-1145	9/15/2008
43	05-0116	Northridge Hospital-Roscoe Campus	6/30/2002	ngs	9/21/2006	3/15/2007	175	SD	\$13,290.15	07-1420	9/15/2008
<del>4</del> 4	05-0299	Northridge Hospital- Sherman Way	12/31/2001	ncs	9/22/2005	3/13/2006	172	SD	\$15,463.90	06-1146	9/18/2008
45	05-0299	Northridge Hospital- Sherman Way	12/31/2002	NGS	9/28/2005	3/15/2006	168	SD	\$8,965.45	06-1094	9/18/2008
46	05-0132	San Gabriel Valley Medical Center	9/30/2001	nes	9/14/2004	3/15/2005	182	10	\$39,830.72	05-0132	8/20/2008

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9 D	up Name:	Group Name: CHW Inpatient Unbilled Bad Debts 1999-2002	ad Debts 1	999-2002		·			Page No.	5 of 5	
ы Б	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	n, A CARLS	SON ASS	DCIATES				Date Prepared	ed 02/17/2012	012
Ö	Case No: 06-1749G	-1749G		Issue: Inj	Issue: Inpatient Medicaré/Medical Crossover Unbilled Bad Debt	/Medical Crosso	ver Unbi	lled Bad	Debt		
tab #	Tab Provider # Number	Provider Name	FYE Inte	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
47	05-0132	San Gabriel Valley Medical Center	12/31/2001	ngs	9/13/2004	3/14/2005	182	21	\$5,821.20	05-0987	8/20/2008
48	05-0132	San Gabriel Valley Medical Center	6/30/2002	nes	9/15/2005	3/13/2006	179	27	\$18,165.20	06-1103	8/20/2008
49	05-0129	St. Bernardine Medical Center	6/30/2002	NGS	8/25/2005	2/17/2006	176	SD	\$17,052.85	06-0786	8/19/2008
51	05-0082	St. John's Regional Medical Center	6/30/2001	Mutual	2/20/2004	5/26/2004	96	SD	\$40,539.38	04-1762	7/17/2008
52	05-0082	St. John's Regional Medical Center	6/30/2002	Mutual	3/6/2006	7/25/2006	141	SD	\$20,272.94	06-2023	7/17/2008
55	05-0127	Woodland Memorial Hospital	9/30/2000	ncs	11/1/2005	4/12/2006	162	2,7	\$3,768.15	06-1599	3/29/2007
						То	Total Reimbursement:	irsement:	\$1,196,795.94		

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			Sched	Schedule of Providers in Group	in Group	RECEIVED				) ) ./
Group Name:	: CHW Inpatient Unbilled Bad Debts 199	3ad Debts 16	998 and Prior	rior		AUG 1 7 2012	az	Page No.	1 of 2	
Group Representative:	sentative: Barbara Meehan, A CARLSON ASSOCIATES	an, A CARLS	ION ASS	DCIATES		PRRB		Date Prepared	ed 08/13/2012	012
Case No: 07-1710G	7-1710G		Issue: In	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	/Medical Crosso	over time	illed Bad	Debt		
Provider Number	Provider Name	FYE Inte	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
1 05-0017	Mercy General Hospital	3/31/1996	NGS	9/22/2006	10/23/2006	31	41	\$8,676.24	07-0313	4/2/2007
2 05-0017	Mercy General Hospital	3/31/1997	NGS	9/21/2006	10/25/2006	34	~	\$5,451.09	07-0150	4/2/2007
3 05-0017	Mercy General Hospital	3/31/1998	NGS	12/2/2005	5/23/2006	172	34	\$24,138.05	06-1787	4/2/2007
4-05-0370	Mercy San Juan Hospital	36114987	NGS	54312905	1173/2005	-44	G	\$74,458,00	06-01-80	10021219
5 05-0516	Mercy San Juan Hospital	3/31/1998	SOU	9/20/2007	12/27/2007	<b>9</b> 8	10	\$89,451.00	08-0536	6/20/2008
6 05-0152	St. Francis Memorial Hospitat (SF)	6/30/1997	SON	3/3/2006	6/29/2006	118	28, 29	\$21,572.96	06-1905	6/29/2007
7 05-0084	St. Joseph's Med. Ctr- Stockton	12/31/1996	SON	9/27/2006	10/31/2006	34	SD	\$77,494.00	07-0201	3/15/2007
8 05-0058	Giendale Memorial Hospital	9/30/1996	BCC	9/23/1999	11/4/1999	42	62, 64	\$53,626.83	Direct Add, 98-0212G	11/4/1999, 6/7/2011
9 05-0058	Glendale Memorial Hospital	9/30/1997	BCC	9/23/1999	11/4/1999	42	90	\$23,634.92	Direct Add, 98-0212G	11/4/1999, 6/7/2011

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	12		G Date of Add/Transf 1/9/2001,	6/7/2011
2 of 2	o8/13/20		F Orig Case No	Add,98-
Page No.	Date Prepared 08/13/2012	Debt	E Amount of Reimbursemen \$24,263.87	
		illed Bad	C D No of Audit / Days Adj No 1 62 84	
		over Unbi	C . No of Days	
		Medical Crosso	B Date of Hearing Rqst 1/9/2001	
ior	CIATES	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination 11/8/2000	
1998 and Pi	SON ASSC	Issue: Inp	termediar BCC	
3ad Debts '	in, A CARL		FYE Inter 9/30/1998	
Group Name: CHW Inpatient Unbilled Bad Debts 1998 and Prior	Barbara Meehan, A CARLSON ASSOCIATES		Provider Name Glendale Memorial Hospital	
CHW In	entative:	1710G	Provider Name Glendale M	
Group Name:	Group Representative:	Case No: 07-1710G	Provider Number 10 05-0058	

8/20/2008

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\$47,991.62

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10/20/2004

4/22/2004

9/30/1998 UGS

San Gabriel Valley Medical Center

11 05-0132

\$450,456.58

Total Reimbursement:

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Page	62 2		$\mathbf{i}$							CN: 98-	0212G	et a
RECEIVED	AUG 1 7 2012		PRRB			•						
	~		G Date of Add/Transf	1/22/2008	10/23/2006, 8/8/2012	5/31/2007	06/20/2008	7/17/2007	6/24/2008	6/24/2008	4/2/2007	
1 of 5	ed 08/08/2012		F. Orig Case No	07-1238	06-1045	07-0318	08-0622	07-1136	07-1158	07-1127	07-0501	
Page No.	Date Prepared	Debt	E Amount of Reimbursement	\$23,284.22	\$6,383.13	\$10,116.90	\$59,778.09	\$43,610.44	\$22,671.62	\$49,343.27	\$38,339.80	
		illed Bad	D Audit Adj No	31,32	SD	S	37	59	SD	SD	15	
		over Unb	C No of Days	176	171	171	136	161	163	163	148	
		/Medical Cross	B Date of Hearing Rqst	3/15/2007	3/9/2006	10/30/2006	1/11/2008	3/7/2007	3/8/2007	3/9/2007	12/13/2006	
-	CIATES	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	9/20/2006	9/13/2005	5/12/2006	8/28/2007	9/27/2006	9/26/2006	9/27/2006	7/18/2006	
03 - 2005	ON ASSC	lssue: Inp	Intermediar	NGS	nes	nes	NGS	ngs	NGS	NGS	NGS	
ad Debts 20	n, A CARLS(		FYE Inter	6/30/2004	6/30/2003	6/30/2004	3/31/2003	6/30/2003	6/30/2003	6/30/2004	12/31/2003	
Group Name: CHW Inpatient Unbilled Bad Debts 2003 - 2005	entative: Barbara Meehan, A CARLSON ASSOCIAT	1725G	Provider Name	Dominican Santa Cruz Hospital	Mark Twain St Joseph Hospital	Mark Twain St Joseph Hospital	Mercy General Hospital	Mercy Medical Center Redding	Mercy Merced Medical Center - Community Campus	Mercy Merced Medical Center - Community Campus	Mercy Methodist Hospital	
Group Name:	Group Representative:	Case No: 07-1725G	Provider Number	1 05-0242	2 05-0366	3 05-0366	4 05-0017	5 05-0280	6 05-0444	7 05-0444	8 05-0590	

