

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

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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.¹

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, 2004.² 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.³

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 dual-eligible beneficiaries for the fiscal years at issue covering October 1995 to December 2004.⁴ This issue has been the subject of confusion and litigation in California prior to the fiscal years at issue in this case.

¹ The parties stipulated to this issue. *See* Transcript (“Tr.”) at 6 (Aug. 23, 2012).

² Details of the Providers and cost reporting periods are listed by group case number in the Schedule of Providers included at Appendix A.

³ Providers’ Final Position Paper at 1.

⁴ *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.⁵ 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-by-claim 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.⁶

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.⁷

⁵ See Provider Exhibit P-64.

⁶ 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).

⁷ 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.”⁸ With CDHS’ blessing, the Providers retained the contractor in 2007 for these purposes.⁹ 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.”¹⁰ 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.¹¹ 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.¹²

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.¹³ The Providers cite to PRM

⁸Provider 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).

⁹ *See* Provider Exhibit P-95.

¹⁰ *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).

¹¹ Providers Post-Hearing Brief at 17.

¹² *See* Providers’ Post-Hearing Brief at 13; Tr. at 1383:15-139-13 (Aug. 24, 2012).

¹³ *See* Providers’ Post-Hearing Brief at 23-24.

15-1 § 322 which specifies 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.”¹⁴

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.¹⁵ 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.¹⁶ 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.¹⁷

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*”)¹⁸ 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.¹⁹ 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.²⁰ 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.””²¹ 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 § 1102.31 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

¹⁴ See Providers’ Post-Hearing Brief at 28-32

¹⁵ Providers’ Post-Hearing Brief at 11. See also Provider Exhibits P-41, P-42.

¹⁶ Providers’ Post-Hearing Brief at 39-54.

¹⁷ See *id.* at 52-54; Provider Exhibits P-41, P-42.

¹⁸ 323 F.3d 782 (9th Cir. 2003)

¹⁹ See *id.* at 795.

²⁰ *Id.* at 798.

²¹ *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)).

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.²² 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.²³

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

²² 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).

²³ 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.²⁴

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.²⁵ 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.²⁶

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

²⁴ 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)).

²⁵ *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”).

²⁶ *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."²⁷

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."²⁸ 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.³⁰ The evidence also demonstrates that the Providers made no attempt to

²⁷ *Monterey*, 323 F.3d at 799.

²⁸ 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.

²⁹ See PRM 15-2 § 1199 Exhibit 1 (as revised June 1987) (excerpts included at Provider Exhibit P-1).

³⁰ 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, 2007³¹--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.

³¹ *See* Provider Exhibits P-95 and P-103.

APPENDIX ALISTING 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.³²

Case No.	Group Name	Page
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98-0212G	CA Hospitals 1994-1995 Inpatient Bad Debt Group	14
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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

³² 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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OCT 31 2011

PROVIDER REIMBURSEMENT REVIEW BOARD
 Date Prepared 10/25/2011

Schedule of Providers in Group

Group Name: A Carlson O/P Crossover Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 97-2983G Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf	
1	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
3	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	UGS	9/27/2001	10/15/2001	18	42,43	\$146,072.75	N/A	10/15/2001
5	05-0438	Huntington Memorial Hospital	12/31/1995	BCC	8/13/1997	10/31/1997	79	30	\$120,194.41	N/A	10/31/97
6	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
7	05-0438	Huntington Memorial Hospital	12/31/1997	UGS	9/29/2000	2/2/2001	126	41, 42	\$77,990.56	N/A	2/2/2001
8	05-0438	Huntington Memorial Hospital	12/31/1998	UGS	9/27/2001	12/20/2001	84	31,66	\$41,412.74	N/A	12/20/2001
9	05-0438	Huntington Memorial Hospital	12/31/1999	UGS	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	UGS	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	Huntington Memorial Hospital	12/31/2002	NGS	9/26/2006	3/12/2007	167	SD	\$45,063.69	07-1144	8/20/2008
13	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

Schedule of Providers in Group

Group Name: A Carlson O/P Crossover Bad Debts	Page No. 2 of 3									
Group Representative: Barbara Meehan, A CARLSON ASSOCIATES	Date Prepared 10/25/2011									
Case No: 97-2983G	Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt									
Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	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	\$44,963.40	N/A	8/24/2000
15 05-0336	Lodi Memorial Hospital	12/31/1998	Mutual	9/25/2001	10/31/2001	36	42,43	\$62,516.41	N/A	10/31/2001
16 05-0327	Loma Linda University Med Center	12/31/1995	BCC	9/12/1997	10/31/1997	49	43	\$120,917.16	97-2983G	10/31/1997
17 05-0327	Loma Linda University Med Center	12/31/1996	BCC	3/9/1999	8/27/1999	171	47	\$196,680.94	99-3891	4/4/2000
18 05-0327	Loma Linda University Med Center	12/31/1997	BCC	6/22/2000	7/24/2000	32	71,28, 27	\$274,449.93	N/A	8/17/2000
19 05-0327	Loma Linda University Med Center	12/31/1998	UGS	9/28/2001	10/26/2001	28	33,42,43, 75	\$134,692.58	N/A	10/26/2001
20 05-0231	Pomona Valley Hospital	12/31/1995	BCC	9/19/1997	3/13/1998	175	22	\$238,718.62	98-1689	5/18/2000
21 05-0231	Pomona Valley Hospital	12/31/1996	BCC	11/20/1998	5/14/1999	175	5	\$162,292.69	99-3243	5/18/2000
22 05-0231	Pomona Valley Hospital	12/31/1997	BCC	2/4/2000	5/3/2000	89	46	\$214,790.47	N/A	5/3/2000
23 05-0231	Pomona Valley Hospital	12/31/1998	UGS	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	UGS	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	11	\$176,172.47	99-3892	5/24/2000

Schedule of Providers in Group

Group Name: A Carlson O/P Crossover Bad Debts Page No. 3 of 3
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Date Prepared 10/25/2011
 Case No: 97-2983G Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
27	05-0272 Redlands Community Hospital	9/30/1997	BCC	11/14/2000	3/16/2001	122	R1-001	\$95,778.88	N/A	9/16/2001
28	05-0272 Redlands Community Hospital	9/30/1998	BCC	12/22/2000	4/16/2001	115	57	\$66,154.05	N/A	4/16/2001
29	05-0577 Santa Marta Hospital	6/30/1996	BCC	10/24/1997	10/31/1997	7	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	UGS	9/27/2000	12/19/2000	83	3	\$62,671.75	N/A	12/19/2000
32	05-0577 Santa Marta Hospital	6/30/1999	UGS	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	9/30/1997	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	UGS	9/9/2002	11/25/2002	77	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

Total Reimbursement \$3,882,714.99

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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

Provider Number	Provider Name	FYE	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
1 05-0125	Alexian Brothers Hospital	12/31/1995	BCC	9/30/1998	3/24/1999	175	19	\$34,461.58	99-2936	6/15/1999
2 05-0125	Alexian Brothers Hospital	12/31/1996	BCC	9/30/1998	3/24/1999	175	19	\$43,384.51	99-2846	6/17/1999
3 05-0125	Alexian Brothers Hospital	12/31/1997	BCC	9/28/2000	10/20/2000	22	18	\$28,178.81	N/A	10/20/2000
4 05-0125	Alexian Brothers Hospital	12/31/1998	UGS	9/27/2001	10/15/2001	18	42,43	\$43,555.10	N/A	10/15/2001
5 05-0438	Huntington Memorial Hospital	12/31/1995	BCC	8/13/1997	10/30/1997	78	30	\$169,770.04	N/A	10/30/1997
6 05-0438	Huntington Memorial Hospital	12/31/1996	BCC	11/11/1998	5/10/1999	180	27	\$257,429.89	N/A	5/10/1999
7 05-0438	Huntington Memorial Hospital	12/31/1997	UGS	9/29/2000	2/2/2001	126	41	\$220,200.23	N/A	2/2/2001
8 05-0438	Huntington Memorial Hospital	12/31/1998	UGS	9/27/2001	12/20/2001	84	31,66	\$474,088.20	N/A	12/20/2001
9 05-0438	Huntington Memorial Hospital	12/31/1999	UGS	9/19/2002	3/17/2003	179	57, 90, 91	\$134,009.63	03-0856	5/15/2003
10 05-0438	Huntington Memorial Hospital	12/31/2000	UGS	3/2/2004	8/27/2004	178	81,82	\$67,448.99		6/6/2005
11 05-0438	Huntington Memorial Hospital	12/31/2001	NGS	11/21/2005	5/17/2006	177	SD	\$167,888.39	06-1764	8/20/2008
12 05-0438	Huntington Memorial Hospital	12/31/2002	NGS	9/26/2006	3/12/2007	167	SD	\$207,828.30	07-1144	8/20/2008
13 05-0336	Lodi Memorial Hospital	12/31/1996	Mutual	4/27/1999	10/19/1999	175	SD	\$30,977.24	N/A	10/19/1999

Schedule of Providers in Group

Group Name: Independent Hosps Inpatient Unbilled Bad Debts		Page No. 2 of 3		Date Prepared 10/18/2011						
Group Representative: Barbara Meehan, A CARLSON ASSOCIATES		Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt								
Case No: 98-0212G										
Provider Number	Provider Name	FYE	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
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	UGS	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	UGS	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	UGS	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	5	\$13,070.04	99-3243	5/3/2000
24 05-0231	Pomona Valley Hospital	12/31/1997	BCC	2/4/2000	5/3/2000	89	46	\$10,099.32	N/A	5/3/2000
25 05-0231	Pomona Valley Hospital	12/31/1998	UGS	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	UGS	10/15/2002	4/11/2003	178	24	\$25,606.93	03-1176	7/16/2003

Schedule of Providers in Group

Group Name: Independent Hosps Inpatient Unbilled Bad Debts Page No. 3 of 3
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Date Prepared 10/18/2011
 Case No: 98-0212G Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
27	05-0002	St. Rose Hospital	BCC	9/15/1998	2/19/1999	157	12	\$85,359.78	N/A	2/19/1999
28	05-0002	St. Rose Hospital	BCC	5/26/2000	6/16/2000	21	22	\$38,951.71	N/A	6/16/2000
29	05-0002	St. Rose Hospital	BCC	11/30/2000	2/7/2001	69	62	\$50,869.97	N/A	2/7/2001
30	05-0002	St. Rose Hospital	UGS	9/9/2002	10/2/2002	23	12,15	\$33,543.56	N/A	10/2/2002
Total Reimbursement:									\$2,706,491.44	

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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

Tab	Provider Number	Provider Name	FYE	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
1	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
3	05-0149	California Hospital Medical Center	11/30/1998	UGS	9/26/2001	2/27/2002	154	37, 43	\$2,250.22	N/A	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
5	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
6	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
8	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
9	05-0580	La Palma Intercommunity Hospital	12/31/1997	BCC	9/24/1999	1/4/2000	102	8	\$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
11	05-0170	Long Beach Community Hospital	6/30/1996	BCC	9/9/1999	10/14/1999	35	25	\$48,032.84	N/A	10/14/1999
12	05-0170	Long Beach 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

Schedule of Providers in Group

Group Name: UNIHEALTH O/P Crossover Bad Debts

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 10/18/2011

Case No: 99-3523G

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Tab	Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	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	UGS	9/28/2001	12/3/2001	66	38,39,41,42	\$11,256.87	N/A	12/3/2001
15	05-0282	Martin Luther Hospital	9/30/1996	UGS	9/27/2001	12/3/2001	67	12-001	\$55,547.85	N/A	12/3/2001
16	05-0282	Martin Luther Hospital	9/30/1997	BCC	9/28/2000	11/14/2000	47	5	\$42,450.07	N/A	11/14/2000
17	05-0282	Martin Luther Hospital	9/30/1998	UGS	9/27/2001	12/3/2001	67	8, 9	\$18,993.78	N/A	12/3/2001
18	05-0282	Martin Luther Hospital	11/30/1998	UGS	9/27/2001	12/3/2001	67	5	\$1,620.52	N/A	12/3/2001
19	05-0282	Martin Luther Hospital	8/31/1999	UGS	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 Gabriel Valley Medical Center	9/30/1997	BCC	2/16/2000	3/9/2000	22	41, 40	\$104,920.13	N/A	3/9/2000

Total Reimbursement \$1,926,390.17

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Group Name: Sutter O/P Crossover Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 99-3524GC Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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 05-0208	California Pacific Med Ctr - California	12/31/1995	BCC	8/22/1997	12/4/1997	104	SD	\$38,193.19	98-0608	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	N/A	12/4/1997
3 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	11	83	\$169,308.59	N/A	4/4/2000
5 05-0047	California Pacific Med Ctr - Pacific	12/31/1998	UGS	9/25/2001	11/19/2001	55	50,71	\$131,981.92	N/A	11/19/2001
6 05-0047	California Pacific Med Ctr - Pacific	12/31/1999	UGS	11/18/2002	12/12/2002	24	104,108	\$75,216.86	N/A	12/12/2002
7 05-0047	California Pacific Med Ctr - Pacific	12/31/2000	UGS	12/17/2003	8/4/2004	181	SD	\$107,222.92	04-1802	3/24/2009
8 05-0047	California Pacific Med Ctr - Pacific	12/31/2002	UGS	12/29/2009	8/18/2010	177	SD	\$99,307.08	10-4169	4/27/2011
9 05-0047	California Pacific Med Ctr - Pacific	12/31/2005	Palmetto				SD	\$158,445.92	N/A	2/24/2012
10 05-0008	Davies Medical Center	12/31/1995	BCC	1/12/1998	3/9/1998	56	6	\$62,958.33	N/A	3/9/1998
11 05-0008	Davies Medical Center	12/31/1996	BCC	9/30/1999	12/21/1999	82	44	\$63,575.65	N/A	12/21/1999
12 05-0008	Davies Medical Center	12/31/1997	BCC	9/30/2000	10/23/2000	23	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

