

**REPORT
ON THE
COST REPORT REVIEW**

**CALIFORNIA PACIFIC MEDICAL CENTER – DAVIES CAMPUS
SAN FRANCISCO, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS: 1265590442,
1811055098, AND 1215095419**

**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: Pamela Yeung**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 25, 2013

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

CALIFORNIA PACIFIC MEDICAL CENTER – DAVIES CAMPUS
NATIONAL PROVIDER IDENTIFIER (NPI) 1265590442
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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$24,054, 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 Contract Cost (CONTRACT Schedules)
4. Computation of Distinct Part Nursing Facility Per Diem (DPNF 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's 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-Services Rate 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:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

	SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider NPI: 1811055098		
Reported	\$ 178,510	
Net Change	\$ (202,564)	
Audited Amount Due Provider (State)	\$ (24,054)	
2. Subprovider I (SCHEDULE 1-1) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider NPI: 1265590442		
Reported		\$ 5,004,634
Net Change		\$ 808,970
Audited Cost		\$ 5,813,604
Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider NPI: 1215095419		
Reported		\$ 1,020.90
Net Change		\$ (1.95)
Audited Cost Per Day		\$ 1,018.95
Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)	\$ (24,054)	
9. Total Medi-Cal Cost		\$ 5,813,604

SUMMARY OF FINDINGS

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) Provider NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) Provider NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ (24,054)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1811055098

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ <u>262,719</u>	\$ <u>96,882</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ <u>0</u>	\$ <u>N/A</u>
4.	\$	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ <u>262,719</u>	\$ <u>96,882</u>
6. Interim Payments (Adj 6)		\$ <u>(84,209)</u>	\$ <u>(120,936)</u>
7. Balance Due Provider (State)		\$ <u>178,510</u>	\$ <u>(24,054)</u>
8. Duplicate Payments (Adj)		\$ <u>0</u>	\$ <u>0</u>
9.	\$	\$ <u>0</u>	\$ <u>0</u>
10.	\$	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ <u><u>178,510</u></u>	\$ <u><u>(24,054)</u></u>

(To Summary of Findings)

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

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1811055098

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 262,894 \$ 98,800

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 5) \$ 549,943 \$ 795,877

3. Inpatient Ancillary Service Charges (Adj 5) \$ 185,049 \$ 263,594

4. Total Charges - Medi-Cal Inpatient Services \$ 734,992 \$ 1,059,471

5. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 472,098 \$ 960,671

6. 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:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUSFiscal Period Ended:
DECEMBER 31, 2011Provider NPI:
1811055098

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
----------	---------

INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	23,893	23,893
2. Inpatient Days (include private, exclude swing-bed)	23,893	23,893
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	23,893	23,893
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 3)	107	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 26)	\$ 42,667,838	\$ 42,599,548
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)	\$ 42,667,838	\$ 42,599,548

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 123,121,578	\$ 123,121,578
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 123,121,578	\$ 123,121,578
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.346550	\$ 0.345996
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)	\$ 5,153.04	\$ 5,153.04
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)	\$ 42,667,838	\$ 42,599,548

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,785.79	\$ 1,782.93
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 191,080	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 54,445
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 191,080	\$ 54,445

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1811055098

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, 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
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, 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
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 8,379,847	\$ 8,341,751
12. Total Inpatient Days (Adj)	2,267	2,267
13. Average Per Diem Cost	\$ 3,696.45	\$ 3,679.64
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
BURN INTENSIVE CARE UNIT		
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
SURGICAL INTENSIVE CARE UNIT		
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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, 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
ADMINISTRATIVE DAYS		
31. Per Diem Rate (Adj 3)	\$ 0.00	\$ 351.26
32. Medi-Cal Inpatient Days (Adj 3)	0	155
33. Cost Applicable to Medi-Cal	\$ 0	\$ 54,445
ADMINISTRATIVE DAYS		
34. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
35. Medi-Cal Inpatient Days (Adj)	0	0
36. Cost Applicable to Medi-Cal	\$ 0	\$ 0
37. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30,33,36)	\$ 0	\$ 54,445

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1811055098

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:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1811055098