This provider was transferred to another group

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ז פו												
0 Q	Group Representative:	entative: Barbara Meenan, A CARLSON ASSOCIAI ES	n, A CARLS	ON ASSC	JUIAIES				Date Prepared 08/08/2012	d 08/08/2	210	<b>.</b>
Ca	Case No: 07-1725G	1725G		Issue: Inp	oatient Medicare	Inpatient Medicare/Medical Crossover Unbilled Bad Debt	wer Unbi	iled Bad	Debt			
Ψ. «	Provider Number	Provider Name	FYE Inte	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursement	F Õrig Case No	G Date of Add/Transf	
6	05-0419	Mercy Mount Shasta	6/30/2004	nes	9/8/2006	2/22/2007	167	23,27	\$5,520.49	07-0956	7/17/2007	
1	05-0516	Mercy San Juan Hospital	3/31/2003	ncs	11/22/2006	3/9/2007	107	26-31	\$52,385.15	07-1100	4/2/2007	
12	05-0516	Mercy San Juan Hospital	3/31/2004	ngs	8/24/2006	2/20/2007	180	13	\$64,370.70	07-1002	4/2/2007	
13		This provider was transferred to another group							00.0\$			
4	14 05-0150	Sierra Nevada Memorial Hospital	12/31/2003	ngs	8/15/2006	2/5/2007	174	36	\$9,045.41	07-0768	7/17/2007	
<u>5</u>	05-0695	St. Dominic's Hospital	6/30/2003	ngs	6/7/2006	8/10/2006	64	SD	\$13,190.80	06-2123	3/6/2007, 6/22/2008	
16	05-0042	St. Elizabeth Community Hospital	6/30/2003	ncs	9/25/2006	3/8/2007	164	30	\$16,060.38	07-1135	7/17/2007	
17	05-0042	St. Elizabeth Community Hospital	6/30/2004	ngs	4/10/2007	10/1/2007	174	32	\$5,384.26	08-0011	6/24/2008	
18	18 05-0152	St. Francis Memorial Hospital (SF)	6/30/2003	nes	3/31/2008	6/19/2008	80	SD	\$23,524.09	08-2211	6/26/2008	

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			Sched	Schedule of Providers in Group	in Group						
Group Name:	CHW Inpatient Unbilled Bad Debts 2003	ad Debts 20	<b>303 - 2005</b>	10				Page No.	3 of 5	•.	.!
Group Representative:	sentative: Barbara Meehan, A CARLSON ASSOCIATES	n, A CARLS	SSN ASSC	<b>DCIATES</b>				Date Prepared	d 08/08/2012	012	
Case No: 07-1725G	'-1725G		lssue: Inp	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	'Medical Crosso	over Unbi	illed Bad	Debt			
Provider Number	Provider Name	FYE Inte	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursement	F Orig Case No	G Date of Add/Transf	
19	This provider withdrew from this group appeal					·		\$0.00			
20 05-0127	Woodland Memorial Hospital	9/30/2003	ncs	9/25/2006	3/8/2007	164	31	\$46,231.58	07-1101	4/2/2007	
21 05-0127	Woodland Memorial Hospital	9/30/2004	ngs	9/18/2007	3/5/2008	169	25,27	\$10,561.78	08-1295	6/24/2008	
22 05-0149	California Hospital Medical Center	12/31/2003	SON	8/7/2008	1/27/2009	173	20	\$43,711.29	Direct Add	1/27/2009	
23 05-0242	Dominican Santa Cruz Hospital	6/30/2003	NGS	9/28/2006	2/22/2007	147	8,12	\$27,005.76	07-1008	10/19/2007	
24 05-0058	Glendale Memorial Hospital	6/30/2003	NGS	5/27/2008	11/19/2008	176	48	\$72,227.32	Direct Add	11/19/2008	
25 05-0058 ,	Glendale Memorial Hospital	6/30/2004	SON	12/22/2009	2/17/2010	57	SD	\$36,445.03	Direct Add	2/17/2010	
26 05-0107	Marian Medical Center	6/30/2004	SON	9/25/2006	1/3/2007	100	21	\$59,679.75	020600	9/8/2008	
27 05-0295	Mercy Bakersfield	6/30/2003	NGS	9/27/2006	3/21/2007	175	30	\$58,905.15	07-1543	9/8/2008	

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Grot	.up Name:	Group Name: CHW Inpatient Unbilled Bad Debts 2003 - 2005	3ad Debts 2(	<b>303 - 2005</b>					Page No.	4 of 5		, , ,
Groi	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	in, A CARLS	SON ASSC	CIATES				Date Prepared	ed 08/08/2012	012	,
Ca	Case No: 07-1725G	·1725G		Issue: Inp	atient Medicare	Inpatient Medicare/Medical Crossover Unbilled Bad Debt	ver Unbi	led Bad	Debt			
LL ~~	Provider Number	Provider Name	FYE Inte	Intermediar	A Date of Final Determination	. B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursement	F Orig Case No	G Date of Add/Transf	
28	05-0295	Mercy Bakersfield	6/30/2004	NGS	8/28/2007	2/8/2008	164	26,27	\$61,126.41	08-0923	9/8/2008	
50	05-0017	Mercy General Hospital	3/31/2004	SON	1/21/2010	3/11/2010	49	SD	\$38,568.29	Direct Add	3/11/2010	
30	05-0116	Northridge Hospital-Roscoe Campus	6/30/2003	NGS	7/24/2008	1/16/2009	176	37,39	\$20,538.98	09-0743	2/9/2009	
31	05-0116	Northridge Hospital-Roscoe Campus	6/30/2004	NGS	9/24/2009	2/17/2010	146	42	\$10,892.11	Direct Add	2/17/2010	
32	05-0132	San Gabriel Valley Medical Center	6/30/2003	NGS	10/2/2006	3/28/2007	177	36,37	\$32,366.64	07-1621	8/20/2008	
33	05-0132	San Gabriel Valley Medical Center	6/30/2004	NGS	9/19/2007	3/14/2008	177	SD	\$34,214.43	08-1687	8/20/2008	· ·
34	96-0423 <b>(</b>	<b>Center</b> Center	-HOOZIDENO	SEN		801512008	) K	g		98.7800	BITEROOR	
35	05-0152	St. Francis Memorial Hospital (SF)	6/30/2004	NGS	1/19/2010	2/17/2010	58	SD	\$26,850.34	Direct Add	2/17/2010	
36	05-0082	St. John's Regional Medical Center	6/30/2004	Mutual	3/2/2007	5/14/2007	73	SD	\$40,915.45	07-2116	9/8/2008	

	Page No. 5 of 5	Date Prepared 08/08/2012	Debt	E F G G Amount of Orig Date of Reimbursement Case No Add/Transf	
			illed Bad	C D No of Audit Days Adj No	5
			over Unb	C No of Days	0
in Group			/Medical Cross	B Date of Hearing Rqst	0102/01/2
Schedule of Providers in Group		<b>CIATES</b>	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	0102/22/1
Sched	2003 - 2005	SON ASSC	Issue: Inp	Intermediar	25N
	Bad Debts 2	han, A CARL		FYE Int	<i><b>6/30/2004</b></i>
	Group Name: CHW Inpatient Unbilled Bad Debts 2003 - 2005	Group Representative: Barbara Meehan, A CARLSON ASSOCIATES	-1725G	Provider Name St Insentie Med Ctr.	Stockton
	Group Name:	Group Repres	Case No: 07-1725G	Provider Number	37 05-0084

Total Reimbursement \$1,223,335.19

Page 66

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Gro	up Name: A	Group Name: A Carlson CA Inpatient Unbilled Bad Debts	oilled Bad De	ebts					Page No.	1 of 2	
Gго	Group Representative:	intative: Barbara Meehan, A CARLSON ASSOCIATES	ı, A CARLS	ON ASSO	CIATES				Date Prepared	od 08/14/2012	012
Cat	Case No: 08-0131G	131G		Issue: Inpa	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	Medical Crosso	wer Unbi	lled Bad	Debt		
•	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
<b>4</b> -1	05-0327	Loma Linda University Med Center	12/31/2001	FCSO	9/30/2004	3/28/2005	179	32	\$61,228.12	05-1314	10/22/2007
2	05-0231	Pomona Valley Hospital	12/31/2000	FCSO	9/30/2003	3/25/2004	177	29, 30	\$12,182.69	05-0231	11/6/2008
εņ	05-0231	Pomona Valley Hospital	12/31/2001	FCSO	9/29/2005	3/22/2006	174	20, 22	\$38,322.16	06-1258	3/19/2008
4	05-0231	Pomona Valley Hospital	12/31/2002	FCSO	10/30/2007	4/22/2008	175	19	\$50,871.30	08-1780	7/30/2008
ŝ	05-0231	Pomona Valley Hospital	12/31/2003	FCSO	7/17/2008	1/5/2009	172		\$45,725.55		3/5/2009
9	05-0272	Redlands Community Hospital	9/30/1999	FCSO	1/24/2003	7/18/2003	175		\$8,914.67	03-1398	10/15/2008
~	05-0272	Redlands Community Hospital	9/30/2000	FCSO	9/15/2005	3/8/2006	174	37	\$6,638.98	06-1090	10/15/2008
80	05-0272	Redlands Community Hospital	9/30/2001	FCSO	9/27/2005	3/22/2006	176		\$28,776.10	06-1531	10/15/2008
10	05-0396	Santa Barbara Cottage Hospital	12/31/2002	FCSO	9/28/2006	3/9/2007	162		\$41,940.37	07-1134	7/22/2008
1	05-0396	Santa Barbara Cottage Hospital	12/31/2003	FCSO	8/30/2007	11/21/2007	83		\$18,329.13	08-0282	7/22/2008
14	05-0441	Stanford University Hospital	3/31/2000	FCSO	11/23/2005	5/18/2006	176		\$22,856.23	06-1774	3/24/2008
15	05-0441	Stanford University Hospital	8/31/2000	FCSO	11/17/2006	5/11/2007	175		\$23,793.58	07-2152	3/24/2008
16	05-0441	Stanford University Hospital	8/31/2001	FCSO	10/12/2007	4/8/2008	179		\$159,780.91	08-1750	4/19/2008

