

**REPORT  
ON THE  
COST REPORT REVIEW**

**ALTA BATES MEDICAL CENTER  
BERKELEY, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIERS:  
1316088024, 1013906221, AND 1316021546**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2011**

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

**Section Chief: Louise Wong  
Audit Supervisor: Jesse Duran  
Auditor: Yosief Hailemichael**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 29, 2013

Mike Bass  
Reimbursement Manager  
Sutter Health  
2880 Gateway Oaks Drive, Suite 200  
Sacramento, CA 95833

ALTA BATES MEDICAL CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 1013906221  
FISCAL PERIOD ENDED DECEMBER 31, 2011

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$1,043, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Computation of Subacute Per Diem (ADULT SUBACUTE Schedules)
5. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

Future long-term care prospective rates may be affected by this examination. The extent of the rate changes will be determined by the Department's Fee-For-Service Rates Development Division.

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

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

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

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

**United States Postal Service (USPS)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
PO Box 997413  
Sacramento, CA 95899

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814  
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

Mike Bass  
Page 3

If you have questions regarding this report, you may call the Audits Section—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief  
Audits Section—Richmond  
Financial Audits Branch

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**ALTA BATES MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider NPI: 1316088024</b>	Reported	\$ 9,562	
	Net Change	\$ (10,605)	
	Audited Amount Due Provider (State)	\$ (1,043)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>Provider NPI: 1013906221</b>	Reported		\$ 72,409,130
	Net Change		\$ 6,475,097
	Audited Cost		\$ 78,884,227
	Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider NPI: 1316021546</b>	Reported		\$ 931.79
	Net Change		\$ (2.77)
	Audited Cost Per Day		\$ 929.02
	Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>		\$ (1,043)	
<b>9. Total Medi-Cal Cost</b>			\$ 78,884,227

**SUMMARY OF FINDINGS**

**Provider Name:**  
**ALTA BATES MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b> <b>Provider NPI:</b>	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b> <b>Provider NPI:</b>	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement</b> <b>Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due</b> <b>Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (1,043)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1316088024

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 339,172	\$ 381,585
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 339,172	\$ 381,585
6. Interim Payments (Adj 8)		\$ (329,610)	\$ (382,628)
7. Balance Due Provider (State)		\$ 9,562	\$ (1,043)
8. Duplicate Payments (Adj )		\$ 0	\$ 0
9.	\$	\$ 0	0
10.	\$	0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 9,562	\$ (1,043)
		(To Summary of Findings)	

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
ALTA BATES MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2011Provider NPI:  
1316088024

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 345,524 \$ 389,807

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 7) \$ 2,857,403 \$ 3,337,2513. Inpatient Ancillary Service Charges (Adj 7) \$ 606,926 \$ 681,4634. Total Charges - Medi-Cal Inpatient Services \$ 3,464,329 \$ 4,018,7145. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 3,118,805 \$ 3,628,9076. Excess of Reasonable Cost Over Customary Charges  
(Line 1 minus Line 4) \$ 0 \$ 0  
(To Schedule 1)

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



COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
ALTA BATES MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2011Provider NPI:  
1316088024

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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## INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj )	93,083	93,083
2. Inpatient Days (include private, exclude swing-bed)	93,083	93,083
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	93,083	93,083
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj )	0	0

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 24)	\$ 138,358,941	\$ 138,026,228
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 138,358,941	\$ 138,026,228

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 319,900,663	\$ 319,900,663
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 319,900,663	\$ 319,900,663
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.432506	\$ 0.431466
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 3,436.72	\$ 3,436.72
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 138,358,941	\$ 138,026,228

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,486.40	\$ 1,482.83
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 234,115
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 234,115

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1316088024

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 24)	\$ 12,507,718	\$ 12,489,307
2. Total Inpatient Days (Adj )	14,090	14,090
3. Average Per Diem Cost	\$ 887.70	\$ 886.40
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 18,820,584	\$ 18,670,385
7. Total Inpatient Days (Adj )	5,076	5,076
8. Average Per Diem Cost	\$ 3,707.76	\$ 3,678.17
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 34,275,414	\$ 34,082,959
27. Total Inpatient Days (Adj )	15,156	15,156
28. Average Per Diem Cost	\$ 2,261.51	\$ 2,248.81
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
31. Per Diem Rate (Adj 5)	\$	\$ 351.26
32. Medi-Cal Inpatient Days (Adj 5)	0	620
33. Cost Applicable to Medi-Cal	\$ 0	\$ 217,781
<b>ADMINISTRATIVE DAYS - Late Billed at 75%</b>		
34. Per Diem Rate (Adj 5)	\$ 0.00	\$ 263.45
35. Medi-Cal Inpatient Days (Adj 5)	0	62
36. Cost Applicable to Medi-Cal	\$ 0	\$ 16,334
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 0	\$ 234,115

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
ALTA BATES MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2011Provider NPI:  
1316088024

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

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1316088024

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj )	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
50.00	Operating Room	\$ 26,096,520	\$ 181,470,045	0.143806	\$ 0	\$ 0
50.01	GI Lab	1,969,803	8,807,131	0.223660	0	0
52.00	Delivery Room and Labor Room	40,014,959	173,090,185	0.231180	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology - Diagnostic	18,063,958	118,923,403	0.151896	10,094	1,533
56.00	Radioisotope	1,822,689	8,225,886	0.221580	0	0
56.02	Oncology	0	0	0.000000	0	0
56.04	Comprehensive Cancer Center	41,666,934	140,487,208	0.296589	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	17,692,845	133,559,135	0.132472	137,572	18,224
61.00	PBP Clinical Laboratory Services - Program Only	0	0	0.000000	0	0
62.00	Whole Blood and Packed Red Blood Cells	2,815,850	13,390,112	0.210293	0	0
65.00	Respiratory Therapy	7,778,404	51,652,636	0.150591	0	0
65.01	Pulmonary function	227,406	1,916,370	0.118665	0	0
65.02	Vascular Lab	1,625,088	8,226,708	0.197538	0	0
66.00	Physical Therapy	18,288,875	56,486,630	0.323774	64,272	20,810
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	7,129,884	56,440,040	0.126327	0	0
70.00	Electroencephalography	404,492	1,106,465	0.365571	0	0
71.00	Medical Supplies Charged to Patients	21,759,500	69,648,755	0.312418	236	74
72.00	Implantable Devices Charged to Patients	10,219,816	34,950,098	0.292412	0	0
73.00	Drugs Charged to Patients	54,383,660	221,828,798	0.245161	469,289	115,051
74.00	Renal Dialysis	1,430,888	6,470,286	0.221148	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.02	Partial Hosp Program	3,857,163	29,173,774	0.132213	0	0
76.03	Psych Clinic/ECT	2,628,242	6,572,304	0.399897	0	0
76.04	Alta I/P Med Group	289,205	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	261,801	387,638	0.675375	0	0
90.02	Diabetes Management	480,793	1,148,366	0.418676	0	0
90.04	Lafayette Women's Health Center	896,500	1,646,988	0.544327	0	0
90.16	Adult Sickle Center	197,882	0	0.000000	0	0
90.17	Carol Ann read Breast Health	227,481	0	0.000000	0	0
90.20	Sportcare	2,653,930	7,052,184	0.376327	0	0
91.00	Emergency	20,353,041	93,754,760	0.217088	0	0
92.00	Observation Beds	0	6,899,184	0.000000	0	0
		0	0	0.000000	0	0
	<b>TOTAL</b>	<b>\$ 305,237,609</b>	<b>\$ 1,433,315,089</b>		<b>\$ 681,463</b>	<b>\$ 155,692</b>