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	\$ 14,982,191	\$ 64,274,341	0.233098	\$ 0	\$ 0
50.01	Gastrointestinal Lab	470,564	631,883	0.744701	0	0
51.00	Recovery Room	1,696,246	5,310,191	0.319432	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00	Anesthesiology	382,258	22,745,178	0.016806	0	0
54.00	Radiology - Diagnostic	3,085,547	19,285,154	0.159996	18,522	2,963
56.00	Radioisotope	564,090	3,173,437	0.177754	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	2,126,837	46,891,499	0.045357	0	0
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	3,672,784	57,400,850	0.063985	73,190	4,683
60.01	Pathology	504,278	4,610,938	0.109366	0	0
62.00	Whole Blood and Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, and Trans.	746,637	3,885,177	0.192176	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	1,771,349	12,462,184	0.142138	0	0
66.00	Physical Therapy	8,064,582	23,918,022	0.337176	42,706	14,399
67.00	Occupational Therapy	7,250,331	16,890,281	0.429261	33,830	14,522
68.00	Speech Pathology	1,750,337	4,911,360	0.356385	0	0
69.00	Electrocardiology	580,393	6,474,230	0.089647	0	0
70.00	Electroencephalography	126,728	734,929	0.172436	0	0
71.00	Medical Supplies Charged to Patients	7,581,989	25,379,332	0.298747	0	0
72.00	Implantable Devices Charged to Patients	6,543,369	16,109,999	0.406168	0	0
73.00	Drugs Charged to Patients	3,929,808	48,108,896	0.081686	95,346	7,788
74.00	Renal Dialysis	647,048	2,851,517	0.226914	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (Specify)	0	0	0.000000	0	0
77.00		0	0	0.000000	0	0
78.00		0	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	0	0	0.000000	0	0
90.03	Occupational Health	0	0	0.000000	0	0
91.00	Emergency	5,651,843	23,742,543	0.238047	0	0
92.00	Observation Beds	0	4,011,278	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
TOTAL		\$ 72,129,209	\$ 413,803,219		\$ 263,594	\$ 44,355

(To Schedule 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1811055098

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 4)	AUDITED
50.00	Operating Room	\$	\$	\$ 0
50.01	Gastrointestinal Lab			0
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology			0
54.00	Radiology - Diagnostic	918	17,604	18,522
56.00	Radioisotope			0
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)	2,778	(2,778)	0
59.00	Cardiac Catheterization			0
60.00	Laboratory	32,697	40,493	73,190
60.01	Pathology			0
62.00	Whole Blood and Packed Red Blood Cells			0
63.00	Blood Storing, Processing, and Trans.			0
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy			0
66.00	Physical Therapy	37,497	5,209	42,706
67.00	Occupational Therapy	29,079	4,751	33,830
68.00	Speech Pathology			0
69.00	Electrocardiology			0
70.00	Electroencephalography			0
71.00	Medical Supplies Charged to Patients			0
72.00	Implantable Devices Charged to Patients			0
73.00	Drugs Charged to Patients	82,080	13,266	95,346
74.00	Renal Dialysis			0
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (Specify)			0
77.00				0
78.00				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
90.03	Occupational Health			0
91.00	Emergency			0
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 185,049	\$ 78,545	\$ 263,594

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1265590442

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ <u>5,004,634</u>	\$ <u>5,813,604</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>5,004,634</u>	\$ <u>5,813,604</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>5,004,634</u></u>	\$ <u><u>5,813,604</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:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1265590442

REPORTED	AUDITED
----------	---------

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Contract Sch 3)	\$ <u>5,004,634</u>	\$ <u>5,844,354</u>
--	---------------------	---------------------

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9)	\$ <u>9,324,224</u>	\$ <u>10,821,142</u>
--	---------------------	----------------------

3. Inpatient Ancillary Service Charges (Adj 9)	\$ <u>11,494,471</u>	\$ <u>13,734,539</u>
--	----------------------	----------------------

4. Total Charges - Medi-Cal Inpatient Services	\$ <u>20,818,695</u>	\$ <u>24,555,681</u>
--	----------------------	----------------------

5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>15,814,061</u>	\$ <u>18,711,327</u>
--	----------------------	----------------------

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 INPATIENT ROUTINE SERVICE COST**

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1265590442

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

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	23,893	23,893
2. Inpatient Days (include private, exclude swing-bed)	23,893	23,893
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	23,893	23,893
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 7)	1,286	1,424

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 26)	\$ 42,667,838	\$ 42,599,548
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)	\$ 42,667,838	\$ 42,599,548