Schedule of Providers in Group

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012		G Date of Add/Transf	7/23/2008	7/23/2008	7/23/2008	
2 of 2 ed 08/14/2		F Orig Case No	05-2110	05-2109	06-0852	
Page No. 2 of 2. Date Prepared 08/14/2012	Debt	E Amount of Reimbursémen	\$15,017.22	\$17,409.72	\$24,622.25	\$576,408.97
	illed Bad	C D No of Audit Days Adj No			;	ement:
	over Unb	C No of Days	175	172	177	Total Reimbursement:
	Medical Crosso	B Date of Hearing Rqst	9/2/2005	9/2/2005	2/23/2006	. Total F
CIATES	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	3/11/2005	3/14/2005	8/30/2005	
ebts ON ASSO	lssue: Inp	Intermediary	FCSO	FCSO	FCSO	
Inbilled Bad De		FYE Inter	6/30/2001	6/30/2002	6/30/2003	
Group Name: A Carlson CA Inpatient Unbilled Bad Debts Group Representative: Barbara Meehan, A CARLSON ASSOCIATES	131G	Provider Name	Valley Memorial Hospital	Valley Memorial Hospital	Valley Memorial Hospital	
Group Name: A Carlson Group Representative:	Case No: 08-0131G	Provider Number	05-0283	05-0283	05-0283	
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Schedule of Providers in Group

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Group Name: A Carlson Outpatient Unbilled Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Page No. 1 of 2 Date Prepared 8/14/2012

Issue: Outnatiant Madicara/Madical Crossovar i Inhilled Bad Deht

Cas	Case No: 08-0281G	281G		Issue: Ou	tpatient Medicar	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	sover Un	ibilled Ba	d Debt			
	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
-	05-0231	Pomona Valley Hospital	12/31/2000	FCSO	9/30/2003	3/25/2004	171	29, 30	\$112,221	05-0231	11/6/2008	
7	05-0231	Pomona Valley Hospital	12/31/2001	FCSO	9/29/2005	3/22/2006	174	20, 22	\$209,586	06-1258	3/19/2008	
່ຕ	05-0231	Pomona Valley Hospital	12/31/2002	FCSO	10/30/2007	4/22/2008	175	19	\$213,468	08-1780	7/30/2008	
4	05-0231	Pornona Valley Hospital	12/31/2003	FCSO	7/17/2008	1/5/2009	172		\$223,144		3/5/2009	
5	05-0272	Rediands Community Hospital	9/30/1999	FCSO	1/24/2003	7/18/2003	175		\$82,517	03-1398	10/15/2008	
9	05-0272	Rediands Community Hospital	9/30/2000	FCSO	9/15/2005	3/8/2006	174	37	\$67,008	06-1090	10/15/2008	
7	05-0272	Redlands Community Hospital	9/30/2001	FCSO	9/27/2005	3/22/2006	176		\$116,126	06-1531	10/15/2008	
ß	05-0396	Santa Barbara Cottage Hospital	12/31/2000	NGS	9/29/2003	12/4/2003	99	38,39	\$81,402	04-0283	7/21/2008	
6	05-0396	Santa Barbara Cottage Hospital	12/31/2002	FCSO	9/28/2006	3/9/2007	162		\$78,568	07-1134	7/22/2008	
10	05-0396	Santa Barbara Cottage Hospital	12/31/2003	5 FCSO	8/30/2007	11/21/2007	83		\$108,436	08-0282	7/22/2008	
12	05-0441	Stanford University Hospital	3/31/2000	FCSO	11/23/2005	5/18/2006	176		\$200,845	06-1774	3/24/2008	
13	05-0441	Stanford University Hospital	8/31/2000	FCSO	11/17/2006	5/11/2007	175		\$289,665	07-2152	3/24/2008	
14	05-0441	Stanford University Hospital	8/31/2001	FCSO	10/12/2007	4/8/2008	179		\$287,513	08-1750	4/19/2008	

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G Date of Add/Transf 11/21/2002 5/21/2009 1/30/2006 7/23/2008 7/23/2008 7/23/2008 Date Prepared 8/14/2012 E F Amount of Orig Reimbursemen Case No 05-1314 04-1130 06-0852 05-2110 05-2109 2 of 2 MA Page No. \$147,272 \$318,736 \$2,728,772 \$148,917 \$18,983 \$16,121 \$8,245 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt **Total Reimbursement** 10,65,66 Audit Adj No 39,57 32 ۵ C No of Days 174 179 175 172 177 5 B Date of Hearing Rqst 3/18/2004 3/28/2005 9/2/2005 10/9/2002 2/23/2006 9/2/2005 A Date of Final FYE Intermediary Determination 9/18/2002 9/26/2003 3/14/2005 8/30/2005 3/11/2005 9/30/2004 Barbara Meehan, A CARLSON ASSOCIATES FCSO FCSO 12/31/2001 FCSO 6/30/2001 FCSO 12/31/1999 UGS 12/31/2000 UGS Group Name: A Carlson Outpatient Unbilled Bad Debts 6/30/2002 6/30/2003 Loma Linda University Med Center Loma Linda University Med Center Loma Linda University Med Center Valley Memorial Hospital Valley Memorial Hospital Valley Memorial Hospital Provider Name Group Representative: Case No: 08-0281G Provider Number 05-0283 05-0327 05-0283 05-0283 05-0327 05-0327 20 15 ő 17 <u>8</u> 6

Page 70

				Schedul	Schedule of Providers in Group	Group				FEB 1 3 2012	012
Grou	Group Name:	DOCHS Inpatient Medicare Crossover Unbilled Bad Debt	e Crossovel	r Unbilled	Bad Debt				Page No. REVIEW BOTTO	DERORGIMBU REVIEW DOT	RSEMENT
Grou	Group Representative:	entative: Barbara Meehan, A CARL	I, A CARLS(	SON ASSOCIATES	CIATES				Date Prepared	red 02/07/2012	012
Cai	Case No:09-0025GC	3025GC		Issue: Inp	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad	Medical Crosso	ver Unb	illed Bad	Debt		
Tab	Provider Number	Provider Name	FYE Inter	Intermediary	A Date of Final Determination	B Date of Appeal	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
-	05-0153		6/30/1996	BCC	7/14/1998	11/6/1998	115	8	\$39,834.00	99-0963	8/6/1999
N	05-0153	O'Connor Hospital	6/30/1998	SON	9/29/2000	3/19/2001	171	54	\$59,371.00	01-2157	12/28/2001
ო	05-0153	O'Connor Hospital	6/30/1999	SON	8/30/2002	2/25/2003	179	45	\$5,295.00	03-0702	10/30/2003
4	05-0153	O'Connor Hospital	6/30/2000	NGS	2/18/2005	8/15/2005	178	SD	\$7,666.00	05-2007	10/7/2008
CJ	05-0153	O'Connor Hospital	12/31/2001	NGS	9/29/2005	3/28/2006	180	SD	\$59,202.00	06-1405	10/7/2008
Q	05-0153	O'Connor Hospital	6/30/2002	SON	7/20/2007	1/11/2008	175	SD	\$12,046.00	08-0613	10/7/2008
7	05-0153	O'Connor Hospital	6/30/2004	SDN	8/3/2009	1/28/2010	178	SD	\$81,935.00	N/A	3/5/2010
Ø	05-0420	Robert F. Kennedy Medical Center	12/31/1995	BCC	9/12/1997	3/9/1998	178	31	\$22,697.00	98-1514	4/30/1999
Ø	05-0420	Robert F. Kennedy Medical Center	5/30/1996	BCC	9/30/1998	3/26/1999	171	4	\$8,711.00	N/A	3/26/1999
10	05-0420	Robert F. Kennedy Medical Center	12/31/1996	BCC	6/30/1999	12/9/1999	162	40	\$12,558.00	00-0707	12/7/2000
11	05-0420	Robert F. Kennedy Medical Center	6/30/1997	BCC	9/21/1999	3/13/2000	174	31,32,33	\$ \$11,569.00	00-2695	6/27/2000
12	05-0613	Seton Coastside Hospital	6/30/1997	NGS	3/27/2000	6/27/2000	92	SD	\$2,145.00	00-3566	3/12/2001
13	05-0613	Seton Coastside Hospital	6/30/1999	NGS	9/14/2001	10/16/2001	32	29	\$1,146.00	N/A	10/16/2001
4	05-0289	Seton Medical Center	6/30/1996	BCC	3/31/1999	7/27/1999	118	46	\$372,373.00	N/A	7/27/1999

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Group Name: DOCHS Inpatient Medicare Crossover Unbilled Bad Debt Barbara Meehan, A CARLSON ASSOCIATES Group Representative:

Date Prepared 02/07/2012 2 of 2 Page No.