(To Schedule 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
ALTA BATES MEDICAL CENTERFiscal Period Ended:  
DECEMBER 31, 2011Provider NPI:  
1316088024

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 6)	AUDITED
50.00	Operating Room	\$	\$	\$ 0
50.01	GI Lab			0
52.00	Delivery Room and Labor Room			0
53.00	Anesthesiology			0
54.00	Radiology - Diagnostic	11,112	(1,018)	10,094
56.00	Radioisotope			0
56.02	Oncology			0
56.04	Comprehensive Cancer Center			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	118,086	19,486	137,572
61.00	PBP Clinical Laboratory Services - Program Only			0
62.00	Whole Blood and Packed Red Blood Cells			0
65.00	Respiratory Therapy			0
65.01	Pulmonary function			0
65.02	Vascular Lab			0
66.00	Physical Therapy	62,029	2,243	64,272
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients	236		236
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	415,463	53,826	469,289
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.02	Partial Hosp Program			0
76.03	Psych Clinic/ECT			0
76.04	Alta I/P Med Group			0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
90.02	Diabetes Management			0
90.04	Lafayette Women's Health Center			0
90.16	Adult Sickle Center			0
90.17	Carol Ann read Breast Health			0
90.20	Sportcare			0
91.00	Emergency			0
92.00	Observation Beds			0
				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 606,926	\$ 74,537	\$ 681,463

(To Schedule 5)



## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1013906221

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>72,409,130</u>	\$ <u>78,884,227</u>
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.		\$ <u>0</u>	\$ <u>0</u>
5.	Subtotal (Sum of Lines 1 through 4)	\$ <u>72,409,130</u>	\$ <u>78,884,227</u>
6.	\$	\$ <u>0</u>	\$ <u>0</u>
7.	\$	\$ <u>0</u>	\$ <u>0</u>
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u><u>72,409,130</u></u>	\$ <u><u>78,884,227</u></u>
		(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adj )	\$ <u>0</u>	\$ <u>0</u>
10.	Medi-Cal Credit Balances (Adj )	\$ <u>0</u>	\$ <u>0</u>
11.	\$	\$ <u>0</u>	\$ <u>0</u>
12.	\$	\$ <u>0</u>	\$ <u>0</u>
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
		(To Summary of Findings)	

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

**Provider Name:**  
**ALTA BATES MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1013906221**

<b>REPORTED</b>
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<b>AUDITED</b>
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**REASONABLE COST OF MEDI-CAL INPATIENT SERVICES**

1. Cost of Covered Services (Contract Sch 3)	\$ <u>72,409,130</u>	\$ <u>79,366,459</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adj 11)	\$ <u>167,905,023</u>	\$ <u>186,839,660</u>
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3. Inpatient Ancillary Service Charges (Adj 11)	\$ <u>125,401,682</u>	\$ <u>137,236,843</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>293,306,705</u>	\$ <u>324,076,503</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>220,897,575</u>	\$ <u>244,710,044</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Contract Sch 1)	

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

**COMPUTATION OF  
MEDI-CAL NET COST OF COVERED SERVICES**

**Provider Name:**  
**ALTA BATES MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1013906221**

	<b>REPORTED</b>	<b>AUDITED</b>
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ 25,699,154	\$ 27,793,709
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 46,709,976	\$ 51,572,750
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch )	\$ 0	\$ 0
4. Medical and Other Services	\$	\$ 0
5. \$ \$	0	0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 72,409,130	\$ 79,366,459
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	( See \$ Contract Sch 1)	\$ 0
8. SUBTOTAL	\$ 72,409,130	\$ 79,366,459 (To Contract Sch 2)
9. Medi-Cal Deductible (Adj 12)	\$ 0	\$ (8,505)
10. Medi-Cal Coinsurance (Adj 12)	\$ 0	\$ (473,727)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 72,409,130	\$ 78,884,227 (To Contract Sch 1)

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

**Provider Name:**  
**ALTA BATES MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1013906221**

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

	REPORTED	AUDITED
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**INPATIENT DAYS**

1. Total Inpatient Days (include private & swing-bed) (Adj )	93,083	93,083
2. Inpatient Days (include private, exclude swing-bed)	93,083	93,083
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj )	93,083	93,083
5. Medicare NF Swing-Bed Days through Dec 31 (Adj )	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj )	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj )	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj )	0	0
9. Medi-Cal Days (excluding swing-bed) (Adjs 9, 13)	13,888.00	14,998.75

**SWING-BED ADJUSTMENT**

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 30, Col 24)	\$ 138,358,941	\$ 138,026,228
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 138,358,941	\$ 138,026,228

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj )	\$ 319,900,663	\$ 319,900,663
29. Private Room Charges (excluding swing-bed charges) (Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj )	\$ 319,900,663	\$ 319,900,663
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.432506	\$ 0.431466
32. Average Private Room Per Diem Charge (L 29 ÷ L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 ÷ L 4)	\$ 3,436.72	\$ 3,436.72
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 138,358,941	\$ 138,026,228

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,486.40	\$ 1,482.83
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 20,643,123	\$ 22,240,596
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 26,066,853	\$ 29,332,154
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 46,709,976	\$ 51,572,750

(To Contract Sch 3)

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

**Provider Name:**  
**ALTA BATES MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1013906221**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 24)	\$ 12,507,718	\$ 12,489,307
2. Total Inpatient Days (Adj )	14,090	14,090
3. Average Per Diem Cost	\$ 887.70	\$ 886.40
4. Medi-Cal Inpatient Days (Adjs 9, 13)	4,283.00	4,392.50
5. Cost Applicable to Medi-Cal	\$ 3,802,019	\$ 3,893,512
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 26)	\$ 18,820,584	\$ 18,670,385
7. Total Inpatient Days (Adj )	5,076	5,076
8. Average Per Diem Cost	\$ 3,707.76	\$ 3,678.17
9. Medi-Cal Inpatient Days (Adjs 9, 13)	732.00	841.00
10. Cost Applicable to Medi-Cal	\$ 2,714,080	\$ 3,093,341
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 33, Col 26)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>SURGICAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 34, Col 26)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 26)	\$ 34,275,414	\$ 34,082,959
27. Total Inpatient Days (Adj )	15,156	15,156
28. Average Per Diem Cost	\$ 2,261.51	\$ 2,248.81
29. Medi-Cal Inpatient Days (Adjs 9, 13)	8,645.00	9,936.50
30. Cost Applicable to Medi-Cal	\$ 19,550,754	\$ 22,345,301
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 26,066,853	\$ 29,332,154