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 123,121,578	\$ 123,121,578
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 123,121,578	\$ 123,121,578
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	\$ 0.346550	\$ 0.345996
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)	\$ 5,153.04	\$ 5,153.04
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)	\$ 42,667,838	\$ 42,599,548

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	\$ 1,785.79	\$ 1,782.93
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 2,296,526	\$ 2,538,892
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 853,880	\$ 1,103,892
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 3,150,406	\$ 3,642,784

(To Contract Sch 3)

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

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1265590442

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, 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
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, 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
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 32, Col 26)	\$ 8,379,847	\$ 8,341,751
12. Total Inpatient Days (Adj)	2,267	2,267
13. Average Per Diem Cost	\$ 3,696.45	\$ 3,679.64
14. Medi-Cal Inpatient Days (Adj 7)	231	300
15. Cost Applicable to Medi-Cal	\$ 853,880	\$ 1,103,892
BURN INTENSIVE CARE UNIT		
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
SURGICAL INTENSIVE CARE UNIT		
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
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, 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)	\$ 853,880	\$ 1,103,892

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1265590442

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:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1265590442

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	\$ 14,982,191	\$ 64,274,341	0.233098	\$ 1,562,335	\$ 364,176
50.01	Gastrointestinal Lab	470,564	631,883	0.744701	46,186	34,395
51.00	Recovery Room	1,696,246	5,310,191	0.319432	0	0
52.00	Labor Room and Delivery Room	0	0	0.000000	0	0
53.00	Anesthesiology	382,258	22,745,178	0.016806	451,366	7,586
54.00	Radiology - Diagnostic	3,085,547	19,285,154	0.159996	720,468	115,272
56.00	Radioisotope	564,090	3,173,437	0.177754	46,894	8,336
57.00	Computed Tomography (CT) Scan	0	0	0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	2,126,837	46,891,499	0.045357	1,118,877	50,748
59.00	Cardiac Catheterization	0	0	0.000000	0	0
60.00	Laboratory	3,672,784	57,400,850	0.063985	2,112,928	135,195
60.01	Pathology	504,278	4,610,938	0.109366	92,842	10,154
62.00	Whole Blood and Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, and Trans.	746,637	3,885,177	0.192176	125,652	24,147
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	1,771,349	12,462,184	0.142138	1,332,204	189,357
66.00	Physical Therapy	8,064,582	23,918,022	0.337176	521,869	175,962
67.00	Occupational Therapy	7,250,331	16,890,281	0.429261	397,518	170,639
68.00	Speech Pathology	1,750,337	4,911,360	0.356385	184,052	65,593
69.00	Electrocardiology	580,393	6,474,230	0.089647	305,029	27,345
70.00	Electroencephalography	126,728	734,929	0.172436	203,928	35,165
71.00	Medical Supplies Charged to Patients	7,581,989	25,379,332	0.298747	962,173	287,446
72.00	Implantable Devices Charged to Patients	6,543,369	16,109,999	0.406168	390,085	158,440
73.00	Drugs Charged to Patients	3,929,808	48,108,896	0.081686	2,610,202	213,216
74.00	Renal Dialysis	647,048	2,851,517	0.226914	225,605	51,193
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Other Ancillary (Specify)	0	0	0.000000	0	0
77.00		0	0	0.000000	0	0
78.00		0	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	0	0	0.000000	0	0
90.03	Occupational Health	0	0	0.000000	0	0
91.00	Emergency	5,651,843	23,742,543	0.238047	324,326	77,205
92.00	Observation Beds	0	4,011,278	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0	0	0.000000	0	0
93.02		0	0	0.000000	0	0
93.03		0	0	0.000000	0	0
93.04		0	0	0.000000	0	0
93.05		0	0	0.000000	0	0
	TOTAL	\$ 72,129,209	\$ 413,803,219		\$ 13,734,539	\$ 2,201,570

(To Contract Sch 3)

* From Schedule 8, Column 26

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
 CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
 DECEMBER 31, 2011