\$1,531,327.00

G Date of Add/Transf 3/18/1999 10/7/2008 12/30/1999 4/21/2005 3/3/2010 2/4/2000 7/31/2000 8/4/2003 8/4/2003 8/5/1999 F Orig Case No 05-1345 03-1216 03-1217 04-2275 99-1300 92-0976 00-2617 ¥Ν MA MA Reimbursemen \$258,072.00 \$123,408.00 \$109,657.00 \$27,648.00 \$38,159.00 \$84,125.00 \$77,676.00 \$60,493.00 \$49,099.00 \$6,442.00 E Amount of issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt Adj No 11,12 55,56 49-51 ß S 35 Audit 23 5 20 S C No of Days 178 178 174 179 174 175 131 176 140 11 2/10/1999 3/3/2010 4/5/2005 2/4/2000 1/14/1999 3/18/1999 3/13/2000 4/22/2003 4/23/2003 9/21/2004 B Date of Appeal A Date of Final Determination 9/21/1998 10/31/2002 10/25/2002 10/12/2004 10/23/2009 9/17/1999 9/25/1998 9/17/1999 3/31/2004 8/18/1998 Intermediary Palmetto BCC NGS BCC BCC BCC SSB SDU С С Ш о С Ш 6/30/2000 6/30/2004 6/30/2001 6/30/1997 6/30/1998 5/30/1996 6/30/1999 6/30/1996 6/30/1996 6/30/1997 F₹ St. Francis Medical Center, Lynwood St. Francis Medical Center, Lynwood St. Vincent Medical Center St. Vincent Medical Center Seton Medical Center St. Louise Hospital Provider Provider Number Name Case No:09-0025GC 05-0289 05-0289 05-0104 05-0688 05-0502 05-0289 05-0289 05-0289 05-0104 05-0502 Tab 9 <del>1</del>0 33 24

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				Schedùle	edùle of Providers in Group	Group					FEB <b>1 3 2012</b>
o Na	Group Name:	DOCHS Outpatient Unbilled Bad Debts 20	illed Bad Deb	ots 2000 - 2002	2002				Page No.	PROV 1 of 3	PROVIDER REIMBURSEMI BOARD
Å.	sprese	Group Representative: Barbara Meehan, A CARLSON	an, A CARLS		ASSOCIATES				Date Prepared	ed 02/07/2012	012
۵ Ž	o: 09-	Case No: 09-0026GC		Issue: Ot	ie: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	re/Medical Cros	sover Un	tbilled Ba	d Debt	•	-
Provider Number	der Jer	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Appeal	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
05-0153	53	O'Connor Hospital	6/30/1996	BCC	7/14/1998	11/6/1998	115	22	\$280,515.00	<b>69-0963</b>	8/6/1999
05-0153	53	O'Connor Hospital	6/30/1997	BCC	1/14/2000	3/2/2000	48	26	\$92,274.00	N/A	3/2/2000
05-0153	153	O'Connor Hospital	6/30/1998	NGS	9/29/2000	3/19/2001	171	5	\$42,877.00	01-2157	12/28/2001
05-0153	153	O'Connor Hospital	6/30/1999	NGS	8/30/2002	2/25/2003	179	45	\$31,636.00	03-0702	10/30/2003
05-0153	153	O'Connor Hospital	6/30/2000	NGS	2/18/2005	8/15/2005	178	SD	\$43,724.00	05-2007	10/7/2008
05-0153	153	O'Connor Hospital	12/31/2001	SON	9/29/2005	3/28/2006	180	SD	\$66,332.00	06-1405	10/7/2008
05-0153	153	O'Connor Hospital	6/30/2002	SON	7/20/2007	1/11/2008	175	SD	\$23,178.00	08-0613	10/7/2008
05-0153	153	O'Connor Hospital	6/30/2004	NGS	8/3/2009	1/28/2010	178	SD	\$567,339.00	NIA	3/5/2010
ଡ଼ୄଵ୕୶ୡୄୡ	<b>420</b>	<b>Probert F. Kennedy Medical</b> Center	12/31/4825	BCG		-9426/2000	+	2012	\$38 <sup>1</sup> 723.00	98-1514	9/25/2000
05-0420	420	Robert F. Kennedy Medical Center	5/30/1996	BCC	9/30/1998	1/5/1999	67	14	\$28,576.00	NIA	1/5/1999
05-0420	120	Robert F. Kennedy Medical Center	12/31/1996	BCC	6/30/1999	12/9/1999	162	40	\$34,718.00	2020-00	12/7/2000
05-0420	420	Robert F. Kennedy Medical Center	6/30/1997	BCC	9/21/1999	3/13/2000	174	35,36	\$39,624.00	00-2695	6/19/2000

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0 C	Group Name:	DOCHS Outpatient Unbilled Bad Debts 2000 - 2002	lled Bad De	bts 2000 - 2	2002				Page No.	2 of 3	
g	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	an, A CARL	SON ASSC	CIATES				Date Prepared	ed 02/07/2012	012
Ű	Case No: 09-0026GC	-0026GC		Issue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cros	sover Un	billed Ba	d Debt		
Tab	Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Appeal	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
13	05.0420~	Agobert P. Kennedy-Medical Center	6/30/1998	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-1905/61/1	~	) 67	-100-1-21-	\$125,640,00		13/2002
4	05-0613	Seton Coastside Hospital	6/30/1997	NGS	3/27/2000	6/27/2000	92	SD	\$10,505.00	00-3566	3/12/2001
15	05-0613	Seton Coastside Hospital	6/30/1999	NGS	9/14/2001	10/16/2001	32	SD	\$4,927.00	N/A	10/16/2001
16	05-0289	Seton Medical Center	6/30/1998	BCC	10/31/2002	4/23/2003	174	21	\$332,808.00	03-1216	8/4/2003
17	05-0289	Seton Medical Center	6/30/1999	BCC	10/25/2002	4/22/2003	179	55,56	\$221,518.00	03-1217	8/4/2003
8	05-0289	Seton Medical Center	6/30/2000	nes	3/31/2004	9/21/2004	174	49,50,51	\$102,435.00	04-2275	4/21/2005
19	05-0289	Seton Medical Center	6/30/2001	SON	10/12/2004	4/5/2005	175	14-17	\$28,573.00	05-1345	10/7/2008
20	05-0289	Seton Medical Center	6/30/2004	Palmetto	10/23/2009	3/3/2010	131	ß	\$426,381.00	A/A	3/3/2010
21	05-0104	St. Francis Medical Center, Lynwood	6/30/1996	BOC	8/18/1998	2/10/1999	176	23	\$352,497.00	99-1300	11/10/1999
52	05-0104	St. Francis Medical Center, Lynwood	6/30/1997	BCC	9/17/1999	2/4/2000	140	5, 6	\$185,930.00	N/A	2/4/2000
23	05-0688	St. Louise Hospital	6/30/1996	BCC	9/25/1998	1/14/1999		24	\$28,723.00	<b>99-0976</b>	6661/6/2
24	05-0688	St. Louise Hospital	6/30/1997	BCC	1/14/2000	3/2/2000	48	SD	\$14,895.00	N/A	3/2/2000