Schedule of Providers in Group

Group Name: Sutter O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3524GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 02/13/2012

Provider Number	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
14 05-0008	Davies Medical Center	12/31/1998	UGS	9/25/2001	11/19/2001	55	31	\$10,852.27	N/A	11/19/2001
15 05-0008	Davies Medical Center	12/31/1999	UGS	9/13/2002	11/27/2002	75	34,43	\$19,782.79	N/A	11/27/2002
16 05-0008	Davies Medical Center	12/31/2003	UGS	7/2/2008	12/24/2008	175	6D	\$14,222.01	09-0951	3/24/2009
17 05-0488	Eden Hospital Medical Center	6/30/1996	BCC	11/25/1997	12/4/1997	9	24	\$33,091.16	N/A	12/4/1997
18 05-0488	Eden Hospital Medical Center	6/30/1997	BCC	6/30/1999	8/25/1999	56	11	\$26,476.02	N/A	8/25/1999
19 05-0488	Eden Hospital Medical Center	1/14/1998	BCC	6/9/2000	6/27/2000	18	46	\$9,566.51	N/A	6/27/2000
20 05-0488	Eden Hospital Medical Center	12/31/1998	BCC	9/25/2001	10/23/2001	28	48	\$9,414.14	N/A	10/23/2001
21 05-0488	Eden Hospital Medical Center	12/31/1999	UGS	9/5/2002	11/15/2002	71	56,57	\$3,933.35	N/A	11/15/2002
22 05-0488	Eden Hospital Medical Center	12/31/2001	UGS	6/30/2006	12/22/2006	175	SD	\$10,739.16	07-0534	4/2/2009
23 05-0488	Eden Hospital Medical Center	12/31/2002	UGS	9/25/2006	3/12/2007	168	SD	\$16,026.11	07-1222	4/2/2009
24 05-0488	Eden Hospital Medical Center	12/31/2003	UGS	1/11/2007	7/2/2007	172	SB	\$27,947.00	07-2922	4/2/2009
25 05-0007	Mills Peninsula Health Services	12/31/2004	UGS	6/26/2005	3/9/2006	176	SB	\$184,337.88	06-0897	3/24/2009
26 09-0007	Mills Peninsula Health Services	12/31/2003	UGS	9/4/2006	3/12/2007	156	SD	\$97,562.48	07-1461	3/24/2009

Schedule of Providers in Group

Group Name: Sutter O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3524GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt
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 Date Prepared 02/13/2012

Provider Number	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D 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	77	42, 53	\$125,399.50	N/A	2/8/2000
28 05-0007	Peninsula Hospital	12/31/1999	UGS	8/7/2002	10/2/2002	56	13	\$100,199.65	N/A	11/25/2002
29 05-0055	St. Luke's Hospital	6/30/1996	BCC	2/25/1998	7/22/1998	147	9	\$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	93	24	\$173,990.41	N/A	8/24/2000
32 05-0055	St. Luke's Hospital	6/30/1999	UGS	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	UGS	9/25/2002	3/20/2003	176	29, 30, 34	\$90,331.88	03-1008	12/22/2003
34 05-0055	St. Luke's Hospital	12/31/2000	UGS	9/29/2005	3/2/2006	154	55	\$75,424.46	07-0919	6/24/2009
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 05-0417	Sutter Coast Hospital	12/31/2002	UGS	9/27/2006	3/26/2007	180	50	\$14,866.99	07-1352	3/24/2009
38 05-0417	Sutter Coast Hospital	12/31/2003	UGS	9/22/2006	3/24/2007	180	55	\$19,043.93	07-1513	3/24/2009
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

Schedule of Providers in Group

Group Name: Sutter O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3524GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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	
40	05-0108	Sutter Community Hospital	12/31/1996	BCC	3/31/1999	7/12/1999	103	58	\$94,122.66	N/A	7/12/1999
41	05-0476	Sutter Lakeside Hospital	12/31/1995	BCC	3/13/1998	3/27/1998	14	13	\$267,204.09	98-2297	10/20/1998
42	05-0476	Sutter Lakeside Hospital	12/31/1996	BCC	9/28/1998	3/24/1999	177	2	\$318,432.60	99-2384G	9/27/1999
43	05-0476	Sutter Lakeside Hospital	12/31/2002	UGS	9/28/2006	3/22/2007	175	SD	\$119,272.62	07-1525	8/17/2009
44	05-0408	Sutter Medical Center Sacramento	12/31/2000	BCC	9/22/2003	3/19/2004	179	51	\$169,155.66	04-1345	9/24/2009
45	05-0108	Sutter Medical Center Sacramento	12/31/2001	UGS	5/9/2006	11/3/2006	178	SD	\$321,123.41	07-0186	3/24/2009
46	05-0108	Sutter Medical Center Sacramento	12/31/2002	UGS	9/7/2006	3/5/2007	179	SD	\$341,896.89	07-1000	4/2/2009
47	05-0108	Sutter Medical Center Sacramento	12/31/2000	UGS	11/21/2009	3/21/2010	178	SD	\$368,659.84	10-1066	4/21/2011
48	05-0109	Sutter Memorial Hospital	12/31/1995	BCC	10/30/1997	1/28/1998	90	21	\$96,325.48	98-0326	1/28/1998
49	05-0109	Sutter Memorial Hospital	4/1/1996	BCC	2/25/1998	8/19/1998	175	20	\$12,202.53	98-3303	3/22/2000
50	05-0291	Sutter Santa Rosa Medical Center	3/25/1996	BCC	3/12/1997	9/5/1997	177	18	\$74,422.70	97-2948	4/2/1998
51	05-0291	Sutter Santa Rosa Medical Center	6/30/2001	UGS	8/6/2004	10/1/2004	64	SD	\$60,795.12	05-0019	12/9/2009
52	05-0291	Sutter Santa Rosa Medical Center	12/31/2001	UGS	9/14/2005	2/16/2006	155	SD	\$23,559.14	06-0752	10/9/2009

Schedule of Providers in Group

Group Name: Sutter O/P Crossover Bad Debts Page No. 5 of 5
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Date Prepared 02/13/2012
 Case No: 99-3524GC Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
53	Sutter Santa Rosa Medical Center	12/31/2002	UGS	8/24/2007	1/28/2008	157	SD	\$67,472.48	08-0860	3/24/2009
54	Sutter Santa Rosa Medical Center	12/31/2003	UGS	8/24/2007	2/19/2008	179	SD	\$69,571.90	08-1012	3/24/2009
55	Sutter Solano Medical Center	12/31/1995	BCC	3/27/1997	9/15/1997	172	3	\$400,411.12	97-3188	4/6/1998
56	Sutter Solano Medical Center	12/31/1996	BCC	9/18/1998	3/17/1999	180	21	\$472,302.56	99-2181	9/6/2000
57	Sutter Solano Medical Center	12/31/2001	UGS	9/22/2004	3/15/2005	174	SD	\$37,899.91	05-1117	3/24/2009
58	Sutter Solano Medical Center	12/31/2002	UGS	9/22/2004	3/15/2005	174	SD	\$40,295.89	05-1119	3/24/2009
59	Sutter Solano Medical Center	12/31/2003	UGS	9/22/2004	3/15/2005	180	SD	\$50,762.79	07-1508	3/24/2009

Total Reimbursement: \$6,954,319.45

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Schedule of Providers in Group

Tab	Provider Number	Provider Name	FYE	Intermediary	A	B	C	D	E	F	G
					Date of Final Determination	Date of Hearing Rqst	No of Days	Audit Adj No	Amount of Reimbursemen	Orig Case No	Date of Add/Transf
1	05-0597	Foothill Presbyterian Hospital	12/31/1995	BCC	1/29/1997	7/8/1997	160	12	\$25,803.59	97-2676	6/29/2000
2	05-0597	Foothill Presbyterian Hospital	12/31/1996	BCC	8/17/1998	10/16/1998	60	17	\$8,331.38	N/A	10/16/98
3	05-0597	Foothill Presbyterian Hospital	12/31/1997	BCC	3/7/2000	5/15/2000	69	20	\$11,085.21	N/A	5/15/2000
4	05-0382	Intercommunity Medical Center	12/31/1995	BCC	4/23/1997	7/29/1997	97	18	\$20,523.58	98-0047	7/29/97
5	05-0382	Intercommunity Medical Center	12/31/1996	BCC	9/18/1998	10/16/1998	28	17	\$21,927.40	N/A	10/16/98
6	05-0382	Intercommunity Medical Center	12/31/1997	BCC	9/27/2000	10/16/2000	19	32	\$36,894.39	N/A	10/16/2000
7	05-0369	Queen of the Valley Hospital	12/31/1995	BCC	4/30/1997	7/29/1997	90	16	\$80,986.13	98-0048	7/29/97
8	05-0369	Queen of the Valley Hospital	12/31/1996	BCC	10/23/1998	11/20/1998	28	22,23,24, 25	\$22,122.42	99-3140	11/20/98
9	05-0369	Queen of the Valley Hospital	12/31/1997	BCC	4/7/2000	5/15/2000	38	9	\$19,650.93	N/A	5/15/2000
										Total Reimbursement	\$247,325.03

Group Name: Citrus Valley O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3526GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt
 Page No. 1 of 1
 Date Prepared 10/18/2011

Schedule of Providers in Group

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

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 11/30/2010

Case No: 99-3527GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
1	05-0149 California Hospital Medical Center	9/30/1998	UGS	8/14/2002	12/6/2002	114	24,25	\$25,095.00	N/A	12/6/2002
2	05-0149 California Hospital Medical Center	12/31/1999	UGS	10/29/2002	12/9/2002	41	19	\$102,950.00	N/A	12/9/2002
3	05-0089 Community Hosp of San Bernardino	6/30/1996	BCC	2/12/1998	5/28/1998	105	5	\$196,549.00	98-2800	2/24/1999 & 9/29/2010
4	05-0242 Dominican Santa Cruz Hospital	6/30/1996	BCC	8/26/1998	2/17/1999	175	44	\$152,350.00	99-1828	8/23/1999 & 7/9/2002
5	05-0242 Dominican Santa Cruz Hospital	6/30/1997	UGS	8/5/1999	1/28/2000	176	14,15	\$314,704.00	00-1198	2/27/2001
6	05-0242 Dominican Santa Cruz Hospital	6/30/1998	UGS	8/23/2000	12/14/2000	113	43,49	\$323,761.00	01-0597	2/27/2001
7	05-0107 Marian Medical Center	11/30/1995	BCC	5/6/1998	10/26/1998	173	SD	\$395,255.00	98-2768	12/21/1999
8	05-0107 Marian Medical Center	11/30/1996	BCC	11/9/1998	4/30/1999	172	SD	\$414,981.00	99-3160	9/14/1999 & 9/29/2010
9	05-0107 Marian Medical Center	4/24/1997	BCC	8/12/1999	12/30/1999	140	50	\$180,179.00	N/A	12/30/1999 & 9/29/2010
10	05-0107 Marian Medical Center	6/30/1999	UGS	7/2/2002	9/16/2002	76	52,60	\$365,585.00	02-2105	1/30/2003
11	05-0366 Mark Twain St Joseph Hospital	4/23/1995	BCC	7/6/2000	9/22/2000	46	RA-001	\$34,408.00	N/A	5/22/2000
12	05-0366 Mark Twain St Joseph Hospital	12/31/1996	BCC	6/29/1999	12/22/1999	176	36	\$29,432.00	00-0960	7/28/2000
13	05-0366 Mark Twain St Joseph Hospital	6/30/1998	UGS	9/30/2000	2/27/2001	150	25, 24	\$80,852.00	N/A	2/27/2001

Schedule of Providers in Group

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

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 11/30/2010

Case No: 99-3527GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
14 05-0366	Mark Twain St Joseph Hospital	6/30/1999	UGS	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	UGS	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	UGS	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	6	\$255,482.00	N/A	12/2/1998 & 7/9/2002
22 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	UGS	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	UGS	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

Schedule of Providers in Group

Group Name: CHW 96 - 99 O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3527GC

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Date Prepared 11/30/2010

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
27	Mercy Methodist Hospital	12/31/1997	UGS	8/16/2000	2/14/2001	182	23,24	\$147,368.00	01-1279	7/27/2001
28	Mercy Methodist Hospital	12/31/1998	UGS	8/23/2002	12/5/2002	104	37,62	\$59,748.00	N/A	12/5/2002
29	Mercy Methodist Hospital	12/31/1999	UGS	4/5/2004	9/27/2004	175	36	\$59,684.00	04-2324	12/21/2004
30	Mercy Mount Shasta	6/30/1996	BCC	8/5/1999	1/31/2000	179	12	\$46,153.00	N/A	1/31/2000
31	Mercy Mount Shasta	6/30/1997	BCC	3/31/2000	4/11/2000	11	26	\$50,765.00	N/A	4/11/2000
32	Mercy Mount Shasta	6/30/1998	BCC	9/30/2000	10/16/2000	16	32, 31	\$28,367.00	N/A	10/16/2000
33	Mercy Mount Shasta	6/30/1999	UGS	7/26/2002	11/15/2002	112	24,30	\$7,590.00	N/A	11/15/2002
34	Mercy San Juan Hospital	3/31/1997	NGS	5/13/2005	11/3/2005	174	SD	\$176,241.00	06-0180	4/2/2007
35	Mercy San Juan Hospital	3/31/1998	UGS	9/20/2007	12/27/2007	98	10	\$134,070.00	08-0536	6/20/2008
36	Mercy San Juan Hospital	3/31/1999	UGS	4/26/2004	10/20/2004	177	32	\$76,364.00	05-0055	7/17/2007
37	San Gabriel Valley Medical Center	9/30/1998	UGS	4/22/2004	10/20/2004	181	38	\$106,107.00	05-0099	8/20/2008
38	Sequoia District Hospital	6/30/1997	BCC	9/12/2000	10/6/2000	24	32	\$68,121.00	N/A	10/6/2000
39	Sequoia District Hospital	6/30/1998	BCC	7/20/2001	8/13/2001	24	33, 34	\$33,982.00	N/A	8/13/2001