Provider NPI:
 1265590442

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 8)	AUDITED
50.00	Operating Room	\$ 1,239,564	322,771	\$ 1,562,335
50.01	Gastrointestinal Lab	39,454	6,732	46,186
51.00	Recovery Room			0
52.00	Labor Room and Delivery Room			0
53.00	Anesthesiology	358,495	92,871	451,366
54.00	Radiology - Diagnostic	344,152	376,316	720,468
56.00	Radioisotope	38,799	8,095	46,894
57.00	Computed Tomography (CT) Scan			0
58.00	Magnetic Resonance Imaging (MRI)	909,076	209,801	1,118,877
59.00	Cardiac Catheterization			0
60.00	Laboratory	1,806,336	306,592	2,112,928
60.01	Pathology	85,870	6,972	92,842
62.00	Whole Blood and Packed Red Blood Cells			0
63.00	Blood Storing, Processing, and Trans.	125,172	480	125,652
64.00	Intravenous Therapy			0
65.00	Respiratory Therapy	1,168,329	163,875	1,332,204
66.00	Physical Therapy	489,798	32,071	521,869
67.00	Occupational Therapy	376,617	20,901	397,518
68.00	Speech Pathology	175,122	8,930	184,052
69.00	Electrocardiology	220,413	84,616	305,029
70.00	Electroencephalography	155,504	48,424	203,928
71.00	Medical Supplies Charged to Patients	804,081	158,092	962,173
72.00	Implantable Devices Charged to Patients	291,782	98,303	390,085
73.00	Drugs Charged to Patients	2,324,301	285,901	2,610,202
74.00	Renal Dialysis	225,605	0	225,605
75.00	ASC (Non-Distinct Part)			0
76.00	Other Ancillary (Specify)			0
77.00				0
78.00				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
90.03	Occupational Health			0
91.00	Emergency	316,001	8,325	324,326
92.00	Observation Beds			0
93.00	Other Outpatient Services (Specify)			0
93.02				0
93.03				0
93.04				0
93.05				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 11,494,471	\$ 2,240,068	\$ 13,734,539

**COMPUTATION OF
DISTINCT PART NURSING FACILITY PER DIEM**

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1215095419

	REPORTED	AUDITED	DIFFERENCE
COMPUTATION OF DISTINCT PART (DP) NURSING FACILITY PER DIEM			
1. Distinct Part Ancillary Cost (DPNF Sch 3)	\$ 0	\$ 0	\$ 0
2. Distinct Part Routine Cost (DPNF Sch 2)	\$ 11,388,121	\$ 11,366,386	\$ (21,735)
3. Total Distinct Part Facility Cost (Lines 1 & 2)	\$ 11,388,121	\$ 11,366,386	\$ (21,735)
4. Total Distinct Part Patient Days (Adj)	11,155	11,155	0
5. Average DP Per Diem Cost (Line 3 ÷ Line 4)	\$ 1,020.90	\$ 1,018.95	\$ (1.95)
DPNF OVERPAYMENTS AND 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. Total Licensed Distinct Part Beds (C/R, W/S S-3)	38	38	0
10. Total Licensed Capacity (All levels) (Adj)	200	200	0
11. Total Medi-Cal DP Patient Days (Adj 11)	0	1,592	1,592
CAPITAL RELATED COST			
12. Direct Capital Related Cost (Adj 12)	N/A	\$ 3,122	N/A
13. Indirect Capital Related Cost (DPNF Sch 5)	N/A	\$ 1,131,832	N/A
14. Total Capital Related Cost (Lines 12 & 13)	N/A	\$ 1,134,954	N/A
TOTAL SALARY & BENEFITS			
15. Direct Salary & Benefits Expenses	N/A	\$ 4,353,569	N/A
16. Allocated Salary & Benefits (DPNF Sch 5)	N/A	\$ 2,599,221	N/A
17. Total Salary & Benefits Expenses (Lines 15 & 16)	N/A	\$ 6,952,790	N/A