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ł	2012		G Date of Add/Transf	2/4/1999	7/31/2000	
3 of 3	ed 02/07//		F Orig Case No	N/A	00-2617	
Page No.	Date Prepared 02/07/2012	d Debt	E Amount of Reimbursemen	\$161,414.00	\$137,451.00	\$3,441,213.00
		nbilled Ba	C D No of Audit Days Adj No	12	36	¥
		ssover Ur	C No of Days	136	178	pursemer
		e/Medical Cros	B Date of Appeal	2/4/1999	3/13/2000	Total Reimbursement:
2002	CIATES	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	9/21/1998	9/17/1999	
ebts 2000 - 2	LSON ASSC	Issue: Ou	Intermediary	BCC	BCC	
illed Bad D	an, A CAR		FYE	6/30/1996	6/30/1997	
Group Name: DOCHS Outpatient Unbilled Bad Debts 2000 - 2002	Group Representative: Barbara Meehan, A CARLSON ASSOCIATES			St. Vincent Medical Center	St. Vincent Medical Center	
DOCHS	entative:	-0026GC	Provider Name	St. Vincent	St. Vincent	
up Name:	up Repres	Case No: 09-0026GC	Provider Number	05-0502	05-0502	
Gro	Gro	ů	Tab	25	26	

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Schedule of Providers in Group

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Group Name: Citrus Valley Inpatient Unbilled Bad Debts

		G Date of Add/Transf	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	3/30/2010	
2/2/2012			4	ŋ	Ξ	2	0	S	35	4	8		RECEIVED
		F Orig Case No	05-0937	06-1195	07-1151	07-1407	06-1050	06-0675	07-2195	05-0644	06-1000	NN	FEB 07 2012
Date Prepared	Debt	E Amount of Reimbursemen	\$2,446.24	\$3,745.46	\$8,927.32	\$4,299.90	\$54,568.40	\$46,680.94	\$50,081.72	\$44,340.10	\$38,954.20	\$31,750.34 <b>4</b>	VIDER REIMBURSEMENT REVIEW BOARD
	illed Bad	D Audit Adj No	21,22	17,20	17,18,19, 20	13,14,15	28	23	26,28	20,24	16,20,21, 22	26	Irsement
	ver Unb	C No of Days	174	174	171	169	168	169	175	163	177	159	Total Reimbursement
	Medical Crosso	B Date of Hearing Rqst	3/3/2005	3/16/2006	3/9/2007	3/13/2007	3/10/2006	2/7/2006	6/8/2007	2/3/2005	3/9/2006	3/30/2010	ŧ F
CIATES	issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	9/10/2004	9/23/2005	9/19/2006	9/25/2006	9/23/2005	8/22/2005	12/15/2006	8/24/2004	9/13/2005	10/22/2009	• • •
ON ASSC	ssue: Inp	Intermediary	NGS	NGS	ncs	NGS	UĜS	ngs	nes	ngs	UGS	ngs	
η, A CARLSC		FYE Inter	12/31/2000	12/31/2001	12/31/2002	12/31/2003	12/31/2001	12/31/2002	12/31/2003	12/31/2001	12/31/2002	12/31/2003	
e: Barbara Meehan, A CARLSON ASSOCIATES		der	Foothill Presbyterian Hospital	Foothill Presbyterian Hospital	Foothill Presbyterian Hospital	Foothill Presbyterian Hospital	Intercommunity Medical Center	Intercommunity Medical Center	Intercommunity Medical Center	Queen of the Valley Hospital	Queen of the Valley Hospital	Queen of the Valley Hospital	
sentative	-0421GC	Provider Name	Foothil	Foothil	Foothil	Foothil	Intercor Center	Intercol Center	Intercor Center	Queen	Queen	Queen	
Group Representative:	Case No: 09-0421GC	Provider Number	05-0597	05-0597	05-0597	05-0597	05-0382	05-0382	05-0382	05-0369	05-0369	05-0369	
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			G Date of Add/Transf	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	10/14/2008	3/30/2010	RECEIV	ÆD	
1 of 1	2/2/2012		F Orig Da Case No Ad	05-0937 1	06-1195 1	07-1151 1	07-1407	06-1050 1	06-0675	07-2195 1	05-0644	, O	A	B 07		MENT
Page No.	Date Prepared	)ebt	E Amount of Reimbursemen	\$8,302.99	\$21,874.74	\$23,313.20	\$20,949.98	\$83,391.61	\$104,415.06	\$117,339.85	\$178,793.71	\$171,622.10	\$136,769.08	\$866,772.32	• *	
		oilled Bad [	D Audit Ai Adj No R	21,22	17,20	17,18,19, 20	13,14,15	28	23	26,28	20,24	16,20,21, 22	26			
	•.	sover Unl	C No of Days	174	174	171	169	168	169	175	163	177	159	rrsement		
		e/Medical Cross	B Date of Hearing Rqst	3/3/2005	3/16/2006	3/9/2007	3/13/2007	3/10/2006	2/7/2006	6/8/2007	2/3/2005	3/9/2006	3/30/2010	Total Reimbursement:		
	CIATES	issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	9/10/2004	9/23/2005	9/19/2006	9/25/2006	9/23/2005	8/22/2005	12/15/2006	8/24/2004	9/13/2005	10/22/2009			
Debts	ON ASSOCIATES	ssue: Ou	mediary	NGS	ngs	ncs	NGS	ngs	nes	NGS	ngs	ngs	ngs			
	I, A CARLSC		FYE Intern	12/31/2000	12/31/2001	12/31/2002	12/31/2003	12/31/2001	12/31/2002	12/31/2003	12/31/2001	12/31/2002	12/31/2003			
Citrus Valley Outpatient Unbilled Bad	entative: Barbara Meehan, A CARLS	422GC	Provider Name	Foothill Presbyterian Hospital	Foothill Presbyterian Hospital	Foothill Presbyterian Hospital	Foothill Presbyterian Hospital	Intercommunity Medical Center	Intercommunity Medical Center	Intercommunity Medical Center	Queen of the Valley Hospital	Queen of the Valley Hospital	Queen of the Valley Hospital	×		
Group Name:	Group Representative:	Case No: 09-0422GC	Provider Number	05-0597	05-0597	05-0597	05-0597	05-0382	05-0382	05-0382	05-0369	05-0369	05-0369		. • ;	
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Schedule of Providers in Group

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Group Name: Memorial Health Inpatient Unbilled Bad Debts

Date Prepared: 2/2/2012 . 1 Page No. 1 of 2

Č	Case No: 09-1764GC	764GC		Issue: Inp	ie: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	Medical Crossov	/er Unbi	lled Bad	Debt		
Ĵ )		))		•	•			I	, e	1	C
	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
-	05-0226	Anaheim Memorial	6/30/1999	Palmetto	2/22/2010	4/6/2010	43	11	\$101,582.60	N/A	4/6/2010
2	05-0226	Anaheim Memoriai	6/30/2000	ngs	8/12/2003	2/5/2004	177	SD	\$36,565.58	04-0709	10/28/2004
n	05-0226	Anaheim Memorial	6/30/2001	ngs	9/23/2005	3/20/2006	178	5,17,18	\$25,154.60	06-1331	6/16/2009
4	05-0226	Anaheim Memorial	6/30/2002	NGS .	9/7/2006	2/27/2007	173	19,20,21	\$46,240.28	07-0963	6/16/2009
ß	05-0226	Anaheim Memorial	6/30/2003	ngs	9/14/2006	2/28/2007	167	17	\$62,743.16	07-1056	6/16/2009
9	05-0226	Anaheim Memorlal	6/30/2004	ngs	9/8/2006	2/28/2007	173	16	\$58,444.88	07-1057	6/16/2009
2	05-0485	Long Beach Memorial Medical Center	6/30/1997	BCC	9/28/1999	3/22/2000	176	46	\$38,693.83	00-2441	8/6/2008
Ø	05-0485	Long Beach Memorial Medical Center	6/30/1998	BCC	9/22/2000	3/16/2001	175	46	\$44,963.03	01-1986	8/6/2008
Ø	05-0485	Long Beach Memorial Medical Center	6/30/1999	ngs	9/26/2001	3/22/2002	11	S	\$15,891.81	02-1373	8/24/2009
6	05-0485	Long Beach Mernorial Medical Center	6/30/2000	ngs	11/16/2004	5/10/2005	175	84	\$34,737,43	05-1525	6/16/2009
<del>.</del>	05-0485	Long Beach Memorial Medical Center	6/30/2001	ngs	9/19/2005	3/16/2006	178	5,17	\$37,688.78	06-1178	6/16/2009
12	05-0485	Long Beach Memorial Medical Center	6/30/2002	NGS	9/22/2006	3/14/2007	173	28,41	\$38,135,27	07-1220	6/16/2009
13	05-0485	Long Beach Memorial Medical Center	6/30/2003	SON	7/1/2008	12/23/2008	175	S	\$31,681.69	09-0585	6/16/2009

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Group Name: Memorial Health Inpatient Unbilled Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 09-1764GC