Schedule of Providers in Group

Group Name: CHW 96 - 99 O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3527GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 11/30/2010

Provider Number	Provider Name	FYE	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	
40	05-0197	Sequoia District Hospital	6/30/1999	UGS	8/31/2001	9/20/2001	20	36	\$34,994.00	N/A	9/20/2001
41	05-0150	Sierra Nevada Memorial Hospital	12/31/1995	BCC	8/25/1998	12/23/1998	120	25	\$83,209.00	99-0863	8/26/1999 & 9/29/2010
42	05-0150	Sierra Nevada Memorial Hospital	12/31/1996	BCC	9/28/1998	12/23/1998	86	SD, 10	\$66,730.00	99-0862	3/28/2000
43	05-0150	Sierra Nevada Memorial Hospital	12/31/1998	UGS	3/7/2001	7/24/2001	139	52	\$50,355.00	N/A	7/24/2001
44	05-0150	Sierra Nevada Memorial Hospital	12/31/1999	UGS	10/18/2002	2/3/2003	108	27, 28	\$46,946.00	N/A	2/3/2003
45	05-0129	St. Bernardine Medical Center	5/29/1996	Mutual	9/29/1998	3/25/1999	177	SD	\$156,837.00	99-2537	6/29/1999 & 7/9/2002
46	05-0129	St. Bernardine Medical Center	6/30/1997	Mutual	5/28/1999	6/29/1999	32	35	\$35,764.00	N/A	6/29/1999 & 7/9/2002
47	05-0129	St. Bernardine Medical Center	6/30/1998	Mutual	6/19/2000	7/28/2000	39	27	\$36,425.00	N/A	7/28/2000 & 7/9/2002
48	05-0129	St. Bernardine Medical Center	6/30/1999	Mutual	9/25/2001	2/25/2002	153	54, 57, 58	\$80,000.00	02-0933	10/31/2002
49	05-0695	St. Dominic's Hospital	12/31/1997	UGS	12/5/2000	2/21/2001	78	29	\$15,069.00	N/A	2/21/2001
50	05-0695	St. Dominic's Hospital	12/31/1998	UGS	8/31/2001	10/12/2001	42	25, 32	\$16,704.00	N/A	10/12/2001
51	05-0695	St. Dominic's Hospital	12/31/1999	UGS	9/13/2002	3/11/2003	179	24, 25	\$9,378.00	N/A	3/11/2003
52	05-0042	St. Elizabeth Community Hospital	6/30/1996	BCC	3/26/1999	4/26/1999	31	16	\$52,787.00	N/A	4/26/1999 & 7/9/2002

Schedule of Providers in Group

Group Name: CHW 96 - 99 O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3527GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt
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 Date Prepared 11/30/2010

Provider Number	Provider Name	FYE	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
53	05-0042 St. Elizabeth Community Hospital	6/30/1997	BCC	4/11/2000	5/1/2000	20	24	\$372,817.00	N/A	5/1/2000
54	05-0042 St. Elizabeth Community Hospital	6/30/1999	UGS	7/26/2002	11/15/2002	112	9,13	\$22,294.00	N/A	11/15/2002
55	05-0054 St. Francis Medical Center SB	6/30/1996	BCC	8/19/1998	11/1/1999	145	14	\$9,000	99-0746	9/3/1999
56	05-0152 St. Francis Memorial Hospital (SF)	6/30/1996	BCC	2/23/1999	6/10/1999	107	16	\$123,907.00	N/A	6/10/1999 & 7/9/2002
57	05-0152 St. Francis Memorial Hospital (SF)	6/30/1997	NGS	3/3/2006	6/29/2006	118	28, 29	\$92,863.00	06-1905	10/26/2006
58	05-0152 St. Francis Memorial Hospital (SF)	6/30/1998	UGS	12/18/2002	3/14/2003	86	52	\$60,607.00	N/A	3/14/2003
59	05-0152 St. Francis Memorial Hospital (SF)	6/30/1999	UGS	12/10/2002	3/18/2003	98	6,40	\$71,815.00	N/A	3/18/2003
60	05-0616 St. John's Pleasant Valley Hospital	6/30/1996	Mutual	9/25/1998	12/3/1998	69	18	\$19,055.00	99-0080	6/26/2000
61	05-0082 St. John's Regional Medical Center	6/30/1996	Mutual	5/29/1998	7/29/1998	61	18	\$57,000.00	N/A	7/29/1998 & 9/29/2010
62	05-0082 St. John's Regional Medical Center	6/30/1997	Mutual	3/31/1999	9/21/1999	174	18	\$141,210.00	99-4031	1/2/2001
63	05-4123 St. Joseph's Behavioral Health Center	12/31/1996	BCC	9/3/1999	1/13/2000	132	7	\$4,863.00	N/A	1/13/2000
64	05-4123 St. Joseph's Behavioral Health Center	12/31/1997	UGS	9/25/2000	2/26/2001	154	14, 15	\$3,937.00	N/A	2/26/2001
65	05-4123 St. Joseph's Behavioral Health Center	12/31/1998	UGS	9/14/2001	10/12/2001	28	11,12	\$2,052.00	N/A	10/12/2001

Schedule of Providers in Group

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

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 11/30/2010

Case No: 99-3527GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing Rgst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
66	St. Joseph's Behavioral Health Center	12/31/1999	UGS	9/17/2002	3/12/2003	176	7,10	\$3,419.00	N/A	3/12/2003
67	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	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	St. Joseph's Med. Ctr-Stockton	12/31/1997	UGS	12/5/2000	2/21/2001	78	65	\$195,576.00	N/A	2/21/2001
70	St. Joseph's Med. Ctr-Stockton	12/31/1998	UGS	9/28/2001	10/12/2001	14	43,44	\$104,010.00	N/A	10/12/2001
71	St. Joseph's Med. Ctr-Stockton	12/31/1999	UGS	11/22/2002	3/6/2003	104	33,41	\$73,557.00	N/A	3/6/2003
72	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	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	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	St. Mary's Medical Center, S.F.	6/30/1997	UGS	9/29/2000	3/7/2001	159	21	\$75,981.00	01-1750	9/27/2001
76	St. Mary's Medical Center, S.F.	6/30/1998	UGS	9/27/2002	3/20/2003	174	71,72	\$84,756.00	03-1044	6/27/2003
77	St. Mary's Medical Center, S.F.	6/30/1999	UGS	9/30/2002	3/25/2003	176	40	\$116,024.00	03-1107	6/19/2003
78	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

Schedule of Providers in Group

Group Name: CHW 96 - 99 O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3527GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 11/30/2010

Provider Number	Provider Name	FYE	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	
79	05-0127	Woodland Memorial Hospital	9/30/1996	BCC	4/24/1998	7/31/1998	98	12	\$1,126.00	N/A	7/31/1998 & 7/29/2002
80	05-0127	Woodland Memorial Hospital	9/30/1998	UGS	2/21/2003	3/26/2003	33	3,24	\$32,568.00	N/A	3/26/2003
81	05-0127	Woodland Memorial Hospital	9/30/1999	UGS	9/9/2002	11/20/2002	72	27,28	\$52,704.00	N/A	11/20/2002
82	05-0116	Northridge Hospital-Roscoe Campus	11/30/1998	UGS	9/26/2001	3/15/2002	170	SD	\$127,140.00	02-1288	9/15/2008
83	05-0299	Northridge Hospital-Sherman Way	11/30/1998	UGS	9/25/2001	3/18/2002	174	SD	\$231,359.00	02-1287	9/18/2008

Schedule of Providers in Group

Group Name: Adventist California O/P Crossover Bad Debts

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 10/28/2011

Case No: 99-3529GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediary	A	Date of Final Determination	B	Date of Hearing	C	No of Days	D	Audit Adj No	E	Amount of Reimbursement	F	Orig Case No	G	Date of Add/Transf
1	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	Glendale Adventist Hospital	12/31/2001	FCSO	9/25/2007	3/19/2008	176	SD	\$323,780.80	08-1652	8/11/2011						
3	05-0239	Glendale 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						
5	05-0024	Paradise Valley Hospital	12/31/2000	FCSO	9/28/2003	2/4/2004	128	SD	\$177,798.66	04-0680	7/6/2010						
6	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						
7	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						
8	05-0024	Paradise Valley Hospital	12/31/2003	FCSO	10/28/2009	6/22/2010	237	SD	\$311,214.99	N/A	6/22/2010						
9	05-0013	St. Helena Hospital	12/31/1996	FCSO	12/31/1998	3/3/1999	62	53	\$108,760.48	N/A	3/3/1999						
10	05-0013	St. Helena Hospital	12/31/1997	FCSO	10/28/1999	1/13/2000	77	69,70	\$108,145.71	N/A	1/13/2000						
11	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						
12	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						

Schedule of Providers in Group

Group Name: Adventist California O/P Crossover Bad Debts

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 10/28/2011

Case No: 99-3529GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	A	B	C	D	E	F	G
			Date of Final Determination	Date of Hearing	No of Days Rqst	Audit Adj No	Amount of Reimbursemen	Orig Case No	Date of Add/Transf
14 05-0013	St. Helena Hospital	12/31/2003	9/24/2007	3/8/2008	166	SD	\$88,813.83	08-1263	10/17/2008

Total Reimbursement: \$2,776,087.74

Schedule of Providers in Group

OCT 28 2011

Group Name: Memorial Health O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3578GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
1	05-0226	Anaheim Memorial	BCC	9/15/2000	3/9/2001	175	SD	\$110,478.92	01-1689	5/19/2009
2	05-0226	Anaheim Memorial	UGS	9/25/2001	3/19/2002	174	42	\$112,473.66	N/A	4/6/2010
3	05-0226	Anaheim Memorial	UGS	8/12/2003	2/5/2004	177	36	\$73,628.55	04-0709	10/28/2004
4	05-0226	Anaheim Memorial	UGS	9/23/2005	3/20/2006	178	5,17,18	\$66,014.79	06-1331	6/16/2009
5	05-0226	Anaheim Memorial	UGS	9/7/2006	2/27/2007	173	19,20,21	\$41,301.99	07-0963	6/16/2009
6	05-0226	Anaheim Memorial	UGS	9/14/2006	2/28/2007	167	17	\$52,001.94	07-1056	6/16/2009
7	05-0226	Anaheim Memorial	UGS	9/8/2006	2/28/2007	173	16	\$63,662.78	07-1057	6/16/2009
8	05-0485	Long Beach Memorial Medical Center	BCC	9/28/1999	3/22/2000	176	46	\$213,044.82	00-2441	8/6/2008
9	05-0485	Long Beach Memorial Medical Center	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	UGS	9/26/2001	3/22/2002	177	37	\$239,678.28	02-1373	8/24/2009
11	05-0485	Long Beach Memorial Medical Center	UGS	11/16/2004	5/10/2005	175	84	\$106,416.00	05-1525	6/16/2009
12	05-0485	Long Beach Memorial Medical Center	UGS	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	UGS	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	NGS	7/1/2008	12/23/2008	175	33	\$131,239.88	09-0585	6/16/2009

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Date Prepared 10/24/2011

Schedule of Providers in Group

Group Name: Memorial Health O/P Crossover Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 99-3578GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 10/24/2011

Provider Number	Provider Name	FYE	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
15	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
16	05-0678 Orange Coast Hospital	6/30/2000	UGS	1/31/2003	7/22/2003	172	24	\$12,172.25	03-1397	11/4/2003
17	05-0678 Orange Coast Hospital	6/30/2001	UGS	9/22/2005	3/17/2006	176	14,15	\$10,483.35	06-1191	6/16/2009
18	05-0678 Orange Coast Hospital	6/30/2002	UGS	9/6/2006	2/23/2007	170	12,17	\$5,017.29	07-0964	6/16/2009
19	05-0678 Orange Coast Hospital	6/30/2003	UGS	9/22/2006	3/8/2007	167	13	\$4,858.73	07-1075	6/16/2009
20	05-0678 Orange Coast Hospital	6/30/2004	UGS	12/18/2006	6/11/2007	175	10,11	\$11,128.55	07-2232	6/16/2009
21	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
22	05-0603 Saddleback Memorial	6/30/2001	UGS	9/14/2005	3/9/2006	176	30,31	\$7,094.46	06-1035	6/16/2009
23	05-0603 Saddleback Memorial	6/30/2002	UGS	9/26/2006	3/14/2007	169	28	\$13,161.84	07-1219	6/16/2009
24	05-0603 Saddleback Memorial	6/30/2003	UGS	9/25/2006	3/14/2007	170	20	\$20,520.94	07-1218	6/16/2009
25	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
26	05-0603 Saddleback Memorial	6/30/2000	UGS	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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Schedule of Providers in Group