(To Contract Sch 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1013906221

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

(To Contract Sch 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1013906221

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
50.00	Operating Room	\$ 26,096,520	\$ 181,470,045	0.143806	\$ 17,598,246	\$ 2,530,737
50.01	GI Lab	1,969,803	8,807,131	0.223660	0	0
52.00	Delivery Room and Labor Room	40,014,959	173,090,185	0.231180	33,258,691	7,688,738
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology - Diagnostic	18,063,958	118,923,403	0.151896	7,458,580	1,132,927
56.00	Radioisotope	1,822,689	8,225,886	0.221580	272,343	60,346
56.02	Oncology	0	0	0.000000	0	0
56.04	Comprehensive Cancer Center	41,666,934	140,487,208	0.296589	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	17,692,845	133,559,135	0.132472	20,441,508	2,707,927
61.00	PBP Clinical Laboratory Services - Program Only	0	0	0.000000	0	0
62.00	Whole Blood and Packed Red Blood Cells	2,815,850	13,390,112	0.210293	5,258	1,106
65.00	Respiratory Therapy	7,778,404	51,652,636	0.150591	12,850,050	1,935,097
65.01	Pulmonary function	227,406	1,916,370	0.118665	0	0
65.02	Vascular Lab	1,625,088	8,226,708	0.197538	0	0
66.00	Physical Therapy	18,288,875	56,486,630	0.323774	5,964,892	1,931,274
67.00	Occupational Therapy	0	0	0.000000	0	0
68.00	Speech Pathology	0	0	0.000000	0	0
69.00	Electrocardiology	7,129,884	56,440,040	0.126327	3,317,051	419,032
70.00	Electroencephalography	404,492	1,106,465	0.365571	53,692	19,628
71.00	Medical Supplies Charged to Patients	21,759,500	69,648,755	0.312418	8,743,126	2,731,507
72.00	Implantable Devices Charged to Patients	10,219,816	34,950,098	0.292412	463,350	135,489
73.00	Drugs Charged to Patients	54,383,660	221,828,798	0.245161	24,098,736	5,908,058
74.00	Renal Dialysis	1,430,888	6,470,286	0.221148	800,110	176,942
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.02	Partial Hosp Program	3,857,163	29,173,774	0.132213	0	0
76.03	Psych Clinic/ECT	2,628,242	6,572,304	0.399897	0	0
76.04	Alta I/P Med Group	289,205	0	0.000000	0	0
79.00		0	0	0.000000	0	0
80.00		0	0	0.000000	0	0
81.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
87.00		0	0	0.000000	0	0
87.01		0	0	0.000000	0	0
88.00	Rural Health Clinic (RHC)	0	0	0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0.000000	0	0
90.00	Clinic	261,801	387,638	0.675375	0	0
90.02	Diabetes Management	480,793	1,148,366	0.418676	0	0
90.04	Lafayette Women's Health Center	896,500	1,646,988	0.544327	0	0
90.16	Adult Sickle Center	197,882	0	0.000000	0	0
90.17	Carol Ann read Breast Health	227,481	0	0.000000	0	0
90.20	Sportcare	2,653,930	7,052,184	0.376327	0	0
91.00	Emergency	20,353,041	93,754,760	0.217088	1,911,210	414,901
92.00	Observation Beds	0	6,899,184	0.000000	0	0
		0	0	0.000000	0	0
	<b>TOTAL</b>	<b>\$ 305,237,609</b>	<b>\$ 1,433,315,089</b>		<b>\$ 137,236,843</b>	<b>\$ 27,793,709</b>

(To Contract Sch 3)

\* From Schedule 8, Column 26

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1013906221

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 10)	AUDITED
50.00	Operating Room	\$ 16,111,363	\$ 1,486,883	\$ 17,598,246
50.01	GI Lab			0
52.00	Delivery Room and Labor Room	32,231,331	1,027,360	33,258,691
53.00	Anesthesiology			0
54.00	Radiology - Diagnostic	6,383,265	1,075,315	7,458,580
56.00	Radioisotope	216,725	55,618	272,343
56.02	Oncology			0
56.04	Comprehensive Cancer Center			0
58.00	Magnetic Resonance Imaging (MRI)			0
59.00	Cardiac Catheterization			0
60.00	Laboratory	18,481,289	1,960,219	20,441,508
61.00	PBP Clinical Laboratory Services - Program Only			0
62.00	Whole Blood and Packed Red Blood Cells	5,258		5,258
65.00	Respiratory Therapy	11,283,066	1,566,984	12,850,050
65.01	Pulmonary function			0
65.02	Vascular Lab			0
66.00	Physical Therapy	5,291,765	673,127	5,964,892
67.00	Occupational Therapy			0
68.00	Speech Pathology			0
69.00	Electrocardiology	2,916,325	400,726	3,317,051
70.00	Electroencephalography	38,111	15,581	53,692
71.00	Medical Supplies Charged to Patients	8,001,492	741,634	8,743,126
72.00	Implantable Devices Charged to Patients	386,633	76,717	463,350
73.00	Drugs Charged to Patients	21,717,411	2,381,325	24,098,736
74.00	Renal Dialysis	629,628	170,482	800,110
75.00	ASC (Non-Distinct Part)			0
76.02	Partial Hosp Program			0
76.03	Psych Clinic/ECT			0
76.04	Alta I/P Med Group			0
79.00				0
80.00				0
81.00				0
82.00				0
83.00				0
84.00				0
85.00				0
86.00				0
87.00				0
87.01				0
88.00	Rural Health Clinic (RHC)			0
89.00	Federally Qualified Health Center (FQHC)			0
90.00	Clinic			0
90.02	Diabetes Management			0
90.04	Lafayette Women's Health Center			0
90.16	Adult Sickle Center			0
90.17	Carol Ann read Breast Health			0
90.20	Sportcare			0
91.00	Emergency	1,708,020	203,190	1,911,210
92.00	Observation Beds			0
				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 125,401,682	\$ 11,835,161	\$ 137,236,843



## COMPUTATION OF ADULT SUBACUTE PER DIEM

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1316021546

	REPORTED	AUDITED	DIFFERENCE
<b>COMPUTATION OF SUBACUTE PER DIEM</b>			
1. Adult Subacute Ancillary Cost (Adult Subacute Sch 3)	\$ 0	\$ 0	\$ 0
2. Adult Subacute Routine Cost (Adult Subacute Sch 2)	\$ 7,022,876	\$ 7,001,991	\$ (20,885)
3. Total Adult Subacute Facility Cost (Lines 1 & 2)	\$ 7,022,876	\$ 7,001,991	\$ (20,885)
4. Total Adult Subacute Patient Days (Adj )	7,537	7,537	0
5. Average Adult Subacute Per Diem Cost (L3 ÷ L4)	\$ 931.79	\$ 929.02	\$ (2.77)

**ADULT SUBACUTE OVERPAYMENT & OVERBILLINGS**

6. Medi-Cal Overpayments (Adj )	\$ 0	\$ 0	\$ 0
7. Medi-Cal Credit Balances (Adj )	\$ 0	\$ 0	\$ 0
8. MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ 0	\$ 0
		(To Summary of Findings)	

**GENERAL INFORMATION**

9. Contracted Number of Adult Subacute Beds (Adj )	33	33	0
10. Total Licensed Nursing Facility Beds (Adj )	33	33	0
11. Total Licensed Capacity (All levels of care)(Adj )	527	527	0
12. Total Medi-Cal Adult Subacute Patient Days (Adj 14)	0	6,803	6,803

**CAPITAL RELATED COST**

13. Direct Capital Related Cost	N/A	\$ 0	N/A
14. Indirect Capital Related Cost (Adult Subacute Sch 5)	N/A	\$ 232,621	N/A
15. Total Capital Related Cost (Lines 13 & 14)	N/A	\$ 232,621	N/A

**TOTAL SALARY & BENEFITS**

16. Direct Salary & Benefits Expenses	N/A	\$ 3,148,307	N/A
17. Alloc Salary & Benefits Expenses (Adult Subacute Sch 5)	N/A	\$ 1,530,004	N/A
18. Total Salary & Benefits Expenses (Lines 16 & 17)	N/A	\$ 4,678,311	N/A

**AUDITED ADULT SUBACUTE COST-VENTILATOR AND NONVENTILATOR**

	AUDITED COSTS (Adj )	AUDITED TOTAL DAYS (Adj 15)	AUDITED MEDI-CAL DAYS (Adj 14)
19. Ventilator (Equipment Cost Only)	\$ 0	1,818	1,665
20. Nonventilator	N/A	5,719	N/A
21. TOTAL	N/A	7,537	N/A