SUMMARY OF DISTINCT PART FACILITY EXPENSES

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1215095419

COL.	COST CENTER DIRECT AND ALLOCATED EXPENSE	REPORTED	AUDITED *	DIFFERENCE
0.00	Distinct Part	\$ 4,596,056	\$ 4,596,056	\$ 0
1.00	Capital Related Costs - Buildings and Fixtures	566,566	570,705	4,139
2.00	Capital Related Costs - Movable Equipment	10,505	17,743	7,238
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	1,444,706	1,412,467	(32,239)
5.01	Communications		0	0
5.02	Data Processing		0	0
5.03	Purchasing	73,418	70,052	(3,366)
5.04	Admitting	18,802	17,838	(964)
5.05	Business Office	139,267	132,144	(7,123)
5.06	Nonpatient Telephones		0	0
5.00			0	0
5.00			0	0
5.07	Administrative and General	1,704,138	1,734,721	30,583
6.00	Maintenance and Repairs	95,577	91,503	(4,074)
7.00	Operation of Plant	389,858	392,927	3,069
8.00	Laundry and Linen Service	264,961	265,857	896
9.00	Housekeeping	292,600	289,521	(3,079)
10.00	Dietary	1,089,754	1,092,853	3,099
11.00	Cafeteria	198,545	198,092	(453)
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	207,208	199,172	(8,036)
14.00	Central Services and Supply		0	0
15.00	Pharmacy	55	54	(1)
16.00	Medical Records and Library	80,962	78,167	(2,795)
17.00	Social Service	162,613	155,151	(7,462)
18.00	Other General Service (Specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
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	Paramedical Ed. Program (Specify)	52,530	51,361	(1,169)
23.01			0	0
23.02			0	0
101.00	TOTAL DIRECT AND ALLOCATED EXPENSES	\$ 11,388,121	\$ 11,366,386	\$ (21,735)

(To DPNF Sch 1)

* From Schedule 8, line 44.

SCHEDULE OF TOTAL DISTINCT PART ANCILLARY COSTS

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1215095419

ANCILLARY COST CENTERS		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES	RATIO COST TO CHARGES	TOTAL DP ANCILLARY CHARGES **	TOTAL ANCILLARY COST***
					(From DPNF Sch 4)	
50.00	Operating Room	\$ 14,982,191	\$ 64,274,341	0.233098	\$ 0	\$ 0
50.01	Gastrointestinal Lab	470,564	631,883	0.744701	0	0
51.00	Recovery Room	1,696,246	5,310,191	0.319432	0	0
52.00	Labor Room and Delivery Room	0		0.000000	0	0
53.00	Anesthesiology	382,258	22,745,178	0.016806	0	0
54.00	Radiology - Diagnostic	3,085,547	19,285,154	0.159996	0	0
56.00	Radioisotope	564,090	3,173,437	0.177754	0	0
57.00	Computed Tomography (CT) Scan	0		0.000000	0	0
58.00	Magnetic Resonance Imaging (MRI)	2,126,837	46,891,499	0.045357	0	0
59.00	Cardiac Catheterization	0		0.000000	0	0
60.00	Laboratory	3,672,784	57,400,850	0.063985	0	0
60.01	Pathology	504,278	4,610,938	0.109366	0	0
62.00	Whole Blood and Packed Red Blood Cells	0		0.000000	0	0
63.00	Blood Storing, Processing, and Trans.	746,637	3,885,177	0.192176	0	0
64.00	Intravenous Therapy	0		0.000000	0	0
65.00	Respiratory Therapy	1,771,349	12,462,184	0.142138	0	0
66.00	Physical Therapy	8,064,582	23,918,022	0.337176	0	0
67.00	Occupational Therapy	7,250,331	16,890,281	0.429261	0	0
68.00	Speech Pathology	1,750,337	4,911,360	0.356385	0	0
69.00	Electrocardiology	580,393	6,474,230	0.089647	0	0
70.00	Electroencephalography	126,728	734,929	0.172436	0	0
71.00	Medical Supplies Charged to Patients	7,581,989	25,379,332	0.298747	0	0
72.00	Implantable Devices Charged to Patients	6,543,369	16,109,999	0.406168	0	0
73.00	Drugs Charged to Patients	3,929,808	48,108,896	0.081686	0	0
74.00	Renal Dialysis	647,048	2,851,517	0.226914	0	0
75.00	ASC (Non-Distinct Part)	0		0.000000	0	0
76.00	Other Ancillary (Specify)	0		0.000000	0	0
88.00	Rural Health Clinic (RHC)	0		0.000000	0	0
89.00	Federally Qualified Health Center (FQHC)	0		0.000000	0	0
90.00	Clinic	0		0.000000	0	0
90.03	Occupational Health	0		0.000000	0	0
91.00	Emergency	5,651,843	23,742,543	0.238047	0	0
92.00	Observation Beds	0	4,011,278	0.000000	0	0
93.00	Other Outpatient Services (Specify)	0		0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
				0.000000	0	0
101.00	TOTAL	\$ 72,129,209	\$ 413,803,219		\$ 0	\$ 0

(To DPNF Sch 1)

* From Schedule 8, Column 27.
 ** Total Distinct Part Ancillary Charges included in the rate.
 *** Total Distinct Part Ancillary Costs included in the rate.