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Date Prepared: 2/2/2012

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	G Date of Add/Transf	3/31/2010	114/2003	6/16/2009	6/16/2009	6/16/2009	6/16/2009	11/7/2002	6/16/2009	6/16/2009	6/16/2009	6/16/2009	EW BOARD
	F Orig Case No	N/A	03-1397	06-1191	07-0964	07-1075	07-2232	03-0660	06-1035	07-1219	07-1218	07-2831	
1200	E Amount of Reimbursemen	\$33,117.97	\$8,799.16	\$22,291.69	\$3,937.09	\$4,347.42	\$32,603.80	\$8,123.81	\$3,740.20	\$554.40	\$2,889.60	\$8,060.51	\$700,988.59
	D Audit Adj No	59, 63, 65	24	14,15	12,17	13	10,11	23,24	30,31	28	20	29,30	te
	C No of Days	169	172	176	170	167	175	46	176	169	170	176	Total Reimbursement
	B Date of Hearing Rqst	3/31/2010	7/22/2003	3/17/2006	2/23/2007	3/8/2007	6/11/2007	11/7/2002	3/9/2006	3/14/2007	3/14/2007	9/25/2007	Total Rei
Issue: Iripatieri, Meuicare/Meucar Orosovo: Orismoa 200	A Date of Final Determination	10/13/2009	1/31/2003	9/22/2005	9/6/2006	9/22/2006	12/18/2006	8/20/2002	9/14/2005	9/26/2006	9/25/2006	4/2/2007	-
issue: IIIp	Intermediary	Palmetto	NGS	NGS	NGS	ngs	NGS	NGS	SOU	NGS	ngs	NGS	
	FYE Inte	6/30/2004	6/30/2000	6/30/2001	6/30/2002	6/30/2003	6/30/2004	6/30/2000	6/30/2001	6/30/2002	6/30/2003	6/30/2004	
1764GC	Provider Name	Long Beach Memoria <del>l</del> Medical Center	Orange Coast Hospital	Saddleback Memorial	Saddieback Memorial	Saddleback Memorial	Saddleback Memorial	Saddleback Memorial					
Case No: 09-1764GC	Provider Number	05-0485	05-0678	05-0678	05-0678	05-0678	05-0678	05-0603	05-0603	05-0603	05-0603	05-0603	
Case	٩Z	14	15	16	17	18	19	20	21	22	23	24	

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			<i>î</i> n	schedule of	Schedule of Providers in Group	dno				RE	REVIEW BUAND
Groi	up Name:	Group Name: A Carlson Outpatient Unbilled Bad Debts	lled Bad De	ebts					Page No.	1 of 1 👘	
Grot	Group Representative:	sintative: Barbara Meehan, A CARLSON AS	η, A CARLS	SON ASSO	SOCIATES				Date Prepared 11/18/2011	d 11/18/2	011
Cas	Case No: 10-1311G	311G		Issue: Out	tpatient Medicar	Outpatient Medicare/Medical Crossover Unbilled Bad Debt	sover Un	billed Bad	Debt		
	·				A	Ē	с		ш	LL. <sup>1</sup>	U i
	Provider Number	Provider Name	FYE Intermediary	ermediary	Date of Final Determination	Date of Hearing Rqst	No of Days	Audit Adj No	Amount of Reimbursemen	Orig Case No	Date of Add/Transf
<del>~</del>	05-0438	Huntington Memorial Hospital	12/31/2003 FCSO	FCSO	1/22/2010	7/16/2010	175	32,33,35, 36,47,50	\$51,031	10-1175	10/12/2010
N	05-0327	Loma Linda University Med Center	12/31/2002 FCSO	FCSO	8/3/2007	1/30/2008	180	32,43,44	\$228,575	08-0817	4/21/2011
ຕ	05-0327	Loma Linda University Med Center	12/31/2003	FCSO	8/1/2008	1/28/2009	180	17,28,30, 41	\$166,207	09-0859	4/21/2011
4	05-0169	Presbyterian Intercommunity Hospital	9/30/2003	FCSO	8/31/2006	3/5/2007	186	SD	\$153,937	07-1063	10/6/2010
£	05-0169	Presbyterian Intercommunity Hospital	9/30/2004	FCSO	9/20/2006	3/5/2007	166	SD, 31	\$190,864	07-1068	10/6/2010
9	05-0441	Stanford University Hospital	8/31/2002	FCSO	8/14/2009	1/25/2010	164	SD, 33	\$430,927	10-0476	8/25/2010
7	-05-0441	Stanford Lintversity Hospital	8/31/2003	-999-	Pending				\$301,311		
ω	-140-50	Geograph Stanford University Hospital	8/31/2004	1080	Pending *				\$616,714		

\* Pending because MAC is waiting for authorization from CMS to issue NPR, Provider has protected appeal rights

\$2,139,565

Total Reimbursement

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Grot	Group Name:	A Carlson Associates Unbilled Bad Debts	illed Bad D		2002 - 2004				Page No.	PROV1 1 of 1	PROVIDER REIMBURSEM
Grot	Group Representative:	antative: Barbara Meehan, A CARLSON	I, A CARLS		ASSOCIATES				Date Prepared	d 11/18/2011	011
Ca	Case No: 10-1312G	1312G		lssue: Inp	atient Medicare	Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt	wer Unbi	lled Bad [	)ebt		
<u> </u>	Provider Number	Provider Name	FYE Inte	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursement	F Orig Case No	G Date of Add/Transf
-	05-0438	Huntington Memorial Hospital	12/31/2003 FCSO	FCSO	1/22/2010	7/16/2010	175	32,33,35, 36,47,50	\$13,637.46	10-1175	10/12/2010
2	05-0327	Loma Linda University Med Center	12/31/2002	FCSO	8/3/2007	1/30/2008	180	32,43,44	\$146,411.71	08-0817	4/21/2011
• •	• 05-0327	Loma Linda University Med Center	12/31/2003	FCSO	8/1/2008	1/28/2009	180	17,28,30, 41	\$167,485.16	09-0859	4/21/2011
4	05-0169	Presbyterian Intercommunity Hospital	9/30/2003	FCSO	8/31/2006	3/5/2007	186	SD	\$29,553.63	07-1063	10/6/2010
2	05-0169	Presbyterian Intercommunity Hospital	9/30/2004	FCSO	9/20/2006	3/5/2007	166	SD, 31	\$34,064.09	07-1068	10/6/2010
ŷ	05-0441	Stanford University Hospital	8/31/2002	FCSO	8/14/2009	1/25/2010	164	SD, 33	\$256,249.00	10-0476	8/25/2010
~	1440.69	Startford University Hospital	8/9/HZ003		( ending )				\$258,538.70		
ø	02-0444	-Stanford Linivarsity Hospital	813412004	lese	Bending			•	\$409,771.60		
						Ĕ	Total Reimbursement	Irsement	\$1,315,711.35		

\* Pending because MAC is waiting for authorization from CMS to issue NPR, Provider has protected appeal rights