PROVIDER REIMBURSEMENT REVIEW BOARD

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Group Name: Sutter Health Inpatient Unbilled Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 02-2168G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Tab	Provider Number	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Appeal	C No of Days	D Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
1	05-0208	California Pacific Med Ctr - California	12/31/1995	BCC	8/22/1997	1/7/1998	138	SD	\$12,808.00	98-0606	11/30/1999
2	05-0047	California Pacific Medical Center - Pacific	12/31/2000	BCC	12/17/2000	6/15/2001	164	SD	\$538,627.56	04-1809	2/19/2000
3	05-0047	California Pacific Medical Center - Pacific	12/31/2002	NGS	12/23/2009	6/19/2010	177	SD	\$692,566.91	10-1499	1/21/11
4	05-0047	California Pacific Medical Center - Pacific	12/31/2000	Palmetto	12/24/2000	12/24/2008	175	SD	\$711,864.05	09-0651	3/20/2009
5	05-0008	Davies Medical Center	12/31/1995	BCC	1/12/1998	3/9/1998	56	6	\$33,931.43	N/A	3/9/1998
6	05-0008	Davies Medical Center	12/31/1996	BCC	9/30/1999	12/21/1999	82	44	\$40,003.20	N/A	12/28/1999
7	05-0008	Davies Medical Center	12/31/1997	BCC	9/30/2000	10/23/2000	23	34	\$15,247.00	N/A	10/23/2000
8	05-0008	Davies Medical Center	7/29/1998	BCC	8/24/2000	2/15/2001	175	28	\$21,384.00	01-1200	8/13/2001
9	05-0008	Davies Medical Center	12/31/2000	BCC	7/2/2000	12/24/2008	175	SD	\$711,864.05	09-0651	3/20/2009
10	05-0488	Eden Hospital Medical Center	6/30/1996	BCC	11/25/1997	12/4/1997	9	24	\$62,272.08	N/A	1/29/2003
11	05-0488	Eden Hospital Medical Center	6/30/1997	BCC	6/30/1999	8/25/1999	56	11	\$42,804.93	N/A	8/25/1999
12	05-0488	Eden Hospital Medical Center	1/14/1998	BCC	6/9/2000	6/27/2000	18	46	\$15,282.00	N/A	6/27/2000

Schedule of Providers in Group

Group Name: Sutter Health Inpatient Unbilled Bad Debts

Page No. 2 of 4

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 02/09/2012

Case No: 02-2168G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Tab	Provider Number	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Appeal	C No of Days	D Audit Adj No	E Amount of Reimbursement	F Orig Case No	G Date of Add/Transf
13	05-0488	Eden Hospital Medical Center	12/31/1998	BCC	9/25/2001	10/23/2001	28	48	\$28,248.15	N/A	10/23/2001
14	05-0488	Eden Hospital Medical Center	12/31/1999	UGS	9/5/2002	11/15/2002	71	56,57	\$21,214.60	N/A	11/6/2002
15	05-0488	Eden Hospital Medical Center	12/31/2001	UGS	6/30/2006	12/22/2006	175	SD	\$20,784.63	07-0534	4/2/2009
16	05-0488	Eden Hospital Medical Center	12/31/2002	UGS	9/25/2006	3/12/2007	168	SD	\$10,018.40	07-1222	4/2/2009
17	05-0488	Eden Hospital Medical Center	12/31/2002	UGS	4/11/2007	7/2/2007	172	SD	\$13,842.67	07-2322	4/2/2009
18	05-0007	Mid Peninsula Health Services	12/31/2004	UGS	9/20/2005	3/9/2006	170	SD	\$44,374.97	06-9997	9/24/2009
19	05-0007	Mid Peninsula Health Services	12/31/2008	UGS	9/4/2008	3/12/2007	160	SD	\$49,967.01	07-1461	3/28/2009
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	77	42, 53	\$137,190.73	N/A	2/8/2000
22	05-0007	Peninsula Hospital	12/31/1999	UGS	8/7/2002	10/2/2002	56	13	\$5,345.54	N/A	10/2/2002
23	05-0055	St. Luke's Hospital	6/30/1996	BCC	2/25/1998	7/22/1998	147	9	\$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	4/2/2000

Schedule of Providers in Group

Group Name: Sutter Health Inpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 02-2168G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 02/09/2012

Tab	Provider Number	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Appeal	C No of Days	D Audit Adj No	E Amount of Reimbursement	F Orig Case No	G Date of Add/Transf
25	05-0055	St. Luke's Hospital	6/30/1998	BCC	5/23/2000	8/24/2000	93	24	\$195,949.17	N/A	8/24/2000
26	05-0055	St. Luke's Hospital	6/30/1999	UGS	9/20/2001	3/8/2002	169	29,30	\$104,893.18	02-1055	7/31/2002
27	05-0055	St. Luke's Hospital	6/30/2000	UGS	9/25/2002	3/20/2003	176	29, 30, 34	\$24,345.83	03-1008	7/11/2003
28	05-0055	St. Luke's Hospital	12/31/2003	UGS	9/29/2005	3/2/2006	154	8D	\$15,456.48	07-0916	3/23/2009
29	05-0417	Sutter Coast Hospital	12/31/1996	BCC	1/27/1999	3/18/1999	50	24, 23	\$63,507.42	N/A	3/18/1999
30	05-0417	Sutter Coast Hospital	12/31/2002	UGS	9/24/2006	3/20/2007	180	SD	\$14,494.64	07-1352	3/24/2009
31	05-0417	Sutter Coast Hospital	12/31/2003	BCC	9/22/2006	3/27/2007	160	SD	\$29,156.71	07-1543	1/2/2009
32	05-0476	Sutter Lakeside Hospital	12/31/2002	UGS	9/28/2006	3/22/2007	175	SD	\$17,718.70	07-1525	8/24/2009
33	05-0406	Sutter Medical Center Sacramento	12/31/2000	BCC	9/22/2003	3/4/2004	179	SD	\$37,295.29	04-1346	3/24/2009
34	05-0108	Sutter Medical Center Sacramento	12/31/2001	UGS	5/9/2006	11/3/2006	178	SD	\$116,212.86	07-0186	3/24/2009
35	05-0108	Sutter Medical Center Sacramento	12/31/2002	UGS	9/7/2006	3/5/2007	179	SD	\$144,625.91	07-1000	4/2/2009
36	05-0108	Sutter Medical Center Sacramento	12/31/2003	UGS	11/24/2009	5/21/2010	178	SD	\$173,907.57	10-1058	4/24/2011

Schedule of Providers in Group

Group Name: Sutter Health Inpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Page No. 4 of 4
 Date Prepared 02/09/2012

Case No: 02-2168G Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Tab	Provider Number	Provider Name	FYE	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
37	05-0291	Sutter Santa Rosa Medical Center	6/30/2001	UGS	9/14/2004	10/4/2004	34	SD	\$19,707.16	05-0819	12/3/2009
38	05-0291	Sutter Santa Rosa Medical Center	12/31/2001	UGS	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	UGS	8/24/2007	1/29/2008	157	SD	\$15,300.85	08-0860	3/24/2009
40	05-0291	Sutter Santa Rosa Medical Center	12/31/2003	UGS	8/24/2007	2/19/2008	179	SD	\$20,997.66	08-1012	3/24/2009
41	05-0101	Sutter Solano Medical Center	12/31/2001	UGS	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	UGS	9/22/2004	3/15/2005	174	SD	\$55,326.61	05-1119	3/24/2009
43	05-0101	Sutter Solano Medical Center	12/31/2003	UGS	9/20/2006	9/19/2007	186	SD	\$60,129.62	07-1506	3/24/2009

Total Reimbursement \$3,880,741.95

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Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 02-2169G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

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 PROVIDER REIMBURSEMENT
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 Date Prepared 10/27/11

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
1 05-0036	Bakerfield 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	Bakerfield Memorial Hospital	6/30/1997	BCC	3/31/1999	8/13/1999	135	UC/SD	\$16,142.55	99-4006	11/28/2000
3 05-0242	Dominican Santa Cruz Hospital	6/30/1996	BCC	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	UGS	8/5/1999	1/28/2000	176	14,15	\$46,318.88	00-1198	2/27/2001
5 05-0242	Dominican Santa Cruz Hospital	6/30/1998	UGS	8/23/2000	12/14/2000	113	43,49	\$160,350.87	01-0597	2/27/2001
6 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
7 05-0107	Marian Medical Center	4/24/1997	BCC	8/12/1999	12/30/1999	140	50	\$21,860.83	N/A	12/30/1999
8 05-0107	Marian Medical Center	6/30/1999	UGS	7/2/2002	9/16/2002	76	52,60	\$15,418.13	02-2105	1/30/2003
9 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 Hospital	6/30/1998	UGS	9/30/2000	2/27/2001	150	25, 24	\$20,813.53	N/A	2/27/2001

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 02-2169G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 10/27/11

Provider Number	Provider Name	FYE	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
11 05-0366	Mark Twain St Joseph Hospital	6/30/1999	UGS	2/22/2002	7/26/2002	154	6,10	\$17,503.40	N/A	7/26/2002
12 05-0421	Mercy American River	12/31/1995	BCC	2/4/1999	6/2/1999	118	19	\$26,234.30	N/A	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
14 05-0295	Mercy Bakersfield	6/30/1997	BCC	6/7/1999	12/8/1999	184	32	\$37,037.86	00-0816	11/26/2000
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	6	\$52,541.55	N/A	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	N/A	10/16/2000
19 05-0280	Mercy Medical Center Redding	6/30/1998	UGS	9/28/2001	10/15/2001	17	57	\$35,325.89	N/A	10/15/2001
20 05-0280	Mercy Medical Center Redding	6/30/1999	UGS	9/28/2001	10/15/2001	17	31,32	\$23,754.88	N/A	10/15/2001

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 02-2169G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt
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Provider Number	Provider Name	FYE	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
21	Mercy Medical Center Redding	6/30/2000	UGS	12/3/2002	5/31/2003	179	34	\$35,797.54	03-1338	9/9/2003
22	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	Mercy Methodist Hospital	12/31/1997	UGS	8/16/2000	2/14/2001	182	23,24	\$26,100.00	01-1279	7/27/2001
24	Mercy Methodist Hospital	12/31/1998	UGS	8/23/2002	12/5/2002	104	37,62	\$48,038.25	N/A	12/5/2002
25	Mercy Mount Shasta	6/30/1996	BCC	8/5/1999	1/31/2000	179	12	\$8,907.85	N/A	1/31/2000
26	Mercy Mount Shasta	6/30/1997	BCC	3/31/2000	4/1/2000	11	26	\$1,520.00	N/A	4/1/2000
27	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	Mercy Mount Shasta	6/30/1999	UGS	7/26/2002	11/15/2002	112	24,30	\$4,774.97	N/A	9/4/2002
29	San Gabriel Valley Medical Center	9/30/1996	BCC	9/28/1998	3/1/1999	154	15, 16	\$20,356.28	99-1622	3/19/1999
30	San Gabriel Valley Medical Center	9/30/1997	BCC	2/16/2000	3/9/2000	22	41, 40	\$31,581.76	N/A	3/9/2000

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 02-2169G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt
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Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days Rqst	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	10/6/2000
33 05-0197	Sequoia District Hospital	6/30/1998	BCC	7/20/2001	8/13/2001	24	33, 34	\$7,592.58	N/A	8/13/2001
34 05-0197	Sequoia District Hospital	6/30/1999	UGS	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	UGS	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	UGS	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	UGS	12/5/2000	2/21/2001	78	29	\$20.00	N/A	2/21/2001
40 05-0695	St. Dominic's Hospital	12/31/1998	UGS	8/31/2001	10/12/2001	42	25,32	\$4,020.00	N/A	10/12/2001

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts

Page No. 5 of 7

Group Representative: Barbara Meehan, A CARLSON-ASSOCIATES

Date Prepared 10/27/11

Case No: 02-2169G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
41 05-0695	St. Dominic's Hospital	12/31/1999	UGS	9/13/2002	3/11/2003	179	24,25	\$466.80	N/A	3/11/2003
42 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
43 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
44 05-0042	St. Elizabeth Community Hospital	6/30/1999	UGS	7/26/2002	11/15/2002	112	9,13	\$7,286.72	N/A	9/4/2002
45 05-0061	St. Francis Medical Center, SB	4/24/1997	BCC	8/26/1999	12/30/1999	126	7	\$2,597.13	N/A	12/30/1999
46 05-0152	St. Francis Memorial Hospital (SF)	6/30/1996	BCC	2/23/1999	6/10/1999	107	16	\$39,769.60	N/A	6/9/1999
47 05-0152	St. Francis Memorial Hospital (SF)	6/30/1998	UGS	12/18/2002	3/14/2003	86	52	\$31,347.41	N/A	3/14/2003
48 05-0152	St. Francis Memorial Hospital (SF)	6/30/1999	UGS	12/10/2002	3/18/2003	98	6,40	\$13,710.80	N/A	3/18/2003
49 05-0152	St. Francis Memorial Hospital (SF)	6/30/2000	UGS	12/13/2002	4/28/2003	136	46,48	\$18,009.70	03-1245	8/27/2003
50 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