## SUMMARY OF ADULT SUBACUTE FACILITY EXPENSES

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

Provider NPI:  
1316021546

COL.	COST CENTER	REPORTED	AUDITED *	DIFFERENCE
	DIRECT AND ALLOCATED EXPENSE			
0.00	Adult Subacute	\$ 3,686,192	\$ 3,686,192	\$ 0
1.00	Capital Related Costs - Buildings and Fixtures	113,988	113,892	(96)
2.00	Capital Related Costs - Movable Equipment	24,924	19,788	(5,136)
3.00	Other Capital Related Costs		0	0
3.01			0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	708,262	707,034	(1,228)
5.01	Communications	8,620	8,088	(532)
5.02	Data Processing	22,439	21,671	(768)
5.03	Purchasing Receiving and Stores	2,085	2,081	(4)
5.04	Admitting	60,131	60,099	(32)
5.05	Business Office	93,153	93,072	(81)
5.00			0	0
5.00			0	0
5.00			0	0
5.07	Administrative and General	603,029	595,097	(7,932)
6.00	Maintenance and Repairs	24,932	24,896	(36)
7.00	Operation of Plant	263,074	262,414	(660)
8.00	Laundry and Linen Service	119,425	119,250	(175)
9.00	Housekeeping	180,598	179,947	(651)
10.00	Dietary	48,498	48,396	(102)
11.00	Cafeteria	147,106	146,771	(335)
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	291,645	289,394	(2,251)
14.00	Central Services and Supply		0	0
15.00	Pharmacy		0	0
16.00	Medical Records and Library	137,477	137,245	(232)
17.00	Social Service		0	0
18.00	Other General Service (Specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School	487,298	486,663	(635)
21.00	Intern and Res. Service - Salary and Fringes (Approved)		0	0
22.00	Intern and Res. - Other Program Costs (Approved)		0	0
23.00	Pastoral Services		0	0
23.01			0	0
23.02			0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 7,022,876	\$ 7,001,991	\$ (20,885)

(To Adult Subacute Sch 1)

\* From Schedule 8, Line 46.00





**ALLOCATION OF INDIRECT EXPENSES  
ADULT SUBACUTE**

**Provider Name:**  
**ALTA BATES MEDICAL CENTER**

**Fiscal Period Ended:**  
**DECEMBER 31, 2011**

**Provider NPI:**  
**1316021546**

COL.	COST CENTER ALLOCATED EXPENSES	AUDITED CAP RELATED (COL 1)	AUDITED SAL & EMP BENEFITS (COL 2)
1.00	Capital Related Costs - Buildings and Fixtures	\$ 113,892	\$ N/A
2.00	Capital Related Costs - Movable Equipment	19,788	N/A
3.00	Other Capital Related Costs	0	N/A
3.01		0	N/A
3.02		0	N/A
3.03		0	N/A
3.04		0	N/A
3.05		0	N/A
3.06		0	N/A
3.07		0	N/A
3.08		0	N/A
3.09		0	N/A
4.00	Employee Benefits	712	706,322
5.01	Communications	2,225	0
5.02	Data Processing	2,668	225
5.03	Purchasing Receiving and Stores	56	938
5.04	Admitting	575	45,301
5.05	Business Office	201	4,216
5.00		0	0
5.00		0	0
5.00		0	0
5.07	Administrative and General	7,285	168,735
6.00	Maintenance and Repairs	210	807
7.00	Operation of Plant	50,232	66,700
8.00	Laundry and Linen Service	4,544	6,141
9.00	Housekeeping	3,554	110,123
10.00	Dietary	2,536	26,541
11.00	Cafeteria	9,245	96,239
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	10,806	201,810
14.00	Central Services and Supply	0	0
15.00	Pharmacy	0	0
16.00	Medical Records and Library	3,423	80,433
17.00	Social Service	0	0
18.00	Other General Service (Specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	668	15,473
21.00	Intern and Res. Service - Salary and Fringes (Approved)	0	0
22.00	Intern and Res. - Other Program Costs (Approved)	0	0
23.00	Pastoral Services	0	0
23.01		0	0
23.02		0	0
101.00	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 232,621	\$ 1,530,004

(To Adult Subacute Sch 1)











Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	ALLOC COST 3.09	EMPLOYEE BENEFITS 4.00	ALLOC COST 5.01	ALLOC COST 5.02	ALLOC COST 5.03	ALLOC COST 5.04	ALLOC COST 5.05	ALLOC COST 5.00	ALLOC COST 5.00	ALLOC COST 5.00	ACCUMULATE COST	ADMINIS- TRATIVE & GENERAL 5.07
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review - SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	516	809	0	0	0	0	0	0	0	7,475	944
192.00 Physicians' Private Offices	0	0	40,712	0	5,175	0	0	0	0	0	1,875,986	236,930
192.01 MOB	0	0	0	0	0	0	0	0	0	0	91,514	11,558
192.05 Foundation	0	0	0	0	0	0	0	0	0	0	6,879,800	868,891
194.00 Other Nonreimbursable Marketing	0	36,453	0	0	349	0	0	0	0	0	1,121,574	141,650
194.01 Foundation	0	0	0	0	0	0	0	0	0	0	0	0
194.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	<u>0</u>	<u>52,489,483</u>	<u>762,199</u>	<u>29,037,118</u>	<u>4,495,321</u>	<u>3,647,384</u>	<u>5,648,502</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>528,474,149</u>	<u>59,259,897</u>





Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR	OPERATION OF PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFETERIA	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	6.00	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review - SNF	0	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	601	6,337	161	4,346	0	104	0	238	0	0	0	0
192.00 Physicians' Private Offices	52,593	554,345	0	380,133	0	0	0	0	1,889	204	0	0
192.01 MOB	0	0	0	0	0	0	0	0	0	0	0	0
192.05 Foundation	0	0	0	0	0	0	0	0	0	0	0	0
194.00 Other Nonreimbursable Marketing	38,260	403,276	0	276,540	0	10,321	0	0	0	0	0	0
194.01 Foundation	0	0	0	0	0	0	0	0	0	0	0	0
194.04	0	0	0	0	0	0	0	0	0	0	0	0
	0											
TOTAL	<u>2,474,050</u>	<u>18,241,439</u>	<u>1,691,515</u>	<u>12,291,866</u>	<u>5,547,256</u>	<u>7,066,015</u>	<u>0</u>	<u>9,304,910</u>	<u>3,049,092</u>	<u>21,380,775</u>	<u>8,329,358</u>	<u>1,028,383</u>





Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	OTHER GEN	NONPHYSICIAN	NURSING	I & R SVC	I&R OTHER	PARAMEDICAL	ALLOC	ALLOC	SUBTOTAL	POST	TOTAL
	SVC	ANESTHETIST	SCHOOL	SAL & BENEFITS	PROGRAM	EDUCATION				STEP-DOWN	
	(SPECIFIC)				COSTS	PROGRAM				ADJUSTMENT	
	18.00	19.00	20.00	21.00	22.00	23.00	23.01	23.02	24.00	25.00	26.00
105.00 Kidney Acquisition	0	0	0	0	0	0	0	0	0	0	0
106.00 Heart Acquisition	0	0	0	0	0	0	0	0	0	0	0
107.00 Liver Acquisition	0	0	0	0	0	0	0	0	0	0	0
108.00 Lung Acquisition	0	0	0	0	0	0	0	0	0	0	0
109.00 Pancreas Acquisition	0	0	0	0	0	0	0	0	0	0	0
110.00 Intestinal Acquisition	0	0	0	0	0	0	0	0	0	0	0
111.00 Islet Acquisition	0	0	0	0	0	0	0	0	0	0	0
112.00 Other Organ Acquisition (Specify)	0	0	0	0	0	0	0	0	0	0	0
113.00 Interest Expense	0	0	0	0	0	0	0	0	0	0	0
114.00 Utilization Review - SNF	0	0	0	0	0	0	0	0	0	0	0
115.00 Ambulatory Surgical Center (Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
116.00 Hospice	0	0	0	0	0	0	0	0	0	0	0
117.00 Other Special Purpose (Specify)	0	0	0	0	0	0	0	0	0	0	0
190.00 Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	0	0	0
191.00 Research	0	0	0	0	0	0	0	0	20,204		20,204
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	3,102,080		3,102,080
192.01 MOB	0	0	0	0	0	0	0	0	103,072		103,072
192.05 Foundation	0	0	0	0	0	0	0	0	7,748,691		7,748,691
194.00 Other Nonreimbursable Marketing	0	0	0	0	0	0	0	0	1,991,622		1,991,622
194.01 Foundation	0	0	0	0	0	0	0	0	0		0
194.04	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	6,000,398	0	15,848	1,101,337	0	0	528,474,148	(15,769)	528,458,379







Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES) 4.00	COMMUNI- CATION (NON PT PHO) 5.01	DATA PROCESSING (NO. TRANS) 5.02	PURCHASING RECEIVING (SUPPLIES) 5.03	ADMITTING (GROSS REV) 5.04	BUSINESS OFFICE (GROSS REV) 5.05	STAT 5.00	STAT 5.00	STAT 5.00	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.07	MANT & REPAIRS (SQ FT) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>													
1.00	Capital Related Costs - Buildings and Fixtures												
2.00	Capital Related Costs - Movable Equipment												
3.00	Other Capital Related Costs												
3.01													
3.02													
3.03													
3.04													
3.05													
3.06													
3.07													
3.08													
3.09													
4.00	Employee Benefits												
5.01	Communications												
5.02	246,753	135											
5.03	1,655,234	66											
5.04	2,242,517	71	117,577										
5.05	208,956	139	209										
5.00													
5.00													
5.00													
5.07	13,697,245	237	1,032,776										
6.00	Maintenance and Repairs												
7.00	3,302,638	15	48,653										
8.00	Operation of Plant												
9.00	5,770,203	50	399,417										
10.00	2,099,322	3	367,374										
11.00	3,229,499	16	578,478										
12.00	4,863,069	12	1,025	921,707								2,196,625	
13.00	5,034,839	19	1,577	1,417,652								15,535,908	184,237
14.00	3,534,866	44	176,105										
15.00	Medical Records and Library												
16.00	Social Service												
17.00	Other General Service (Specify)												
18.00	Nonphysician Anesthetists												
19.00	Nursing School												
20.00	Intern and Res. Service - Salary and Fringes (Approved)												
21.00	Intern and Res. - Other Program Costs (Approved)												
22.00	687,250	22	14,261										
23.00	Pastoral Services												
23.01													
23.02													
<b>INPATIENT ROUTINE COST CENTERS</b>													
30.00	63,999,271	325	154,676	1,077,438	465,733,393	465,733,393						97,340,654	126,259
31.00	8,512,889	26	5,163	169,528	55,285,402	55,285,402						13,395,436	12,084
32.00	Coronary Care Unit												
33.00	Burn Intensive Care Unit												
34.00	Surgical Intensive Care Unit												
35.00	18,931,086	57	15,348	165,972	128,275,337	128,275,337						26,998,600	12,251
40.00	Subprovider - IPF												
41.00	Subprovider - IRF												
42.00	Subprovider (Specify)												
43.00	6,288,028	19	12,528	94,422	25,681,413	25,681,413						8,989,707	11,127
44.00	Skilled Nursing Facility												
45.00	Nursing Facility												
46.00	3,148,307	30	7,537	29,883	35,205,327	35,205,327						4,711,918	6,170
47.00													



STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES)	COMMUNI- CATION (NON PT PHO)	DATA PROCESSING (NO. TRANS)	PURCHASING RECEIVING (SUPPLIES)	ADMITTING (GROSS REV)	BUSINESS OFFICE (GROSS REV)	STAT	STAT	STAT	RECON- CILIATION	ADM & GEN (ACCUM COST)	MANT & REPAIRS (SQ FT)
	4.00	5.01	5.02	5.03	5.04	5.05	5.00	5.00	5.00		5.07	6.00
105.00												0
106.00												0
107.00												0
108.00												0
109.00												0
110.00												0
111.00												0
112.00												0
113.00												0
114.00												0
115.00												0
116.00												0
117.00												0
190.00												0
191.00												0
192.00	2,299	3		74,301							7,475	149
192.01		151									1,875,986	13,034
192.05											91,514	
194.00	162,317			5,007							6,879,800	
194.01											1,121,574	9,482
194.04											0	0
TOTAL	233,727,037	2,827	10,098,866	64,540,778	2,136,596,777	2,136,596,777	0	0	0		469,214,252	613,138
COST TO BE ALLOCATED	52,489,483	762,199	29,037,118	4,495,321	3,647,383	5,648,502	0	0	0		59,259,897	2,474,050
UNIT COST MULTIPLIER - SCH 8	0.224576	269.614171	2.875285	0.069651	0.001707	0.002644	0.000000	0.000000	0.000000		0.126296	4.035062

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS REV)	SOC SERV (NO. OF CONTACTS)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
<b>GENERAL SERVICE COST CENTERS</b>												
1.00	Capital Related Costs - Buildings and Fixtures											
2.00	Capital Related Costs - Movable Equipment											
3.00	Other Capital Related Costs											
3.01												
3.02												
3.03												
3.04												
3.05												
3.06												
3.07												
3.08												
3.09												
4.00	Employee Benefits											
5.01	Communications											
5.02	Data Processing											
5.03	Purchasing Receiving and Stores											
5.04	Admitting											
5.05	Business Office											
5.00												
5.00												
5.07	Administrative and General											
6.00	Maintenance and Repairs											
7.00	Operation of Plant											
8.00	2,304	Laundry and Linen Service										
9.00	5,134	Housekeeping										
10.00	10,105	Dietary										
11.00	15,541	Cafeteria										
12.00	Maintenance of Personnel											
13.00	4,669	Nursing Administration										
14.00	3,206	Central Services and Supply										
15.00	4,639	Pharmacy										
16.00	6,634	Medical Records and Library										
17.00	Social Service											
18.00	Other General Service (Specify)											
19.00	Nonphysician Anesthetists											
20.00	Nursing School											
21.00	Intern and Res. Service - Salary and Fringes (Approved)											
22.00	Intern and Res. - Other Program Costs (Approved)											
23.00	1,007	Pastoral Services										
23.01												
23.02												
<b>INPATIENT ROUTINE COST CENTERS</b>												
30.00	126,259	1,512,066	126,259	256,626	46,286		37,113			465,733,393		4,561
31.00	12,084	77,832	12,084	8,795	4,891		4,371			55,285,402		738
32.00	Coronary Care Unit											
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	12,251	111,484	12,251		10,942		9,247			128,275,337		2,087
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (Specify)											
43.00	11,127	Nursery										
44.00	Skilled Nursing Facility											
45.00	Nursing Facility											
46.00	6,170	156,750	6,170	2,336	2,830		2,437			35,205,327		
47.00	Subacute Care											



STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS REV)	SOC SERV (NO. OF CONTACTS)	OTHER SVC (TIME SPENT)
	7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
105.00 Kidney Acquisition												
106.00 Heart Acquisition												
107.00 Liver Acquisition												
108.00 Lung Acquisition												
109.00 Pancreas Acquisition												
110.00 Intestinal Acquisition												
111.00 Islet Acquisition												
112.00 Other Organ Acquisition (Specify)												
113.00 Interest Expense												
114.00 Utilization Review - SNF												
115.00 Ambulatory Surgical Center (Distinct Part)												
116.00 Hospice												
117.00 Other Special Purpose (Specify)												
190.00 Gift, Flower, Coffee Shop, and Canteen												
191.00 Research	149	211	149		2		2					
192.00 Physicians' Private Offices	13,034		13,034					13,912	246			
192.01 MOB												
192.05 Foundation												
194.00 Other Nonreimbursable Marketing	9,482		9,482		199							
194.01 Foundation												
194.04												
TOTAL	428,901	2,223,438	421,463	267,757	136,245	0	78,357	22,452,816	25,774,432	2,136,596,777	7,573	0
COST TO BE ALLOCATED	18,241,439	1,691,515	12,291,866	5,547,256	7,066,015	0	9,304,910	3,049,092	21,380,775	8,329,359	1,028,383	0
UNIT COST MULTIPLIER - SCH 8	42.530653	0.760766	29.164758	20.717502	51.862563	0.000000	118.750205	0.135800	0.829534	0.003898	135.795934	0.000000

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

NONPHY- SICIAN ANE	NURSING SCHOOL (ASGN TIME)	I&R SVC&SAL	I&R OTHER PROG (ASGN TIME)	PARAMEDICAL ED. PROG (ASGN TIME)	STAT	STAT
19.00	20.00	21.00	22.00	23.00	23.01	23.02

**GENERAL SERVICE COST CENTERS**

- 1.00 Capital Related Costs - Buildings and Fixtures
- 2.00 Capital Related Costs - Movable Equipment
- 3.00 Other Capital Related Costs
- 3.01
- 3.02
- 3.03
- 3.04
- 3.05
- 3.06
- 3.07
- 3.08
- 3.09
- 4.00 Employee Benefits
- 5.01 Communications
- 5.02 Data Processing
- 5.03 Purchasing Receiving and Stores
- 5.04 Admitting
- 5.05 Business Office
- 5.00
- 5.00
- 5.07 Administrative and General
- 6.00 Maintenance and Repairs
- 7.00 Operation of Plant
- 8.00 Laundry and Linen Service
- 9.00 Housekeeping
- 10.00 Dietary
- 11.00 Cafeteria
- 12.00 Maintenance of Personnel
- 13.00 Nursing Administration
- 14.00 Central Services and Supply
- 15.00 Pharmacy
- 16.00 Medical Records and Library
- 17.00 Social Service
- 18.00 Other General Service (Specify)
- 19.00 Nonphysician Anesthetists
- 20.00 Nursing School
- 21.00 Intern and Res. Service - Salary and Fringes (Approved)
- 22.00 Intern and Res. - Other Program Costs (Approved)
- 23.00 Pastoral Services
- 23.01
- 23.02

**INPATIENT ROUTINE COST CENTERS**

30.00 Adults and Pediatrics	9,091		1	5,440		
31.00 Intensive Care Unit	4,800			815		
32.00 Coronary Care Unit						
33.00 Burn Intensive Care Unit						
34.00 Surgical Intensive Care Unit						
35.00 Neonatal Intensive Care Unit	840					
40.00 Subprovider - IPF						
41.00 Subprovider - IRF						
42.00 Subprovider (Specify)						
43.00 Nursery	3,211		2			
44.00 Skilled Nursing Facility						
45.00 Nursing Facility						
46.00 Subacute Care	1,920					
47.00						

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL (ASGN TIME)	I&R SVC&SAL	I&R OTHER PROG (ASGN TIME)	PARAMEDICAL ED. PROG (ASGN TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
<b>ANCILLARY COST CENTERS</b>							
50.00	Operating Room	240					
50.01	GI Lab						
52.00	Delivery Room and Labor Room	3,211			913		
53.00	Anesthesiology						
54.00	Radiology - Diagnostic						
56.00	Radioisotope						
56.02	Oncology						
56.04	Comprehensive Cancer Center				121		
58.00	Magnetic Resonance Imaging (MRI)						
59.00	Cardiac Catheterization						
60.00	Laboratory						
61.00	PBP Clinical Laboratory Services - Program Only						
62.00	Whole Blood and Packed Red Blood Cells						
65.00	Respiratory Therapy						
65.01	Pulmonary function						
65.02	Vascular Lab						
66.00	Physical Therapy						
67.00	Occupational Therapy						
68.00	Speech Pathology						
69.00	Electrocardiology						
70.00	Electroencephalography						
71.00	Medical Supplies Charged to Patients						
72.00	Implantable Devices Charged to Patients						
73.00	Drugs Charged to Patients						
74.00	Renal Dialysis						
75.00	ASC (Non-Distinct Part)						
76.02	Partial Hosp Program						
76.03	Psych Clinic/ECT						
76.04	Alta I/P Med Group						
79.00							
80.00							
81.00							
82.00							
83.00							
84.00							
85.00							
86.00							
87.00							
87.01							
88.00	Rural Health Clinic (RHC)						
89.00	Federally Qualified Health Center (FQHC)						
90.00	Clinic						
90.02	Diabetes Management						
90.04	Lafayette Women's Health Center						
90.16	Adult Sickle Center						
90.17	Carol Ann read Breast Health						
90.20	Sportcare						
91.00	Emergency	360			99		
92.00	Observation Beds						
0.00							
<b>NONREIMBURSABLE COST CENTERS</b>							
94.00	Home Program Dialysis						
95.00	Ambulance Services						
96.00	Durable Medical Equipment - Rented						
97.00	Durable Medical Equipment - Sold						
98.00	Other Reimbursable (Specify)						
99.00	Outpatient Rehabilitation Provider (Specify)						
100.00	Intern and Res. Service (not appvd. tchnlg. prgm.)						
101.00	Home Health Agency						

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

	NONPHY- SICIAN ANE	NURSING SCHOOL (ASGN TIME)	I&R SVC&SAL	I&R OTHER PROG (ASGN TIME)	PARAMEDICAL ED. PROG (ASGN TIME)	STAT	STAT
	19.00	20.00	21.00	22.00	23.00	23.01	23.02
105.00	Kidney Acquisition						
106.00	Heart Acquisition						
107.00	Liver Acquisition						
108.00	Lung Acquisition						
109.00	Pancreas Acquisition						
110.00	Intestinal Acquisition						
111.00	Islet Acquisition						
112.00	Other Organ Acquisition (Specify)						
113.00	Interest Expense						
114.00	Utilization Review - SNF						
115.00	Ambulatory Surgical Center (Distinct Part)						
116.00	Hospice						
117.00	Other Special Purpose (Specify)						
190.00	Gift, Flower, Coffee Shop, and Canteen						
191.00	Research						
192.00	Physicians' Private Offices						
192.01	MOB						
192.05	Foundation						
194.00	Other Nonreimbursable Marketing						
194.01	Foundation						
194.04							
TOTAL	0	23,673	0	3	7,388	0	0
COST TO BE ALLOCATED	0	6,000,398	0	15,848	1,101,337	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	253.470131	0.000000	5282.703813	149.071024	0.000000	0.000000