**ALLOCATION OF INDIRECT EXPENSES
DISTINCT PART NURSING FACILITY**

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

Provider NPI:
1215095419

COL.	COST CENTER	AUDITED CAP RELATED * (COL 1)	AUDITED SAL & EMP BENEFITS * (COL 2)
1.00	Capital Related Costs - Buildings and Fixtures	\$ 570,705	\$ N/A
2.00	Capital Related Costs - Movable Equipment	17,743	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	13,792	1,398,675
5.01	Communications	0	0
5.02	Data Processing	0	0
5.03	Purchasing	5,939	0
5.04	Admitting	17	0
5.05	Business Office	635	0
5.06	Nonpatient Telephones	0	0
5.00		0	0
5.00		0	0
5.07	Administrative and General	69,292	319,213
6.00	Maintenance and Repairs	2,169	3,416
7.00	Operation of Plant	131,079	41,806
8.00	Laundry and Linen Service	20,633	33,701
9.00	Housekeeping	12,442	159,525
10.00	Dietary	244,235	463,307
11.00	Cafeteria	2,106	152,582
12.00	Maintenance of Personnel	0	0
13.00	Nursing Administration	16,691	11,042
14.00	Central Services and Supply	0	0
15.00	Pharmacy	1	54
16.00	Medical Records and Library	9,513	5,050
17.00	Social Service	3,096	6,206
18.00	Other General Service (Specify)	0	0
19.00	Nonphysician Anesthetists	0	0
20.00	Nursing School	0	0
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	Paramedical Ed. Program (Specify)	11,745	4,647
23.01		0	0
23.02		0	0
101	TOTAL ALLOCATED INDIRECT EXPENSES	\$ 1,131,832	\$ 2,599,221

* These amounts include Skilled Nursing Facility expenses,
line 44.

(To DPNF SCH 1)

Provider Name:
 CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
 DECEMBER 31, 2011

	TRIAL BALANCE	ALLOC	EMPLOYEE	ALLOC	ALLOC	ALLOC	ALLOC	ALLOC	ALLOC	ALLOC	ALLOC	ACCUMULATE	ADMINIS-
	EXPENSES	COST	BENEFITS	COST	COST	COST	COST	COST	COST	COST	COST	COST	TRATIVE &
		3.09	4.00	5.01	5.02	5.03	5.04	5.05	5.06	5.00	5.00		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	17,746	0	0	1,536	391	2,898	0	0	0	150,087	38,192
191.00	Research	0	0	0	0	212	54	400	0	0	0	21,042	5,355
191.01	CPMCRI - Clinical	0	0	0	0	0	0	0	0	0	0	0	0
192.00	Physicians' Private Offices	0	42,206	0	0	30,147	7,677	56,868	0	0	0	2,992,795	761,576
194.00	Nonreimbursable Cost Center	0	0	0	0	8,889	2,263	16,768	0	0	0	884,209	225,004
194.06	Occupational Health	0	78,983	0	0	6,994	1,781	13,194	0	0	0	681,798	173,497
194.07	Child Life	0	0	0	0	2,387	608	4,502	0	0	0	237,336	60,395
194.38	Parking lot	0	29,766	0	0	3,107	791	5,861	0	0	0	302,577	76,997
	TOTAL	0	19,231,033	0	0	1,531,310	388,840	2,821,950	0	0	0	146,166,455	29,649,921

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	MAINT & REPAIR 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN 8.00	HOUSEKEEP 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINT OF PERSONNEL 12.00	NURSING ADMIN 13.00	CENTRAL SERVICE & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 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	4,370	18,764	0	13,826	0	4,209	0	0	0	0	0	0
191.00 Research	2,893	12,424	0	9,155	0	0	0	0	0	0	0	0
191.01 CPMCRI - Clinical	0	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	410,898	1,764,444	0	1,300,099	0	17,100	0	0	0	0	0	0
194.00 Nonreimbursable Cost Center	133,153	571,773	0	421,301	0	0	0	0	0	0	0	0
194.06 Occupational Health	7,196	30,902	18,527	22,769	0	17,772	0	4,475	19	0	12,770	0
194.07 Child Life	35,187	151,099	12,385	111,334	0	0	0	0	0	0	0	0
194.38 Parking lot	0	0	0	0	0	10,256	0	0	0	0	0	0
TOTAL	<u>2,028,833</u>	<u>7,163,192</u>	<u>1,313,838</u>	<u>5,173,120</u>	<u>3,434,837</u>	<u>2,351,222</u>	<u>0</u>	<u>1,328,865</u>	<u>2,203,014</u>	<u>1,154,676</u>	<u>1,081,015</u>	<u>373,811</u>