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts

Page No. 6 of 7

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 10/27/11

Case No: 02-2169G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days Rqst	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	UGS	12/5/2000	2/21/2001	78	65	\$73,357.90	N/A	2/21/2001
52 05-0084	St. Joseph's Med. Ctr-Stockton	12/31/1998	UGS	9/28/2001	10/12/2001	14	43,44	\$43,556.94	N/A	10/12/2001
53 05-0084	St. Joseph's Med. Ctr-Stockton	12/31/1999	UGS	11/22/2002	3/6/2003	104	33,41	\$24,302.93	N/A	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	UGS	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	UGS	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	UGS	9/30/2002	3/25/2003	176	40	\$50,462.47	03-1107	6/19/03
59 05-0127	Woodland Memorial Hospital	7/29/1996	BCC	4/24/1998	7/31/1998	98	12	\$16,797.78	N/A	7/31/1998
60 05-0127	Woodland Memorial Hospital	9/30/1996	BCC	4/24/1998	7/31/1998	98	12	\$1,472.00	N/A	7/31/1998

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 02-2169G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt
 Page No. 7 of 7
 Date Prepared 10/27/11

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days Rqst	D Audit No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
61 05-0127	Woodland Memorial Hospital	9/30/1998	UGS	2/21/2003	3/26/2003	33	3,24	\$8,188.39	N/A	3/26/2003
62 05-0127	Woodland Memorial Hospital	9/30/1999	UGS	9/9/2002	11/20/2002	72	27,28	\$5,632.37	N/A	10/2/2002
63 05-0127	Woodland Memorial Hospital	9/30/2000	UGS	1/14/2005	4/12/2006	162		\$3,768.15	06-1589	3/9/2007

Total Reimbursement: \$2,281,334.67



Schedule of Providers in Group

Group Name: Citrus Valley 94 - 97 Inpatient Unbilled Bad Debts

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 09/26/2013

Case No: 02-2170G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
1 05-0597	Foothill Presbyterian Hospital	12/31/1995	BCC	1/29/1997	7/8/1997	160	12	\$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
3 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
5 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
6 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
8 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	8/1/1999 9/30/2002
9 05-0369	Queen of the Valley Hospital	12/31/1997	BCC	4/7/2000	5/15/2000	38	9	\$38,543.27	Direct Add 98-0212G	5/15/2000 9/30/2002

Total Reimbursement: \$274,634.83

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Date Prepared 10/26/2011

Schedule of Providers in Group

Group Name: Unihealth Inpatient Unbilled Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 02-2171G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

OP Book Number	Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
2	05-0149	California Hospital Medical Center	9/30/1996	BCC	9/30/1999	3/8/2000	160	68, 69, 81	\$14,288.49	N/A	3/8/2000
3	05-0149	California Hospital Medical Center	9/30/1997	BCC	9/28/2000	1/23/2001	117	24	\$13,553.85	N/A	1/23/2001
4	05-0149	California Hospital Medical Center	9/30/1998	UGS	8/14/2002	12/6/2002	114	24,25	\$20,406.68	N/A	12/6/2002
5	05-0149	California Hospital Medical Center	11/30/1998	UGS	9/26/2001	2/27/2002	154	37,43	\$1,794.08	N/A	2/27/2002
6	05-0149	California Hospital Medical Center	12/31/1999	UGS	10/29/2002	12/9/2002	41	19	\$10,991.58	N/A	12/9/2002
13	05-0170	Long Beach Community Hospital	6/30/1996	BCC	9/9/1999	10/14/1999	35	25	\$15,786.04	N/A	10/14/1999
14	05-0170	Long Beach Community Hospital	6/30/1997	BCC	9/30/1999	2/21/2000	144	12, 11	\$15,482.57	N/A	2/21/2000
15	05-0170	Long Beach Community Hospital	6/30/1998	BCC	9/22/2000	10/20/2000	28	19, 37	\$23,818.79	N/A	10/20/2000
16	05-0170	Long Beach Community Hospital	11/30/1998	UGS	9/28/2001	12/3/2001	66	38,39,41, 42	\$15,413.57	N/A	12/7/2001
19	05-0282	Martin Luther Hospital	9/30/1997	BCC	9/28/2000	11/14/2000	47	5	\$4,727.05	N/A	11/14/2000

Schedule of Providers in Group

Group Name: Unihealth Inpatient Unbilled Bad Debts

Page No. 2 of 2

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 10/26/2011

Case No: 02-2171G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

P Book Number	Provider Number	Provider Name	FYE	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	UGS	9/27/2001	12/3/2001	67	8, 9	\$13,680.79	N/A	12/3/2001
21	12 05-0282	Martin Luther Hospital	11/30/1998	UGS	9/27/2001	12/3/2001	67	5	\$1,833.60	N/A	12/3/2001
22	13 05-0282	Martin Luther Hospital	8/31/1999	UGS	7/12/2002	1/3/2003	175	40	\$17,370.91	03-0505	10/3/2003
23	14 05-0282	Martin Luther Hospital	9/30/1996	UGS	9/27/2001	12/3/2001	67	R2-001	\$15,951.14	N/A	3/18/1999
24	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
25	16 05-0116	Northridge Hospital-Roscoe Campus	6/30/1997	BCC	9/22/1999	10/21/1999	29	12	\$77,100.89	N/A	10/21/1999
26	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
27	18 05-0299	Northridge Hospital-Sherman Wa	3/31/1997	BCC	9/17/1999	10/21/1999	34	48, 49	\$23,293.53	N/A	10/21/1999

Total Reimbursement: \$522,004.78

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Schedule of Providers in Group

Group Name: Adventist Health Inpatient Unbilled Bad Debts

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 02-2172G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

PROVIDER REIMBURSEMENT
1 REVIEW BOARD

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Date Prepared 01/30/2012

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days	D Audit Adj No	E Amount of Reimbursement	F Orig Case No	G Date of Add/Transf	
1	05-0239	Glendale Adventist Hospital	12/31/2000	FCSO	5/30/2003	11/7/2003	161	SD	\$18,425.63	04-0141	8/11/2011
2	05-0239	Glendale Adventist Hospital	12/31/2001	FCSO	9/25/2007	3/19/2008	176	SD	\$208,432.83	08-1652	8/11/2011
3	05-0239	Glendale Adventist Hospital	12/31/2002	FCSO	12/21/2009	6/15/2010	176	SD	\$774,619.01	N/A	6/15/2010
4	05-0239	Glendale Adventist Hospital	12/31/2003	FCSO	1/21/2010	6/15/2010	145	SD	\$55,715.89	N/A	6/15/2010
5	05-0024	Paradise Valley Hospital	12/31/2000	FCSO	9/29/2003	2/4/2004	128	SD	\$28,467.80	04-0680	7/6/2010
6	05-0024	Paradise Valley Hospital	12/31/2001	FCSO	9/22/2005	3/8/2006	167	SD	\$144,320.98	06-1037	7/6/2010
7	05-0024	Paradise Valley Hospital	12/31/2002	FCSO	9/28/2005	3/14/2006	167	SD	\$502,270.27	06-1182	7/6/2010
8	05-0013	St. Helena Hospital	12/31/1996	FCSO	12/31/1998	3/3/1999	62	53	\$27,494.24	N/A	3/3/1999
9	05-0013	St. Helena Hospital	12/31/1997	FCSO	10/28/1999	1/13/2000	77	69,70	\$31,280.96	N/A	1/13/2000
10	05-0013	St. Helena Hospital	12/31/1999	FCSO	9/25/2002	1/21/2003	118	38,68	\$17,035.49	N/A	1/31/2003
11	05-0013	St. Helena Hospital	12/31/2001	FCSO	9/17/2004	3/15/2005	179	SD	\$13,698.95	05-1046	10/17/2008
12	05-0013	St. Helena Hospital	12/31/2002	FCSO	9/8/2005	12/27/2005	110	SD	\$16,533.08	06-0418	10/17/2008

Schedule of Providers in Group

Group Name: Adventist Health Inpatient Unbilled Bad Debts

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

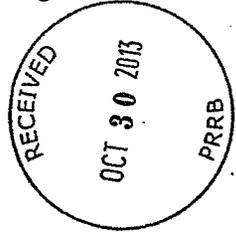
Date Prepared 01/30/2012

Case No: 02-2172G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
13 05-8018	St Helena Hospital	12/31/2008	FC80	9/17/2008	168	SD	\$14,408.69	09-1263	10/17/2008

Total Reimbursement: \$1,852,703.82



Schedule of Providers in Group

Group Name: SSJC Inpatient Unbilled Bad Debts

Page No. 1 of 1

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 09/26/2013

Case No: 02-2173G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days Rqst	D Audit Adj No	E Amount of Reimbursement	F Orig Case No	G Date of Add/Transf
1	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
2	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
3	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
5	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
6	05-0267 Daniel Freeman Memorial Hospital	6/30/1998	BCC	9/22/2000	3/16/2001	175	Self Disallowed	\$196,797.95	01-2522 98-0212G	5/11/2001 9/30/2002
7	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
8	05-0577 Santa Marta Hospital	6/30/1996	BCC	10/24/1997	2/5/1998	104	21	\$13,607.34	Direct Add 98-0212G	2/5/1998 9/30/2002
9	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
10	05-0577 Santa Marta Hospital	6/30/1998	UGS	9/27/2000	12/19/2000	83	3	\$9,012.77	Direct Add 98-0212G	12/19/2000 9/30/2002
11	05-0577 Santa Marta Hospital	6/30/1999	UGS	9/21/2001	10/18/2001	27	4,5	\$8,422.88	02-0099 98-0212G	3/11/2002 9/30/2002

Total Reimbursement: \$805,056.79

Schedule of Providers in Group

Group Name: Cottage Health System Inpatient Unbilled Bad Debts

Page No. 1 of 1

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 01/30/2012

Case No: 02-2175G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad 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 Reimbursement	F Orig Case No	G Date of Add/Transf
1	05-0357	Goleta Valley Cottage Hospital	9/30/1996	BCC	9/23/1998	10/16/1998	23	SD	\$4,633.00	99-0246	5/12/1999
2	05-0357	Goleta Valley Cottage Hospital	12/31/1997	BCC	5/31/2000	6/9/2000	9	6	\$5,212.00	N/A	6/9/2000
3	05-0357	Goleta Valley Cottage Hospital	12/31/1998	UGS	7/13/2001	7/24/2001	11	SD, 11	\$3,613.00	01-3256	1/25/2002
4	05-0357	Goleta Valley Cottage Hospital	12/31/1999	UGS	5/8/2002	9/5/2002	120	SD, 5	\$5,068.00	02-2073	12/20/2002
5	05-0396	Santa Barbara Cottage Hospital	12/31/1999	BCC	10/12/2000	10/20/2000	8	SD	\$124,483.00	N/A	10/20/2000
6	05-0396	Santa Barbara Cottage Hospital	12/31/1999	BCC	1/21/1999	3/15/1999	62	SD	\$54,544.00	99-2668	6/15/1999
7	05-0396	Santa Barbara Cottage Hospital	12/31/1997	BCC	4/28/2000	5/4/2000	6	SD	\$105,644.00	N/A	5/4/2000
8	05-0396	Santa Barbara Cottage Hospital	12/31/1998	UGS	9/28/2001	12/5/2001	68	55	\$74,488.00	02-0328	1/24/2002
9	05-0396	Santa Barbara Cottage Hospital	12/31/1999	UGS	8/30/2002	10/9/2002	40	9,44	\$62,789.00	N/A	10/9/2002
10	05-0396	Santa Barbara Cottage Hospital	12/31/2000	UGS	9/29/2003	12/4/2003	66	38,39	\$65,817.83	04-0283	12/4/2003
Total Reimbursement										\$506,288.83	

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REVIEW BOARD

Schedule of Providers Group

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Date Prepared 2/23/04

Group Name ValleyCare

Representative Cactus Corporation Insalient

Case No. 02-21776

Issue Whether claims of welfare bad debt under Provider Reimbursement Manual - 1, section 332, must be based on a bill to the Medicaid agency, and if not, what must the provider document to receive bad debt reimbursement?