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Page 81

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Gro	up Name: (	Group Name: CHW Crossover Outpatient Unbilled Ba	it Unbilled Ba	ad Debts 00-04	00-04				Page No.	1 of 6	
Gro	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	n, A CARLSC	ON ASSC	CIATES				Date Prepared	ed 11/15/2010	010
Cat	Case No: 10-1376GC	376GC		ssue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cros	sover Un	billed Ba	d Debt		
	Drovider	Drowider			A Date of Final	B Date of	C No of	D Audit	E Amount of	F Orig	G Date of
	Number	Name	FYE Inter	mediary	Determination	Hearing Rqst	Days	Adj No	Reimbursemen	Case No	Add/Transf
<del>~-</del>	05-0036	Bakersfield Memorial Hospital	6/30/2001	ngs	6/3/2004	11/3/2004	153	SD	\$10,000.00	05-0178	9/8/2008
2	05-0036	Bakersfield Memorial Hospital	6/30/2004	NGS	8/30/2006	2/22/2007	176	53	\$10,000.00	07-0948	9/8/2008
ო	05-0149	California Hospital Medical Center	12/31/2003	NGS	8/7/2008	1/27/2009	173	23	\$10,000.00	N/A	1/27/2009
4	05-0089	Community Hosp of San Bernardino	6/30/2004		7/17/2008	1/5/2009	172	SD	\$46,906.00	09-0624	4/30/2009
5	05-0242	Dominican Santa Cruz Hospital	6/30/2001	NGS	4/5/2004	8/17/2004	134	SD	\$10,000.00	04-2081	8/1/2008
9	05-0242	Dominican Santa Cruz Hospital	6/30/2003	NGS	9/28/2006	2/22/2007	147	8,12	\$10,000.00	N/A	10/19/2007
7	05-0242	Dominican Santa Cruz Hospital	6/30/2004	ngs	9/20/2006	3/15/2007	176	31,32	\$10,000.00	07-1238	1/22/2008
80	05-0058	Glendale Memorial Hospital	6/30/2002	NGS	9/29/2005	3/28/2006	180	42	\$10,000.00	06-1428	8/20/2008
თ	05-0058	Glendale Memorial Hospital	6/30/2003	NGS	5/27/2008	11/19/2008	176	48	\$10,000.00	N/A	11/192008
10	05-0058	Glendale Memorial Hospital	6/30/2004	NGS	12/22/2009	2/17/2010	57	SD	\$10,000.00	N/A	2/17/2010
1	05-0107	Marian Medical Center	6/30/2004	NGS	9/25/2006	1/3/2007	100	21	\$123,206.00	02-0600	9/8/2008
12	05-0366	Mark Twain St Joseph Hospital	6/30/2002	NGS	9/13/2005	3/9/2006	177	SD	\$30,215.00	06-1043	10/23/2006
13	05-0366	Mark Twain St Joseph Hospital	6/30/2003	ngs	9/13/2005	3/9/2006	177	SD	\$21,183.00	06-1045	10/23/2006
14	05-0366	Mark Twain St Joseph Hospital	6/30/2004	ngs	5/12/2006	10/30/2006	171	OS .	\$22,145.00	07-0318	5/31/2007
15	05-0295	Mercy Bakersfield	6/30/2003	NGS	9/27/2006	3/21/2007	175	30	\$10,000.00	07-1541	9/8/2008
16	05-0295	Mercy Bakersfield	6/30/2004	NGS	8/28/2007	2/8/2008	164	26,27	\$10,000.00	08-0923	9/8/2008
17	05-0017	Mercy General Hospital	3/31/2000	ngs	11/2/2004	4/27/2005	176	39,40,53	\$ \$128,309.00	05-1458	5/11/2006

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Group Name: CHW Crossover Outpatient Unbilled Bad Debts 00-04

2 of 6 🔔 Page No.

Date Prepared 11/15/2010

Caí	Case No: 10-1376GC	376GC	-	lssue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cros	sover Ur	billed Ba	d Debt		
	Provider Number	Provider Name	FYE Intermediary	mediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
18	05-0017	Mercy General Hospital	3/31/2001	NGS	11/11/2004	5/5/2005	175	41,46	\$101,293.00	05-1583	5/11/2006
19	05-0017	Mercy General Hospital	3/31/2002	ngs	9/19/2006	3/6/2007	168	39,40	\$100,147.00	07-1065	4/2/2007
20	05-0017	Mercy General Hospital	3/31/2003	NGS	8/28/2007	1/11/2008	136	37	\$144,540.00	08-0622	6/20/2008
21	05-0017	Mercy General Hospital	3/31/2004	NGS	1/21/2010	3/11/2010	49	SD .	\$109,335.00	N/A	3/11/2010
22	05-0117	Mercy Medical Center- Dominican Campus	6/30/2001	ngs	7/22/2004	1/14/2005	176	18	\$17,558.00	05-0562	7/27/2007
23	05-0117	Mercy Medical Center- Dominican Campus	6/30/2002	ngs	5/13/2005	11/9/2005	180	28	\$27,148.00	05-0117	7/27/2007
24	05-0280	Mercy Medical Center Redding	6/30/2000	ngs	12/3/2002	5/31/2003	179	34	\$42,970.00	03-1338	10/31/2005
25	05-0280	Mercy Medical Center Redding	6/30/2001	ngs	8/20/2004	2/3/2005	167	25,29	\$21,609.00	05-0675	7/17/2007
26	05-0280	Mercy Medical Center Redding	6/30/2002	NGS	2/3/2006	7/27/2006	174	21	\$30,853.00	06-2035	7/17/2007
27	05-0280	Mercy Medical Center Redding	6/30/2003	NGS	9/27/2006	3/7/2007	161	29	\$28,557.00	07-1136	7/17/2007
28	-05-0444	-Mercy-Merced Medical	6/30/3004	- Sign	~ 9992918~~	-99957675	-65-		\$91,488,00	-90-0698-	20034284
29	05-0444	Mercy Merced Medical Center - Community Campus	6/30/2002	NGS	9/14/2005	2/10/2006	149	28	\$42,470.00	06-0707	7/27/2007
30	05-0444	Mercy Merced Medical Center - Community Campus	6/30/2003	NGS	9/26/2006	3/8/2007	163	SD	\$24,757.00	07-1158	6/24/2008
31	05-0444	Mercy Merced Medical Center - Community Campus	6/30/2004	NGS	9/27/2006	3/9/2007	163	SD	\$31,192.00	07-1127	6/24/2008
32	05-0590	Mercy Methodist Hospital	12/31/2000	ngs	5/27/2005	11/21/2005	178	38	\$77,187.00	06-0267	4/2/2007
33	05-0590	Mercy Methodist Hospital	12/31/2001	ngs	10/6/2005	3/30/2006	175	13	\$47,657.00	06-1479	4/2/2007
34	05-0590	Mercy Methodist Hospital	12/31/2002	ngs	9/27/2006	3/9/2007	163	20, 21, 25	5 \$59,003.00	07-1122	4/2/2007

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Group Name: CHW Crossover Outpatient Unbilled Bad Debts 00-04

3 of 6 Page No.

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-13	-1376GC			lssue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt A B C D E	re/Medical Cros	sover Ur C Mo of	billed Ba D	d Debt E	щ	G Data of
Provider Provider Number Name FYE Intermediary	FYE	FYE Intermediary	mediary		Date of Final Determination	Date of Hearing Rqst	No of Days	Audit Adj No	Amount of Reimbursemen	Orig Case No	Date of Add/Transf
05-0590 Mercy Methodist Hospital 12/31/2003 UGS	12/31/2003	ო	ngs		7/18/2006	12/13/2006	148	15	\$46,595.00	07-0501	4/2/2007
05-0419 Mercy Mount Shasta 9/29/2001 UGS	9/29/2001		NGS		6/29/2005	12/13/2005	167	18,19	\$3,036.00	06-0429	7/17/2007
05-0419 Mercy Mount Shasta 6/30/2002 UGS	6/30/2002		NGS		4/14/2005	10/10/2005	179	18,19	\$2,763.00	06-0022	7/17/2007
05-0419 Mercy Mount Shasta 6/30/2004 UGS	6/30/2004		NGS		9/8/2006	2/22/2007	167	23,27	\$17,654.00	07-0956	7/17/2007
05-0516 Mercy San Juan Hospital 3/31/2002 UGS	3/31/2002		NGS		9/20/2006	3/6/2007	167	13	\$77,977.00	07-1066	4/2/2007
05-0516 Mercy San Juan Hospital 3/31/2003 UGS	3/31/2003		NGS		11/22/2006	3/9/2007	107	26-31	\$74,386.00	07-1100	4/2/2007
05-0516 Mercy San Juan Hospital 3/31/2004 UGS	3/31/2004		ngs		8/24/2006	2/20/2007	180	13	\$45,405.00	07-1002	4/2/2007
05-0116 Northridge Hospital-Roscoe 6/30/2000 UGS Campus	6/30/2000	_	ngs		4/23/2004	10/13/2004	173	SD	\$10,000.00	05-0054	9/15/2008
05-0116 Northridge Hospital-Roscoe 6/30/2001 UGS Campus	e Hospital-Roscoe 6/30/2001		NGS		9/13/2004	3/9/2005	171	S	\$10,000.00	05-1039	9/15/2008
05-0116 Northridge Hospital-Roscoe 12/31/2001 UGS	12/31/2001		ngs		9/15/2006	3/15/2006		SD	\$10,000.00	06-1145	9/15/2008
05-0116 Northridge Hospital-Roscoe 6/30/2002 UGS Campus	6/30/2002		NGS		9/21/2006	3/15/2007	175	SD	\$10,000.00	07-1420	9/15/2008
05-0116 Northridge Hospital-Roscoe 6/30/2003 NGS Campus	6/30/2003		NGS		7/24/2008	1/16/2009	176	42	\$10,000.00	09-0743	2/9/2009
05-0116 Northridge Hospital-Roscoe 6/30/2004 NGS Campus	6/30/2004	• •	NGS		9/24/2009	2/17/2010	146	42	\$10,000.00	N/A	2/17/2010
05-0299 Northridge Hospital- Sherman Way	12/31/2001		NGS		9/22/2005	3/13/2006	172	ŚD	\$10,000.00	06-1146	9/18/2008
05-0299 Northridge Hospital- Sherman Way	spital- 12/31/2002		NGS		9/28/2005	3/15/2006	168	SD	\$10,000.00	06-1094	9/18/2008
05-0132 San Gabriel Valley Medical 9/30/2001 UGS Center	9/30/2001		NGS		9/14/2004	3/15/2005	182	10	\$10,000.00	05-0132	8/20/2008
05-0132 San Gabriel Valley Medical 12/31/2001 UGS Center	tbriel Valley Medical 12/31/2001		ngs		9/13/2004	3/14/2005	182	21	\$10,000.00	05-0987	8/20/2008

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Group Name: CHW Crossover Outpatient Unbilled Bad Debts 00-04

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

4 of 6 Page No.