## TRIAL BALANCE OF EXPENSES

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related Costs - Buildings and Fixtures	\$ 12,033,778	\$ (10,090)	\$ 12,023,688
2.00	Capital Related Costs - Movable Equipment	13,017,950	(2,682,552)	10,335,398
3.00	Other Capital Related Costs		0	0
3.01			0	0
3.02			0	0
3.03			0	0
3.04			0	0
3.05			0	0
3.06			0	0
3.07			0	0
3.08			0	0
3.09			0	0
4.00	Employee Benefits	52,527,777	(91,161)	52,436,616
5.01	Communications	552,517	12	552,529
5.02	Data Processing	25,482,518	(101,693)	25,380,825
5.03	Purchasing Receiving and Stores	3,989,930	0	3,989,930
5.04	Admitting	3,087,558	0	3,087,558
5.05	Business Office	5,565,088	(2,868)	5,562,220
5.00			0	0
5.00			0	0
5.00			0	0
5.07	Administrative and General	56,332,881	(987,760)	55,345,121
6.00	Maintenance and Repairs	2,172,911	0	2,172,911
7.00	Operation of Plant	11,296,610	0	11,296,610
8.00	Laundry and Linen Service	1,337,656	0	1,337,656
9.00	Housekeeping	9,180,132	0	9,180,132
10.00	Dietary	3,511,704	0	3,511,704
11.00	Cafeteria	4,099,409	0	4,099,409
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	6,392,434	0	6,392,434
14.00	Central Services and Supply	1,964,979	0	1,964,979
15.00	Pharmacy	4,865,206	0	4,865,206
16.00	Medical Records and Library	5,853,544	0	5,853,544
17.00	Social Service	913,066	0	913,066
18.00	Other General Service (Specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School	5,327,550	0	5,327,550
21.00	Intern and Res. Service - Salary and Fringes (Approved)		0	0
22.00	Intern and Res. - Other Program Costs (Approved)	14,071	0	14,071
23.00	Pastoral Services	698,505	0	698,505
23.01			0	0
23.02			0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
30.00	Adults and Pediatrics	77,840,277	0	77,840,277
31.00	Intensive Care Unit	10,593,007	0	10,593,007
32.00	Coronary Care Unit		0	0
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Neonatal Intensive Care Unit	21,458,949	0	21,458,949
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (Specify)		0	0
43.00	Nursery	7,200,108	0	7,200,108
44.00	Skilled Nursing Facility		0	0
45.00	Nursing Facility		0	0
46.00	Subacute Care	3,686,192	0	3,686,192
47.00			0	0

## TRIAL BALANCE OF EXPENSES

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
50.00	Operating Room	\$ 14,428,870	\$ 0	\$ 14,428,870
50.01	GI Lab	1,132,258	0	1,132,258
52.00	Delivery Room and Labor Room	24,333,047	0	24,333,047
53.00	Anesthesiology		0	0
54.00	Radiology - Diagnostic	9,699,003	0	9,699,003
56.00	Radioisotope	918,116	0	918,116
56.02	Oncology	601,294	0	601,294
56.04	Comprehensive Cancer Center	20,038,380	0	20,038,380
58.00	Magnetic Resonance Imaging (MRI)		0	0
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	9,641,602	0	9,641,602
61.00	PBP Clinical Laboratory Services - Program Only		0	0
62.00	Whole Blood and Packed Red Blood Cells	2,197,115	0	2,197,115
65.00	Respiratory Therapy	4,286,053	0	4,286,053
65.01	Pulmonary function	118,620	0	118,620
65.02	Vascular Lab	971,691	0	971,691
66.00	Physical Therapy	10,586,322	0	10,586,322
67.00	Occupational Therapy		0	0
68.00	Speech Pathology		0	0
69.00	Electrocardiology	3,775,097	0	3,775,097
70.00	Electroencephalography	212,034	0	212,034
71.00	Medical Supplies Charged to Patients	15,131,662	0	15,131,662
72.00	Implantable Devices Charged to Patients	7,394,240	0	7,394,240
73.00	Drugs Charged to Patients	25,774,186	0	25,774,186
74.00	Renal Dialysis	1,127,250	0	1,127,250
75.00	ASC (Non-Distinct Part)		0	0
76.02	Partial Hosp Program	1,581,950	0	1,581,950
76.03	Psych Clinic/ECT	1,566,869	0	1,566,869
76.04	Alta I/P Med Group	237,093	0	237,093
79.00			0	0
80.00			0	0
81.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
87.00			0	0
87.01			0	0
88.00	Rural Health Clinic (RHC)		0	0
89.00	Federally Qualified Health Center (FQHC)		0	0
90.00	Clinic	153,676	0	153,676
90.02	Diabetes Management	307,014	0	307,014
90.04	Lafayette Women's Health Center	598,118	0	598,118
90.16	Adult Sickle Center	175,276	0	175,276
90.17	Carol Ann read Breast Health	137,765	0	137,765
90.20	Sportcare	1,689,846	0	1,689,846
91.00	Emergency	13,066,980	0	13,066,980
92.00	Observation Beds		0	0
			0	0
	SUBTOTAL	\$ 522,877,734	\$ (3,876,112)	\$ 519,001,622
	<b>NONREIMBURSABLE COST CENTERS</b>			
94.00	Home Program Dialysis		0	0
95.00	Ambulance Services		0	0
96.00	Durable Medical Equipment - Rented		0	0
97.00	Durable Medical Equipment - Sold		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:  
ALTA BATES MEDICAL CENTER

Fiscal Period Ended:  
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (Specify)		0	0
99.00	Outpatient Rehabilitation Provider (Specify)		0	0
100.00	Intern and Res. Service (not appvd. tchng. prgm.)		0	0
101.00	Home Health Agency		0	0
105.00	Kidney Acquisition		0	0
106.00	Heart Acquisition		0	0
107.00	Liver Acquisition		0	0
108.00	Lung Acquisition		0	0
109.00	Pancreas Acquisition		0	0
110.00	Intestinal Acquisition		0	0
111.00	Islet Acquisition		0	0
112.00	Other Organ Acquisition (Specify)		0	0
113.00	Interest Expense		0	0
114.00	Utilization Review - SNF		0	0
115.00	Ambulatory Surgical Center (Distinct Part)		0	0
116.00	Hospice		0	0
117.00	Other Special Purpose (Specify)		0	0
190.00	Gift, Flower, Coffee Shop, and Canteen		0	0
191.00	Research	3,399	0	3,399
192.00	Physicians' Private Offices	1,588,667	0	1,588,667
192.01	MOB	91,514	0	91,514
192.05	Foundation	6,879,800	0	6,879,800
194.00	Other Nonreimbursable Marketing	909,146	0	909,146
194.01	Foundation		0	0
194.04			0	0
	SUBTOTAL	\$ 9,472,526	\$ 0	\$ 9,472,526
200	TOTAL	\$ 532,350,260	\$ (3,876,112)	\$ 528,474,148

(To Schedule 8)







Provider Name							Fiscal Period			Provider NPI		Adjustments
ALTA BATES MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1013906221		15
Report References												
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
<u>MEMORANDUM ADJUSTMENTS</u>												
1							The Provider reported the Subacute Care Services on Line 44.00 - Skilled Nursing Facility. The Subacute Care Service cost is reflected on Line 46.00 of the audit report. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304					
2							Oncology cost was reported in the cost report on line 56.02. The cost line after step-down will be combined with Comprehensive Cancer Center, line 56.04 for cost finding purposes. No additional adjustments will be made to reclassify these costs, revenues, and statistics in the reported cost report format. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304					