Provider Number	Provider Name	EXR	Intermediary	Date of Final Determination	Reqt	No. of Days	Audit Adj. Number	Approx. Amount	Orig. Case #	Date of Add/Trans.
1	05-0700 Valley Care Medical Center	06/30/98	BCC	07/31/98	01/18/99	171	24	69,255	99-1021	07/07/99
2	05-0700 Valley Care Medical Center	01/01/97	BCC	08/11/99	08/29/99	18	N/A	27,213	98-0212G	08/29/99
3	05-0283 Valley Memorial Hospital	06/30/98	BCC	08/11/98	01/18/99	160	35	18,404	99-1022	07/07/99
4	05-0283 Valley Memorial Hospital	06/30/97	BCC	08/11/98	06/29/99	18	5	31,591	98-0212G	09/29/99
5	05-0283 Valley Memorial Hospital	06/30/98	BCC	08/18/00	10/18/00	59	31	46,036	98-0212G	10/18/00
6	05-0283 Valley Memorial Hospital	06/30/99	UGS	11/23/02	03/12/03	110	19,20	63,537	98-0212G	03/12/03
6	Total							265,086		

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Schedule of Providers in Group (Schedule A)

Group Name: CHW Inpatient Unbilled Bad Debts 1999-2002

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Date Prepared 02/17/2012

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 06-1749G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Tab Provider #	Provider Name	FYE	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	05-0366 Mark Twain St Joseph Hospital	6/30/2002	UGS	9/13/2005	3/9/2006	177	SD	\$8,552.33	06-1043	10/23/2006
2	05-0017 Mercy General Hospital	3/31/1999	UGS	9/19/2006	10/25/2006	36	5	\$35,813.28	07-0151	4/2/2007
3	05-0017 Mercy General Hospital	3/31/2000	UGS	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	UGS	11/11/2004	5/5/2005	175	41,46	\$33,917.98	05-1583	5/11/2006
5	05-0017 Mercy General Hospital	3/31/2002	UGS	9/19/2006	3/6/2007	168	39,40	\$55,527.42	07-1065	4/2/2007
6	05-0414 Mercy Hospital of Folsom	3/31/1999	UGS	9/16/2004	3/14/2005	179	22	\$5,724.00	05-0979	6/26/2007
7	05-0280 Mercy Medical Center Redding	6/30/2001	UGS	8/20/2004	2/3/2005	167	25,29	\$27,193.42	05-0675	7/17/2007
8	05-0280 Mercy Medical Center Redding	6/30/2002	UGS	2/3/2006	7/27/2006	174	21	\$29,490.73	06-2035	7/17/2007
9	05-0590 Mercy Methodist Hospital	12/31/1999	UGS	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	UGS	5/27/2005	11/21/2005	178	38	\$37,851.51	06-0267	4/2/2007
11	05-0590 Mercy Methodist Hospital	12/31/2001	UGS	10/6/2005	3/30/2006	175	13	\$44,452.84	06-1479	4/2/2007

Schedule of Providers in Group (Schedule A)

Group Name: CHW Inpatient Unbilled Bad Debts 1999-2002

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 02/17/2012

Case No: 06-1749G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Tab Provider #	Provider Name	FYE	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	
12	05-0590	Mercy Methodist Hospital	12/31/2002	UGS	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	UGS	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	UGS	6/29/2005	12/13/2005	167	18,19	\$554.40	08-0429	7/17/2007
15	05-0516	Mercy San Juan Hospital	3/31/1999	UGS	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	UGS	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	UGS	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	UGS	8/15/2006	2/5/2007	174	29	\$20,221.81	07-0829	7/17/2007
19	05-0695	St. Dominic's Hospital	6/30/2002	UGS	3/25/2005	9/21/2005	180	SD	\$4,505.20	05-2278	5/11/2006
20	05-0042	St. Elizabeth Community Hospital	6/30/2001	UGS	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	UGS	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	UGS	3/11/2005	8/31/2005	173	3	\$2,745.82	05-2105	7/17/2007

Schedule of Providers in Group (Schedule A)

Group Name: CHW Inpatient Unbilled Bad Debts 1999-2002
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 06-1749G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 02/17/2012

Tab #	Provider Name	FYE	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	UGS	11/12/2004	4/5/2005	144	8	\$6,783.43	05-1584	6/29/2007
24	05-0084 St. Joseph's Med. Ctr-Stockton	6/30/2002	UGS	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	UGS	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	UGS	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	UGS	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	UGS	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	UGS	7/17/2006	10/20/2006	95	1	\$554.40	07-0314	4/2/2007
31	05-0127 Woodland Memorial Hospital	9/30/2001	UGS	4/27/2006	10/16/2006	172	1	\$12,596.10	07-0090	4/2/2007
32	05-0127 Woodland Memorial Hospital	9/30/2002	UGS	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	UGS	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	UGS	5/13/2005	11/9/2005	180	28	\$19,576.73	05-0117	7/27/2007

Schedule of Providers in Group (Schedule A)

Group Name: CHW Inpatient Unbilled Bad Debts 1999-2002		Page No. 4 of 5								
Group Representative: Barbara Meehan, A CARLSON ASSOCIATES		Date Prepared 02/17/2012								
Case No: 06-1749G										
Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt										
Tab #	Provider Name	FYE	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	UGS	4/5/2004	8/17/2004	134	SD	\$46,772.50	04-2081	8/20/2008
39	05-0058 Glendale Memorial Hospital	6/30/2002	UGS	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	UGS	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	UGS	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	UGS	9/15/2008	3/15/2006	-915	SD	\$10,391.60	06-1145	9/15/2008
43	05-0116 Northridge Hospital-Roscoe Campus	6/30/2002	UGS	9/21/2006	3/15/2007	175	SD	\$13,290.15	07-1420	9/15/2008
44	05-0299 Northridge Hospital-Sherman Way	12/31/2001	UGS	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	UGS	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	UGS	9/14/2004	3/15/2005	182	10	\$39,630.72	05-0132	8/20/2008

Schedule of Providers in Group (Schedule A)

Group Name: CHW Inpatient Unbilled Bad Debts 1999-2002
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 06-1749G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt
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 Date Prepared 02/17/2012

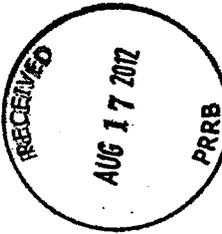
Tab Provider #	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Audit Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
47	05-0132 San Gabriel Valley Medical Center	12/31/2001	UGS	9/13/2004	3/14/2005	182	21	\$5,821.20	05-0987	8/20/2008
48	05-0132 San Gabriel Valley Medical Center	6/30/2002	UGS	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	UGS	11/1/2005	4/12/2006	162	2,7	\$3,768.15	06-1599	3/29/2007

Total Reimbursement: \$1,196,795.94

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts 1998 and Prior
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 07-1710G

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 Date Prepared 08/13/2012



Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Hearing	C No of Days	D 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	7	\$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 05-0516	Mercy San Juan Hospital	3/31/1997	NGS	5/4/2005	1/7/2005	174	SD	\$74,166.00	06-0190	4/2/2007
5 05-0516	Mercy San Juan Hospital	3/31/1998	UGS	9/20/2007	12/27/2007	98	10	\$89,451.00	08-0536	6/20/2008
6 05-0152	St. Francis Memorial Hospital (SF)	6/30/1997	NGS	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	NGS	9/27/2006	10/31/2006	34	SD	\$77,494.00	07-0201	3/15/2007
8 05-0058	Glendale 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	60	\$23,634.92	Direct Add, 98-0212G	11/4/1999, 6/7/2011

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts 1998 and Prior
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 07-1710G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt
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 Date Prepared 08/13/2012

Provider Number	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Hearing	C No of Days	D Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
10 05-0058	Glendale Memorial Hospital	9/30/1998	BCC	11/8/2000	1/9/2001	62	84	\$24,263.87	Direct Add.98-	1/9/2001, 6/7/2011
11 05-0132	San Gabriel Valley Medical Center	9/30/1998	UGS	4/22/2004	10/20/2004	181	38	\$47,991.62	05-0099	8/20/2008

Total Reimbursement: \$450,456.58



Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts 2003 - 2005
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 07-1725G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 08/08/2012

Provider Number	Provider Name	FYE	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
1 05-0242	Dominican Santa Cruz Hospital	6/30/2004	UGS	9/20/2006	3/15/2007	176	31,32	\$23,284.22	07-1238	1/22/2008
2 05-0366	Mark Twain St Joseph Hospital	6/30/2003	UGS	9/13/2005	3/9/2006	177	SD	\$6,383.13	06-1045	10/23/2006, 8/8/2012
3 05-0366	Mark Twain St Joseph Hospital	6/30/2004	UGS	5/12/2006	10/30/2006	171	SD	\$10,116.90	07-0318	5/31/2007
4 05-0017	Mercy General Hospital	3/31/2003	UGS	8/28/2007	1/11/2008	136	37	\$59,778.09	08-0622	06/20/2008
5 05-0280	Mercy Medical Center Redding	6/30/2003	UGS	9/27/2006	3/7/2007	161	29	\$43,610.44	07-1136	7/17/2007
6 05-0444	Mercy Merced Medical Center - Community Campus	6/30/2003	NGS	9/26/2006	3/8/2007	163	SD	\$22,671.62	07-1158	6/24/2008
7 05-0444	Mercy Merced Medical Center - Community Campus	6/30/2004	NGS	9/27/2006	3/9/2007	163	SD	\$49,343.27	07-1127	6/24/2008
8 05-0590	Mercy Methodist Hospital	12/31/2003	UGS	7/18/2006	12/13/2006	148	15	\$38,339.80	07-0501	4/2/2007

\$0.00

This provider was transferred to another group

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts 2003 - 2005

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 08/08/2012

Case No: 07-1725G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
10 05-0419	Mercy Mount Shasta	6/30/2004	UGS	9/8/2006	2/22/2007	167	23,27	\$5,520.49	07-0956	7/17/2007
11 05-0516	Mercy San Juan Hospital	3/31/2003	UGS	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	UGS	8/24/2006	2/20/2007	180	13	\$64,370.70	07-1002	4/2/2007
13	This provider was transferred to another group							\$0.00		
14 05-0150	Sierra Nevada Memorial Hospital	12/31/2003	UGS	8/15/2006	2/5/2007	174	36	\$9,045.41	07-0768	7/17/2007
15 05-0695	St. Dominic's Hospital	6/30/2003	UGS	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	UGS	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	UGS	4/10/2007	10/1/2007	174	32	\$5,384.26	08-0011	6/24/2008
18 05-0152	St. Francis Memorial Hospital (SF)	6/30/2003	UGS	3/31/2008	6/19/2008	80	SD	\$23,524.09	08-2211	6/26/2008

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts 2003 - 2005
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 07-1725G Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 08/08/2012

Provider Number	Provider Name	FYE	Intermediar	A Date of Final Determination	B Date of Hearing	C No of Days Rqst	D Audit No Adj	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	UGS	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	UGS	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	NGS	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	NGS	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	NGS	9/25/2006	1/3/2007	100	21	\$59,679.75	07-0600	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

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts 2003 - 2005
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 07-1725G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt
 Page No. 4 of 5
 Date Prepared 08/08/2012

Provider Number	Provider Name	FYE	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
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
29 05-0017	Mercy General Hospital	3/31/2004	NGS	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 05-0429	St. Bernerdine Medical Center	6/30/2004	NGS	9/6/2008	8/15/2008	98	SD	\$42,675.96	08-1890	8/19/2008
35 05-0152	St. Francis Memorial Hospital (SF)	6/30/2004	NGS	1/19/2010	2/17/2010	29	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

Schedule of Providers in Group

Group Name: CHW Inpatient Unbilled Bad Debts 2003 - 2005

Page No. 5 of 5

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 08/08/2012

Case No: 07-1725G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	Intermediar	A	B	C	D	E	F	G
				Date of Final Determination	Date of Hearing	No of Days Rqst	Audit Adj No	Amount of Reimbursement	Orig Case No	Date of Add/Transf
37 05-0084	St. Joseph's Med. Ctr- Stockton	6/30/2004	NGS	1/22/2010	2/16/2010	25	SD	\$116,270.18	Direct Add	2/16/2010

Total Reimbursement \$1,223,335.19

Schedule of Providers in Group

Group Name: A Carlson CA Inpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 08-0131G
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 08/14/2012

	Provider Number	Provider Name	FYE	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
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
3	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
5	05-0231	Pomona Valley Hospital	12/31/2003	FCSO	7/17/2008	1/5/2009	172		\$45,725.55		3/5/2009
6	05-0272	Redlands Community Hospital	9/30/1999	FCSO	1/24/2003	7/18/2003	175		\$8,914.67	03-1398	10/15/2008
7	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
8	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
11	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

Group Name: A Carlson CA Inpatient Unbilled Bad Debts

Page No. 2 of 2

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 08/14/2012

Case No: 08-0131G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
17 05-0283	Valley Memorial Hospital	6/30/2001	FCSO	3/11/2005	9/2/2005	175		\$15,017.22	05-2110	7/23/2008
18 05-0283	Valley Memorial Hospital	6/30/2002	FCSO	3/14/2005	9/2/2005	172		\$17,409.72	05-2109	7/23/2008
19 05-0283	Valley Memorial Hospital	6/30/2003	FCSO	8/30/2005	2/23/2006	177		\$24,622.25	06-0852	7/23/2008

Total Reimbursement: \$576,408.97

Schedule of Providers in Group

Group Name: A Carlson Outpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

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Date Prepared 8/14/2012

Case No: 08-0281G Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
1 05-0231	Pomona Valley Hospital	12/31/2000	FCSO	9/30/2003	3/25/2004	177	29, 30	\$112,221	05-0231	11/6/2008
2 05-0231	Pomona Valley Hospital	12/31/2001	FCSO	9/29/2005	3/22/2006	174	20, 22	\$209,566	06-1258	3/19/2008
3 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	Pomona Valley Hospital	12/31/2003	FCSO	7/17/2008	1/5/2009	172		\$223,144		3/5/2009
5 05-0272	Redlands Community Hospital	9/30/1999	FCSO	1/24/2003	7/18/2003	175		\$82,517	03-1398	10/15/2008
6 05-0272	Redlands 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
8 05-0396	Santa Barbara Cottage Hospital	12/31/2000	UGS	9/29/2003	12/4/2003	66	38,39	\$81,402	04-0283	7/21/2008
9 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	FCSO	8/30/2007	11/21/2007	83		\$108,436	09-0282	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

Schedule of Providers in Group

Group Name: A Carlson Outpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 08-0281G
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt
 Page No. 2 of 2
 Date Prepared 8/14/2012