Date Prepared 11/15/2010

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	G Date of Add/Transf	8/20/2008	8/20/2008	8/20/2008	7/17/2007	7/17/2007	7/17/2007	8/19/2008	8/19/2008	5/11/2006	3/6/2007	7/17/2007	7/17/2007	7/17/2007	7/17/2007	6/24/2008	9/8/2008	8/27/2003
	F Orig Case No	06-1103	07-1621	08-1687	06-1292	07-0829	07-0768	06-0786	08-1899	05-2278	06-2123	05-1911	05-2105	07-1128	07-1135	08-0011	04-1849	03-1245
d Debt	E Amount of Reimbursemen	\$10,000.00	\$10,000.00	\$10,000.00	\$55,098.00	\$64,402.00	\$43,450.00	\$10,000.00	\$10,000.00	\$10,000.00	\$16,736.00	\$10,164.00	\$46,194.00	\$3,079.00	\$7,356.00	\$10,133.00	\$10,000.00	\$40,669.00
billed Ba	D Audit Adj No	27	36,37	SD	28, 29	29	36	SD	S S	SD	SD	9,10,11	ю	23	30	32	20,23,31, 34	46,48
sover Ur	C No of Days	179	177	177	160	174	174	176	66 66	180	64	168	173	161	164	174	125	136
e/Medical Cros	B Date of Hearing Rqst	3/13/2006	3/28/2007	3/14/2008	3/15/2006	2/5/2007	2/5/2007	2/17/2006	5/15/2008	9/21/2005	8/10/2006	6/15/2005	8/31/2005	3/7/2007	3/8/2007	10/1/2007	6/24/2004	4/28/2003
Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	A Date of Final Determination	9/15/2005	10/2/2006	9/19/2007	10/6/2005	8/15/2006	8/15/2006	8/25/2005	2/6/2008	3/25/2005	6/7/2006	12/29/2004	3/11/2005	9/27/2006	9/25/2006	4/10/2007	2/20/2004	12/13/2002
ssue: Ou	Intermediary	NGS	NGS	ہ NGS	NGS	ngs	nes	NGS	NGS	ngs	NGS	NGS	NGS	ngs	NGS	NGS	NGS	ngs
	FYE Inter	9/30/2002	9/30/2003	9/30/2004	12/31/2001	12/31/2002	12/31/2003	6/30/2002	6/30/2004	6/30/2002	6/30/2003	6/30/2001	9/29/2001	6/30/2002	6/30/2003	6/30/2004	6/30/2001	6/30/2000
376GC	Provider Name	San Gabriel Valley Medical Center	San Gabriel Valley Medical Center	San Gabriel Valley Medical Center	Sierra Nevada Memorial Hospital	Sierra Nevada Memorial Hospital	Sierra Nevada Memorial Hospital	St. Bernardine Medical Center	St. Bernardine Medical Center	St. Dominic's Hospital	St. Dominic's Hospital	St. Elizabeth Community Hospital	St. Francis Medical Center, SB	St. Francis Memorial Hospital (SF)				
Case No: 10-1376GC	Provider Number	05-0132	05-0132	05-0132	05-0150	05-0150	05-0150	05-0129	05-0129	05-0695	05-0695	05-0042	05-0042	05-0042	05-0042	05-0042	05-0061	05-0152
Cas		52	53	54	55	56	57	28	59	60	61	62	63	64	65	66		68

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Page No. Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Group Name: CHW Crossover Outpatient Unbilled Bad Debts 00-04

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Cas	Case No: 10-1376GC	376GC		Issue: Ou	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	e/Medical Cross	sover Un	billed Ba	d Debt	I	(	
	Provider Number	Provider Name	FYE Inter	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
69	05-0152	St. Francis Memorial Hospital (SF)	6/30/2001	NGS	11/12/2004	4/5/2005	144	ω	\$16,510.00	05-1584	6/29/2007	
70	05-0152	St. Francis Memorial Hospital (SF)	6/30/2003	ngs	3/31/2008	6/19/2008	80	SD	\$42,791.00	08-2211	6/26/2008	
71	05-0152	St. Francis Memorial Hospital (SF)	6/30/2004	NGS	1/19/2010	2/17/2010	29	SD	\$58,256.00	N/A	2/17/2010	
72	05-0082	St. John's Regional Medical Center	6/30/2001	Mutual	2/20/2004	5/26/2004	96	SD	\$177,343.00	04-1762	7/17/2008	
73	05-0082	St. John's Regional Medical Center	6/30/2002	Mutual	3/6/2006	7/25/2006	141	SD	\$108,878.00	06-2023	7/17/2008	
74	05-0082	St. John's Regional Medical Center	6/30/2004	Mutual	3/2/2007	5/14/2007	73	SD	\$10,000.00	07-2116	9/8/2008	
75	05-0084	St. Joseph's Med. Ctr- Stockton	9/29/2001	NGS	6/28/2006	10/31/2006	125	SD	\$106,335.00	07-0200	3/15/2007	
76	05-0084	St. Joseph's Med. Ctr- Stockton	6/30/2002	ngs	9/22/2006	3/9/2007	168	5,12,13	\$62,269.00	07-1115	5/31/2007	
77	05-0084	St. Joseph's Med. Ctr- Stockton	6/30/2004	NGS	1/22/2010	2/16/2010	25	SD	\$137,933.00	N/A	2/16/2010	
78	05-0457	St. Mary's Medical Center, S.F.	6/30/2000	ngs	3/12/2004	9/7/2004	179	62	\$65,535.00	04-232	7/17/2007	
79	05-0457	St. Mary's Medical Center, S.F.	6/30/2001	ngs	8/31/2004	2/25/2005	178	8,9	\$23,806.00	05-0831	7/17/2007	
80	05-0457	St. Mary's Medical Center, S.F.	12/31/2001	NGS	3/31/2005	9/22/2005	175	23,24,25	\$15,053.00	05-2254	7/17/2007	
81		St. Mary's Medical Center		ngs	9/13/2005	3/2/2006	170	25,26,27	\$10,000.00	06-0941	10/26/2006	
82	05 G 15	o Ch. Manie Madical Centar S.F.	612012003	ngs	9/14/2007	3/11/2008	179	SD	\$10,000.00	08-1350	6/26/2008	
83		S F	9/30/2004	Palmetto	12/29/2009	2/17/2010	50	SD	\$10,000.00	N/A	2/17/2010	
84	05-0127	Woodland Memorial Hospital	9/30/2000	NGS	11/1/2005	4/12/2006	162	2,7	\$99,099.00	06-1599	3/29/2007	
85	05-0127	Woodland Memorial Hospital	9/30/2001	SÐN	4/27/2006	10/16/2006	172	~	\$115,381.00	0600-20	4/2/2007	

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<u>D</u>	Group Representative:	entative: Barbara Meehan, A CARLSON ASSOCIATES	an, A CA	RLSON ASS	OCIATES				Date Prepared 11/15/2010	ed 11/15/2	010
Са Са	Case No: 10-1376GC	376GC		Issue: O	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt	re/Medical Cros	sover Ur	nbilled Ba	id Debt		
	Provider Number	Provider Name	FYE	Intermediary	A Date of Final Intermediary Determination	B Date of Hearing Rqst	C No of Days	C D No of Audit Days Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
86	05-0127	Woodland Memorial Hospital	12/31/2001	2001 UGS	7/17/2006	10/20/2006	. 95	۳	\$44,268.00	07-0314	4/2/2007
87	05-0127	Woodland Memorial Hospital	9/30/2002	002 NGS	9/25/2006	3/7/2007	163	SD	\$139,667.00	07-1157	4/2/2007
88	05-0127	Woodland Memorial Hospital	9/30/2003	003 UGS	9/25/2006	3/8/2007	164	31	\$70,282.00	07-1101	4/2/2007

6/24/2008 4/2/2007

08-1295

\$36,591.00

SD

169

3/5/2008

9/25/2006 9/18/2007

9/30/2003

UGS

9/30/2004

Woodland Memorial Hospital

05-0127

89

05-0127

88