Provider Name							Fiscal Period	Provider NPI		Adjustments
ALTA BATES MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1013906221		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>										
3	10A	A		1.00	7	Capital Related Costs - Buildings and Fixtures	\$12,033,778	(\$10,090)	\$12,023,688	
	10A	A		2.00	7	Capital Related Costs - Movable Equipment	13,017,950	(2,682,552)	10,335,398	
	10A	A		4.00	7	Employee Benefits	52,527,777	(88,991)	52,438,786 *	
	10A	A		5.01	7	Communications	552,517	12	552,529	
	10A	A		5.02	7	Data Processing	25,482,518	(101,693)	25,380,825	
	10A	A		5.07	7	Administrative and General	56,332,881	(1,146,380)	55,186,501 *	
						To adjust reported home office costs to agree with the Sutter Corporate Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304				
4	10A	A		4.00	7	Employee Benefits	* \$52,438,786	(\$2,170)	\$52,436,616	
	10A	A		5.05	7	Business Office	5,565,088	(2,868)	5,562,220	
	10A	A		5.07	7	Administrative and General	* 55,186,501	158,620	55,345,121	
						To adjust reported home office costs to agree with the Sutter Health East Bay Home Office Audit Report for fiscal period ended December 31, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304				

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period	Provider NPI		Adjustments
ALTA BATES MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011	1013906221		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>										
5	4A	Not Reported					Medi-Cal Administrative Days	0	620	620
	4A	Not Reported					Medi-Cal Administrative Day Per Diem Rate	\$0	\$351.26	\$351.26
	4A	Not Reported					Medi-Cal Administrative Day (Billed Late at 75%)	0	62	62
	4A	Not Reported					Medi-Cal Administrative Day Per Diem Rate (Billed Late at 75%)	\$0	\$263.45	\$263.45
6	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$11,112	(\$1,018)	\$10,094
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	118,086	19,486	137,572
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	62,029	2,243	64,272
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	415,463	53,826	469,289
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	606,926	74,537	681,463
7	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Charges	\$2,857,403	\$479,848	\$3,337,251
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	606,926	74,537	681,463
8	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	\$6,352	\$1,870	\$8,222
	3	E-3	VII	XIX	37.00	1	Administrative Day Cost Reimbursement	204,785	(204,785)	0
	1	E-3	VII	XIX	41.00	1	Interim Payments	329,610	53,018	382,628
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following                      Fiscal Intermediary Payment Data:                      Service Period: January 1, 2011 through December 31, 2011                      Payment Period: January 1, 2011 through March 15, 2013                      Report Date: April 4, 2013                      42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139                      CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408                      CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>										

Provider Name							Fiscal Period		Provider NPI		Adjustments
ALTA BATES MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1013906221		15
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</b>											
9	Contract 4	D-1	I	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	13,888.00	1,165.00	15,053.00 *	
	Contract 4A	D-1	II	V	42.00	4	Medi-Cal Days - Nursery	4,283.00	120.00	4,403.00 *	
	Contract 4A	D-1	II	V	43.00	4	Medi-Cal Days - Intensive Care Unit	732.00	119.00	851.00 *	
	Contract 4A	D-1	II	V	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	8,645.00	1,329.00	9,974.00 *	
10	Contract 6	D-3		V	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$16,111,363	\$1,486,883	\$17,598,246	
	Contract 6	D-3		V	52.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	32,231,331	1,027,360	33,258,691	
	Contract 6	D-3		V	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	6,383,265	1,075,315	7,458,580	
	Contract 6	D-3		V	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	216,725	55,618	272,343	
	Contract 6	D-3		V	60.00	2	Medi-Cal Ancillary Charges - Laboratory	18,481,289	1,960,219	20,441,508	
	Contract 6	D-3		V	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	11,283,066	1,566,984	12,850,050	
	Contract 6	D-3		V	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	5,291,765	673,127	5,964,892	
	Contract 6	D-3		V	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	2,916,325	400,726	3,317,051	
	Contract 6	D-3		V	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	38,111	15,581	53,692	
	Contract 6	D-3		V	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	8,001,492	741,634	8,743,126	
	Contract 6	D-3		V	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	386,633	76,717	463,350	
	Contract 6	D-3		V	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	21,717,411	2,381,325	24,098,736	
	Contract 6	D-3		V	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	629,628	170,482	800,110	
	Contract 6	D-3		V	91.00	2	Medi-Cal Ancillary Charges - Emergency Room	1,708,020	203,190	1,911,210	
	Contract 6	D-3		V	200.00	2	Medi-Cal Ancillary Charges - Total	125,401,682	11,835,161	137,236,843	
11	Contract 2	E-3	VII	V	8.00	1	Medi-Cal Routine Service Charges	\$167,905,023	\$18,934,637	\$186,839,660	
	Contract 2	E-3	VII	V	9.00	1	Medi-Cal Ancillary Service Charges	125,401,682	11,835,161	137,236,843	
12	Contract 3	E-3	III	V	33.00	1	Medi-Cal Deductibles	\$0	\$8,505	\$8,505	
	Contract 3	E-3	III	V	36.00	1	Medi-Cal Coinsurance	0	473,727	473,727	
To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Service Period: January 1, 2011 through December 31, 2011 Payment Period: January 1, 2011 through March 15, 2013 Report Date: April 4, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541											

\*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			Provider NPI		Adjustments
ALTA BATES MEDICAL CENTER							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1013906221		15
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT**

13	4	D-1	I	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	*	15,053.00	(54.25)	14,998.75
	4A	D-1	II	V	42.00	4	Medi-Cal Days - Nursery	*	4,403.00	(10.50)	4,392.50
	4A	D-1	II	V	43.00	4	Medi-Cal Days - Intensive Care Unit	*	851.00	(10.00)	841.00
	4A	D-1	II	V	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	*	9,974.00	(37.50)	9,936.50

To adjust Medi-Cal routine days that were billed late to Medi-Cal by 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through 12th month (RAD Code 476) after the month of service, respectively.  
 42 CFR 413.20 and 413.24  
 CMS Pub. 15-1, Sections 2300 and 2304  
 CCR, Title 22, Section 51458.1  
 W&I Code 14115

\*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPI		Adjustments
ALTA BATES MEDICAL CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1013906221		15
Report References			Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report							
		Work Sheet	Part	Title	Line	Col.			
<b><u>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - SUBACUTE</u></b>									
14	Subacute 1	Not Reported		Medi-Cal Subacute Days - Ventilator			0	1,665	1,665
	Subacute 1	Not Reported		Medi-Cal Subacute Days - Total			0	6,803	6,803
				To reflect Medi-Cal Subacute patient days based on the following Fiscal Intermediary Payment Data:					
				Service Period: January 1, 2011 through December 31, 2011					
				Payment Period: January 1, 2011 through March 15, 2013					
				Report Date: January 3, 2012					
				42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139					
				CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408					
				CCR, Title 22, Section 51541					

Provider Name			Fiscal Period				Provider NPI		Adjustments	
ALTA BATES MEDICAL CENTER			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1013906221		15	
Report References							As Reported	Increase (Decrease)	As Adjusted	
Cost Report										
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments			
<b><u>ADJUSTMENT TO OTHER MATTERS</u></b>										
15	Subacute 1	Not Reported					Total Subacute Days - Ventilator	0	1,818	1,818
	Subacute 1	Not Reported					Total Subacute Days - Nonventilator	0	5,719	5,719
							To include total adult subacute patient days and to include total ventilator and nonventilator patient days in the audit report lines 19, 20, and 21.			
							42 CFR 413.20 and 413.24			
							CMS Pub. 15-1, Sections 2300 and 2304			