Provider Number	Provider Name	FYE	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
15 05-0283	Valley Memorial Hospital	6/30/2001	FCSO	3/11/2005	9/2/2005	175		\$8,245	05-2110	7/23/2008
16 05-0283	Valley Memorial Hospital	6/30/2002	FCSO	3/14/2005	9/2/2005	172		\$18,983	05-2109	7/23/2008
17 05-0283	Valley Memorial Hospital	6/30/2003	FCSO	8/30/2005	2/23/2006	177		\$16,121	06-0852	7/23/2008
18 05-0327	Loma Linda University Med Center	12/31/1999	UGS	9/18/2002	10/9/2002	21	39,57	\$148,917	N/A	11/21/2002
19 05-0327	Loma Linda University Med Center	12/31/2000	UGS	9/26/2003	3/18/2004	174	10,65,66	\$147,272	04-1130	1/30/2006
20 05-0327	Loma Linda University Med Center	12/31/2001	FCSO	9/30/2004	3/28/2005	179	32	\$318,736	05-1314	5/21/2009

Total Reimbursement \$2,728,772

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Schedule of Providers in Group

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Date Prepared 02/07/2012

Group Name: DOCHS Inpatient Medicare Crossover Unbilled Bad Debt

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No:09-0025GC Issue: Inpatient Medicare/Medical Crossover Unbilled Bad 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
1	05-0153	O'Connor Hospital	6/30/1996	BCC	7/14/1998	11/6/1998	115	22	\$39,834.00	99-0963	8/6/1999
2	05-0153	O'Connor Hospital	6/30/1998	NGS	9/29/2000	3/19/2001	171	54	\$59,371.00	01-2157	12/28/2001
3	05-0153	O'Connor Hospital	6/30/1999	NGS	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
5	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
6	05-0153	O'Connor Hospital	6/30/2002	NGS	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	NGS	8/3/2009	1/28/2010	178	SD	\$81,935.00	N/A	3/5/2010
8	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
9	05-0420	Robert F. Kennedy Medical Center	5/30/1996	BCC	9/30/1998	3/26/1999	177	14	\$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	\$12,556.00	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	UGS	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	UGS	9/14/2001	10/16/2001	32	29	\$1,146.00	N/A	10/16/2001
14	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

Schedule of Providers in Group

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Group Name: DOCHS Inpatient Medicare Crossover Unbilled Bad Debt

Date Prepared 02/07/2012

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Case No:09-0025GC

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 Reimbursement	F Orig Case No	G Date of Add/Transf
15	05-0289	Seton Medical Center	6/30/1998	BCC	10/31/2002	4/23/2003	174	57	\$123,408.00	03-1216	8/4/2003
16	05-0289	Seton Medical Center	6/30/1999	BCC	10/25/2002	4/22/2003	179	55,56	\$109,657.00	03-1217	8/4/2003
17	05-0289	Seton Medical Center	6/30/2000	UGS	3/31/2004	9/21/2004	174	49-51	\$84,125.00	04-2275	4/21/2005
18	05-0289	Seton Medical Center	6/30/2001	NGS	10/12/2004	4/5/2005	175	50	\$77,676.00	05-1345	10/7/2008
19	05-0289	Seton Medical Center	6/30/2004	Palmetto	10/23/2009	3/3/2010	131	SD	\$258,072.00	N/A	3/3/2010
20	05-0104	St. Francis Medical Center, Lynwood	6/30/1996	BCC	8/18/1998	2/10/1999	176	22	\$60,493.00	99-1300	12/30/1999
21	05-0104	St. Francis Medical Center, Lynwood	6/30/1997	BCC	9/17/1999	2/4/2000	140	5	\$49,099.00	N/A	2/4/2000
22	05-0688	St. Louise Hospital	6/30/1996	BCC	9/25/1998	1/14/1999	111	SD	\$6,442.00	99-0976	8/5/1999
23	05-0502	St. Vincent Medical Center	6/30/1996	BCC	9/21/1998	3/18/1999	178	11,12	\$27,648.00	N/A	3/18/1999
24	05-0502	St. Vincent Medical Center	6/30/1997	BCC	9/17/1999	3/13/2000	178	35	\$38,159.00	00-2617	7/31/2000
									\$1,531,327.00		

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Schedule of Providers in Group

Group Name: DOCHS Outpatient Unbilled Bad Debts 2000 - 2002

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 09-0026GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

PROVIDER REIMBURSEMENT
REVIEW BOARD
Page No. 1 of 3
Date Prepared 02/07/2012

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 Reimbursement	F Orig Case No	G Date of Add/Transf
1	05-0153	O'Connor Hospital	6/30/1996	BCC	7/14/1998	11/6/1998	115	22	\$280,515.00	99-0963	8/6/1999
2	05-0153	O'Connor Hospital	6/30/1997	BCC	1/14/2000	3/2/2000	48	26	\$92,274.00	N/A	3/2/2000
3	05-0153	O'Connor Hospital	6/30/1998	NGS	9/29/2000	3/19/2001	171	54	\$42,877.00	01-2157	12/28/2001
4	05-0153	O'Connor Hospital	6/30/1999	NGS	8/30/2002	2/25/2003	179	45	\$31,696.00	03-0702	10/30/2003
5	05-0153	O'Connor Hospital	6/30/2000	NGS	2/16/2005	8/15/2005	178	SD	\$43,724.00	05-2007	10/7/2008
6	05-0153	O'Connor Hospital	12/31/2001	NGS	9/29/2005	3/26/2006	180	SD	\$66,332.00	06-1405	10/7/2008
7	05-0153	O'Connor Hospital	6/30/2002	NGS	7/20/2007	1/11/2008	175	SD	\$23,176.00	08-0613	10/7/2008
8	05-0153	O'Connor Hospital	6/30/2004	NGS	8/3/2009	1/28/2010	178	SD	\$567,339.00	N/A	3/5/2010
9	05-0420	Robert F. Kennedy Medical Center	12/31/1995	BCC	9/48/2000	9/25/2000	7	RA-601	\$56,729.00	99-1514	9/25/2000
10	05-0420	Robert F. Kennedy Medical Center	5/30/1996	BCC	9/30/1998	1/5/1999	97	14	\$28,576.00	N/A	1/5/1999
11	05-0420	Robert F. Kennedy Medical Center	12/31/1996	BCC	6/30/1999	12/9/1999	162	40	\$34,718.00	00-0707	12/7/2000
12	05-0420	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

Schedule of Providers in Group

Group Name: DOCHS Outpatient Unbilled Bad Debts 2000 - 2002

Page No. 2 of 3

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 02/07/2012

Case No: 09-0026GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Tab	Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Appeal	C No of Days	D Audit No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
13	05-0420	Robert F. Kennedy Medical Center	6/30/1998	UGS	11/19/2004	1/3/2008	45	RT-001	\$125,649.80	N/A	1/3/2002
14	05-0613	Seton Coastside Hospital	6/30/1997	UGS	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	UGS	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	57	\$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
18	05-0289	Seton Medical Center	6/30/2000	UGS	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	NGS	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	SD	\$426,381.00	N/A	3/3/2010
21	05-0104	St. Francis Medical Center, Lynwood	6/30/1996	BCC	8/18/1998	2/10/1999	176	23	\$352,497.00	99-1300	11/10/1999
22	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	111	24	\$28,723.00	99-0976	7/9/1999
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

Schedule of Providers in Group

Group Name: DOCHS Outpatient Unbilled Bad Debts 2000 - 2002 Page No. 3 of 3
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES Date Prepared 02/07/2012
 Case No: 09-0026GC Issue: Outpatient Medicare/Medical Crossover Unbilled Bad 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
25	05-0502	St. Vincent Medical Center	6/30/1996	BCC	9/21/1998	2/4/1999	136	12	\$161,414.00	N/A	2/4/1999
26	05-0502	St. Vincent Medical Center	6/30/1997	BCC	9/17/1999	3/13/2000	178	36	\$137,451.00	00-2617	7/31/2000
Total Reimbursement:										\$3,441,213.00	

Schedule of Providers in Group

Group Name: Citrus Valley Inpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 09-0421GC
 Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 2/2/2012

Provider Number	Provider Name	FYE	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
1 05-0597	Foothill Presbyterian Hospital	12/31/2000	UGS	9/10/2004	3/3/2005	174	21,22	\$2,446.24	05-0937	10/14/2008
2 05-0597	Foothill Presbyterian Hospital	12/31/2001	UGS	9/23/2005	3/16/2006	174	17,20	\$3,745.46	06-1195	10/14/2008
3 05-0597	Foothill Presbyterian Hospital	12/31/2002	UGS	9/19/2006	3/9/2007	171	17,18,19,20	\$8,927.32	07-1151	10/14/2008
4 05-0597	Foothill Presbyterian Hospital	12/31/2003	UGS	9/25/2006	3/13/2007	169	13,14,15	\$4,299.90	07-1407	10/14/2008
5 05-0382	Intercommunity Medical Center	12/31/2001	UGS	9/23/2005	3/10/2006	168	28	\$54,568.40	06-1050	10/14/2008
6 05-0382	Intercommunity Medical Center	12/31/2002	UGS	8/22/2005	2/7/2006	169	23	\$46,680.94	06-0675	10/14/2008
7 05-0382	Intercommunity Medical Center	12/31/2003	UGS	12/15/2006	6/8/2007	175	26,28	\$60,081.72	07-2195	10/14/2008
8 05-0369	Queen of the Valley Hospital	12/31/2001	UGS	8/24/2004	2/3/2005	163	20,24	\$44,340.10	05-0644	10/14/2008
9 05-0369	Queen of the Valley Hospital	12/31/2002	UGS	9/13/2005	3/9/2006	177	16,20,21,22	\$38,854.20	06-1000	10/14/2008
10 05-0369	Queen of the Valley Hospital	12/31/2003	UGS	10/22/2009	3/30/2010	159	26	\$31,750.34	N/A	3/30/2010

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Total Reimbursement \$285,794.62

Schedule of Providers in Group

Group Name: Citrus Valley Outpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 09-0422GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt
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 Date Prepared 2/2/2012

Provider Number	Provider Name	FYE	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
1 05-0597	Foothill Presbyterian Hospital	12/31/2000	UGS	9/10/2004	3/3/2005	174	21,22	\$8,302.99	05-0937	10/14/2008
2 05-0597	Foothill Presbyterian Hospital	12/31/2001	UGS	9/23/2005	3/16/2006	174	17,20	\$21,874.74	06-1195	10/14/2008
3 05-0597	Foothill Presbyterian Hospital	12/31/2002	UGS	9/19/2006	3/9/2007	171	17,18,19,20	\$23,313.20	07-1151	10/14/2008
4 05-0597	Foothill Presbyterian Hospital	12/31/2003	UGS	9/25/2006	3/13/2007	169	13,14,15	\$20,949.98	07-1407	10/14/2008
5 05-0382	Intercommunity Medical Center	12/31/2001	UGS	9/23/2005	3/10/2006	168	28	\$83,391.61	06-1050	10/14/2008
6 05-0382	Intercommunity Medical Center	12/31/2002	UGS	8/22/2005	2/7/2006	169	23	\$104,415.06	06-0675	10/14/2008
7 05-0382	Intercommunity Medical Center	12/31/2003	UGS	12/15/2006	6/8/2007	175	26,28	\$117,339.85	07-2195	10/14/2008
8 05-0369	Queen of the Valley Hospital	12/31/2001	UGS	8/24/2004	2/3/2005	163	20,24	\$178,793.71	05-0644	10/14/2008
9 05-0369	Queen of the Valley Hospital	12/31/2002	UGS	9/13/2005	3/9/2006	177	16,20,21,22	\$171,622.10	06-1000	10/14/2008
10 05-0369	Queen of the Valley Hospital	12/31/2003	UGS	10/22/2009	3/30/2010	159	26	\$136,769.08	06-1000	10/14/2008
Total Reimbursement:									\$866,772.32	

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Schedule of Providers in Group

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

Page No. 1 of 2

Date Prepared: 2/2/2012

Provider Number	Provider Name	FYE	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
1 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 Memorial	6/30/2000	UGS	8/12/2003	2/5/2004	177	SD	\$36,565.58	04-0709	10/28/2004
3 05-0226	Anaheim Memorial	6/30/2001	UGS	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	UGS	9/7/2006	2/27/2007	173	19,20,21	\$46,240.28	07-0963	6/16/2009
5 05-0226	Anaheim Memorial	6/30/2003	UGS	9/14/2006	2/28/2007	167	17	\$62,743.16	07-1056	6/16/2009
6 05-0226	Anaheim Memorial	6/30/2004	UGS	9/8/2006	2/28/2007	173	16	\$58,444.88	07-1057	6/16/2009
7 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
8 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
9 05-0485	Long Beach Memorial Medical Center	6/30/1999	UGS	9/26/2001	3/22/2002	177	SD	\$15,891.81	02-1373	8/24/2009
10 05-0485	Long Beach Memorial Medical Center	6/30/2000	UGS	11/16/2004	5/10/2005	175	84	\$34,737.43	05-1525	6/16/2009
11 05-0485	Long Beach Memorial Medical Center	6/30/2001	UGS	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	UGS	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	NGS	7/1/2008	12/23/2008	175	33	\$31,681.69	09-0585	6/16/2009

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REVIEW BOARD

Schedule of Providers in Group

Group Name: Memorial Health Inpatient Unbilled Bad Debts

Page No. 2 of 2

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared: 2/2/2012

Case No: 09-1764GC

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
14 05-0485	Long Beach Memorial Medical Center	6/30/2004	Palmetto	10/13/2009	3/31/2010	169	59, 63, 65	\$33,117.97	N/A	3/31/2010
15 05-0678	Orange Coast Hospital	6/30/2000	UGS	1/31/2003	7/22/2003	172	24	\$8,799.16	03-1397	114/2003
16 05-0678	Orange Coast Hospital	6/30/2001	UGS	9/22/2005	3/17/2006	176	14,15	\$22,291.69	08-1191	6/16/2009
17 05-0678	Orange Coast Hospital	6/30/2002	UGS	9/6/2006	2/23/2007	170	12,17	\$3,937.09	07-0964	6/16/2009
18 05-0678	Orange Coast Hospital	6/30/2003	UGS	9/22/2006	3/8/2007	167	13	\$4,347.42	07-1075	6/16/2009
19 05-0678	Orange Coast Hospital	6/30/2004	UGS	12/18/2006	6/11/2007	175	10,11	\$32,603.80	07-2232	6/16/2009
20 05-0603	Saddleback Memorial	6/30/2000	UGS	8/20/2002	11/7/2002	79	23,24	\$8,123.81	03-0660	11/7/2002
21 05-0603	Saddleback Memorial	6/30/2001	UGS	9/14/2005	3/9/2006	176	30,31	\$3,740.20	06-1035	6/16/2009
22 05-0603	Saddleback Memorial	6/30/2002	UGS	9/26/2006	3/14/2007	169	28	\$554.40	07-1219	6/16/2009
23 05-0603	Saddleback Memorial	6/30/2003	UGS	9/25/2006	3/14/2007	170	20	\$2,889.60	07-1218	6/16/2009
24 05-0603	Saddleback Memorial	6/30/2004	NGS	4/2/2007	9/25/2007	176	29,30	\$8,060.51	07-2831	6/16/2009

Total Reimbursement \$700,988.59

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PROVIDER REIMBURSEMENT
REVIEW BOARD

Schedule of Providers in Group

Group Name: A Carlson Outpatient Unbilled Bad Debts
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
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 Date Prepared 11/18/2011

Case No: 10-1311G Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
1 05-0438	Huntington Memorial Hospital	12/31/2003	FCSO	1/22/2010	7/16/2010	175	32,33,35,36,47,50	\$51,031	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	\$228,575	08-0817	4/21/2011
3 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
5 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
6 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 University Hospital	8/31/2003	FCSO	Pending				\$301,311		
8 05-0441	Stanford University Hospital	8/31/2004	FCSO	Pending				\$616,714		
Total Reimbursement								\$2,139,565		

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

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PROVIDER REIMBURSEMENT
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Schedule of Providers in Group (Schedule A)

Group Name: A Carlson Associates Unbilled Bad Debts 2002 - 2004

Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Case No: 10-1312G

Issue: Inpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
1 05-0438	Huntington Memorial Hospital	12/31/2003	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
3 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
5 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
6 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
7 05-0441	Stanford University Hospital	8/31/2003	FCSO	Pending				\$258,538.70		
8 05-0441	Stanford University Hospital	8/31/2004	FCSO	Pending				\$409,771.60		
Total Reimbursement									\$1,315,711.35	

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

Form G Schedule of Providers in Group

Group Name: CHW Crossover Outpatient Unbilled Bad Debts 00-04
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 10-1376GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 11/15/2010

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing	C No of Days	D Audit Adj No	E Amount of Reimbursement	F Orig Case No	G Date of Add/Transf
1	05-0036 Bakersfield Memorial Hospital	6/30/2001	UGS	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	22	\$10,000.00	07-0948	9/8/2008
3	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	UGS	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	UGS	4/5/2004	8/17/2004	134	SD	\$10,000.00	04-2081	8/1/2008
6	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	UGS	9/20/2006	3/15/2007	176	31,32	\$10,000.00	07-1238	1/22/2008
8	05-0058 Glendale Memorial Hospital	6/30/2002	UGS	9/29/2005	3/28/2006	180	42	\$10,000.00	06-1428	8/20/2008
9	05-0058 Glendale Memorial Hospital	6/30/2003	NGS	5/27/2008	11/19/2008	176	48	\$10,000.00	N/A	11/19/2008
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
11	05-0107 Marian Medical Center	6/30/2004	NGS	9/25/2006	1/3/2007	100	21	\$123,206.00	07-0600	9/8/2008
12	05-0366 Mark Twain St Joseph Hospital	6/30/2002	UGS	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	UGS	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	UGS	5/12/2006	10/30/2006	171	SD	\$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	UGS	11/2/2004	4/27/2005	176	39,40,53	\$128,309.00	05-1458	5/11/2006

Form G Schedule of Providers in Group

Group Name: CHW Crossover Outpatient Unbilled Bad Debts 00-04
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 10-1376GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 11/15/2010

Provider Number	Provider Name	FYE	Intermediary	A Date of Final Determination	B Date of Hearing Rqst	C No of Days	D Adj No	E Amount of Reimbursemen	F Orig Case No	G Date of Add/Transf
18 05-0017	Mercy General Hospital	3/31/2001	UGS	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	UGS	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	UGS	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	UGS	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	UGS	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	UGS	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	UGS	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	UGS	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	UGS	9/27/2006	3/7/2007	161	29	\$28,557.00	07-1136	7/17/2007
28 05-0444	Mercy Medical Center - Community Campus	6/30/2001	NGS	9/9/2005	2/9/2006	153	SD	\$91,768.00	06-0608	7/27/2007
29 05-0444	Mercy 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 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 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	UGS	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	UGS	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	UGS	9/27/2006	3/9/2007	163	20, 21, 25	\$59,003.00	07-1122	4/2/2007

Form G Schedule of Providers in Group

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

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 11/15/2010

Case No: 10-1376GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
35	05-0590	Mercy Methodist Hospital	UGS	7/18/2006	12/13/2006	148	15	\$46,595.00	07-0501	4/2/2007
36	05-0419	Mercy Mount Shasta	UGS	6/29/2005	12/13/2005	167	18,19	\$3,036.00	06-0429	7/17/2007
37	05-0419	Mercy Mount Shasta	UGS	4/14/2005	10/10/2005	179	18,19	\$2,763.00	06-0022	7/17/2007
38	05-0419	Mercy Mount Shasta	UGS	9/8/2006	2/22/2007	167	23,27	\$17,654.00	07-0956	7/17/2007
39	05-0516	Mercy San Juan Hospital	UGS	9/20/2006	3/6/2007	167	13	\$77,977.00	07-1066	4/2/2007
40	05-0516	Mercy San Juan Hospital	UGS	11/22/2006	3/9/2007	107	26-31	\$74,386.00	07-1100	4/2/2007
41	05-0516	Mercy San Juan Hospital	UGS	8/24/2006	2/20/2007	180	13	\$45,405.00	07-1002	4/2/2007
42	05-0116	Northridge Hospital-Roscoe Campus	UGS	4/23/2004	10/13/2004	173	SD	\$10,000.00	05-0054	9/15/2008
43	05-0116	Northridge Hospital-Roscoe Campus	UGS	9/13/2004	3/9/2005	177	SD	\$10,000.00	05-1039	9/15/2008
44	05-0116	Northridge Hospital-Roscoe Campus	UGS	9/15/2005	3/15/2006	191	SD	\$10,000.00	06-1145	9/15/2008
45	05-0116	Northridge Hospital-Roscoe Campus	UGS	9/21/2006	3/15/2007	175	SD	\$10,000.00	07-1420	9/15/2008
46	05-0116	Northridge Hospital-Roscoe Campus	NGS	7/24/2008	1/16/2009	176	42	\$10,000.00	09-0743	2/9/2009
47	05-0116	Northridge Hospital-Roscoe Campus	NGS	9/24/2009	2/17/2010	146	42	\$10,000.00	N/A	2/17/2010
48	05-0299	Northridge Hospital-Sherman Way	UGS	9/22/2005	3/13/2006	172	SD	\$10,000.00	06-1146	9/18/2008
49	05-0299	Northridge Hospital-Sherman Way	UGS	9/28/2005	3/15/2006	168	SD	\$10,000.00	06-1094	9/18/2008
50	05-0132	San Gabriel Valley Medical Center	UGS	9/14/2004	3/15/2005	182	10	\$10,000.00	05-0132	8/20/2008
51	05-0132	San Gabriel Valley Medical Center	UGS	9/13/2004	3/14/2005	182	21	\$10,000.00	05-0987	8/20/2008

Form G Schedule of Providers in Group

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

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 11/15/2010

Case No: 10-1376GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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
52	05-0132 San Gabriel Valley Medical Center	9/30/2002	UGS	9/15/2005	3/13/2006	179	27	\$10,000.00	06-1103	8/20/2008
53	05-0132 San Gabriel Valley Medical Center	9/30/2003	NGS	10/2/2006	3/28/2007	177	36,37	\$10,000.00	07-1621	8/20/2008
54	05-0132 San Gabriel Valley Medical Center	9/30/2004	NGS	9/19/2007	3/14/2008	177	SD	\$10,000.00	08-1687	8/20/2008
55	05-0150 Sierra Nevada Memorial Hospital	12/31/2001	UGS	10/6/2005	3/15/2006	160	28, 29	\$55,098.00	06-1292	7/17/2007
56	05-0150 Sierra Nevada Memorial Hospital	12/31/2002	UGS	8/15/2006	2/5/2007	174	29	\$64,402.00	07-0829	7/17/2007
57	05-0150 Sierra Nevada Memorial Hospital	12/31/2003	UGS	8/15/2006	2/5/2007	174	36	\$43,450.00	07-0768	7/17/2007
58	05-0129 St. Bernardine Medical Center	6/30/2002	NGS	8/25/2005	2/17/2006	176	SD	\$10,000.00	06-0786	8/19/2008
59	05-0129 St. Bernardine Medical Center	6/30/2004	NGS	2/6/2008	5/15/2008	99	SD	\$10,000.00	08-1899	8/19/2008
60	05-0695 St. Dominic's Hospital	6/30/2002	UGS	3/25/2005	9/21/2005	180	SD	\$10,000.00	05-2278	5/11/2006
61	05-0695 St. Dominic's Hospital	6/30/2003	UGS	6/7/2006	8/10/2006	64	SD	\$16,736.00	06-2123	3/6/2007
62	05-0042 St. Elizabeth Community Hospital	6/30/2001	UGS	12/29/2004	6/15/2005	168	9,10,11	\$10,164.00	05-1911	7/17/2007
63	05-0042 St. Elizabeth Community Hospital	9/29/2001	UGS	3/11/2005	8/31/2005	173	3	\$46,194.00	05-2105	7/17/2007
64	05-0042 St. Elizabeth Community Hospital	6/30/2002	UGS	9/27/2006	3/7/2007	161	23	\$3,079.00	07-1128	7/17/2007
65	05-0042 St. Elizabeth Community Hospital	6/30/2003	UGS	9/25/2006	3/8/2007	164	30	\$7,356.00	07-1135	7/17/2007
66	05-0042 St. Elizabeth Community Hospital	6/30/2004	UGS	4/10/2007	10/1/2007	174	32	\$10,133.00	08-0011	6/24/2008
67	05-0061 St. Francis Medical Center, SB	6/30/2001	UGS	2/20/2004	6/24/2004	125	20,23,31,34	\$10,000.00	04-1849	9/8/2008
68	05-0152 St. Francis Memorial Hospital (SF)	6/30/2000	UGS	12/13/2002	4/28/2003	136	46,48	\$40,669.00	03-1245	8/27/2003

Form G Schedule of Providers in Group

Group Name: CHW Crossover Outpatient Unbilled Bad Debts 00-04
 Group Representative: Barbara Meehan, A CARLSON ASSOCIATES
 Case No: 10-1376GC
 Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

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Date Prepared 11/15/2010

Provider Number	Provider Name	FYE	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	UGS	11/12/2004	4/5/2005	144	8	\$16,510.00	05-1584	6/29/2007
70	05-0152 St. Francis Memorial Hospital (SF)	6/30/2003	UGS	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	UGS	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	UGS	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	UGS	3/12/2004	9/7/2004	179	62	\$65,535.00	04-2232	7/17/2007
79	05-0457 St. Mary's Medical Center, S.F.	6/30/2001	UGS	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	UGS	3/31/2005	9/22/2005	175	23,24,25	\$15,053.00	05-2254	7/17/2007
81	05-0457 St. Mary's Medical Center, S.F.	6/30/2000	UGS	9/13/2005	3/2/2006	170	25,26,27	\$10,000.00	06-0941	10/26/2006
82	05-0457 St. Mary's Medical Center, S.F.	6/30/2003	UGS	9/14/2007	3/11/2008	179	SD	\$10,000.00	08-1350	6/26/2008
83	05-0457 St. Mary's Medical Center, S.F.	6/30/2004	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	UGS	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	UGS	4/27/2006	10/16/2006	172	1	\$115,381.00	07-0090	4/2/2007

Form G Schedule of Providers in Group

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

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Group Representative: Barbara Meehan, A CARLSON ASSOCIATES

Date Prepared 11/15/2010

Case No: 10-1376GC

Issue: Outpatient Medicare/Medical Crossover Unbilled Bad Debt

Provider Number	Provider Name	FYE	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	
86	05-0127	Woodland Memorial Hospital	12/31/2001	UGS	7/17/2006	10/20/2006	95	1	\$44,268.00	07-0314	4/2/2007
87	05-0127	Woodland Memorial Hospital	9/30/2002	UGS	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	UGS	9/25/2006	3/8/2007	164	31	\$70,282.00	07-1101	4/2/2007
89	05-0127	Woodland Memorial Hospital	9/30/2004	UGS	9/18/2007	3/5/2008	169	SD	\$36,591.00	08-1295	6/24/2008