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

TRIAL BALANCE EXPENSES	OTHER GEN SVC (SPECIFIC) 18.00	NONPHYSICIAN ANESTHETIST 19.00	NURSING SCHOOL 20.00	I & R SVC SAL & BENEFITS 21.00	I&R OTHER PROGRAM COSTS 22.00	PARAMEDICAL EDUCATION PROGRAM 23.00	ALLOC COST 23.01	ALLOC COST 23.02	SUBTOTAL 24.00	POST	TOTAL
										STEP-DOWN ADJUSTMENT 25.00	COST 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	229,447		229,447
191.00 Research	0	0	0	0	0	0	0	0	50,869		50,869
191.01 CPMCRI - Clinical	0	0	0	0	0	0	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0	0	0	0	7,246,911		7,246,911
194.00 Nonreimbursable Cost Center	0	0	0	0	0	0	0	0	2,235,440		2,235,440
194.06 Occupational Health	0	0	0	0	0	0	0	0	969,726		969,726
194.07 Child Life	0	0	0	0	0	0	0	0	607,737		607,737
194.38 Parking lot	0	0	0	0	0	0	0	0	389,829		389,829
TOTAL	0	0	0	24,833	0	197,194	0	0	146,166,455	398	146,166,853

Provider Name:

CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:

DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES) 4.00	COMMUNI- NICATION (ACCUM COST) 5.01	DATA PROCESSING (ACCUM COST) 5.02	PURCHASING (ACCUM COST) 5.03	ADMITTING (ACCUM COST) 5.04	BUSINESS OFFICE (ACCUM COST) 5.05	NON-PT TELEPHONES (ACCUM COST) 5.06	STAT 5.00	STAT 5.00	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.07	MANT & REPAIRS (SQ FT) 6.00
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		1,604,860	1,604,860									
5.04		405,418	405,418	405,418								
5.05		2,933,224	2,933,224	2,933,224	2,965,765							
5.06	Nonpatient Telephones											
5.00												
5.00												
5.07	Administrative and General	4,129,360	28,156,492	28,156,492	28,156,492	28,468,832	28,548,886	29,141,458				
6.00	Maintenance and Repairs		1,639,598	1,639,598	1,639,598	1,657,788	1,662,446	1,696,950		1,617,284		
7.00	Operation of Plant	374,450	5,207,394	5,207,394	5,207,394	5,265,165	5,279,960	5,389,546		5,422,608	48,619	
8.00	Laundry and Linen Service	86,354	965,954	965,954	965,954	976,670	979,414	999,742		998,859	1,548	
9.00	Housekeeping	2,006,278	3,956,011	3,956,011	3,956,011	3,999,899	4,011,139	4,094,390		4,032,235	2,923	
10.00	Dietary	870,661	2,042,132	2,042,132	2,042,132	2,064,787	2,070,589	2,113,564		2,115,071	12,455	
11.00	Cafeteria	1,304,263	1,823,311	1,823,311	1,823,311	1,843,539	1,848,719	1,887,089		1,874,275		
12.00	Maintenance of Personnel									0		
13.00	Nursing Administration		987,243	987,243	987,243	998,195	1,001,000	1,021,776		974,869	1,688	
14.00	Central Services and Supply	553,840	1,441,709	1,441,709	1,441,709	1,457,703	1,461,799	1,492,139		1,489,514	4,304	
15.00	Pharmacy	810,708	868,028	868,028	868,028	877,658	880,124	898,391		890,885		
16.00	Medical Records and Library		765,303	765,303	765,303	773,793	775,967	792,072		758,288	2,068	
17.00	Social Service		299,712	299,712	299,712	303,037	303,889	310,196		294,482	70	
18.00	Other General Service (Specify)									0		
19.00	Nonphysician Anesthetists									0		
20.00	Nursing School									0		
21.00	Intern and Res. Service - Salary and Fringes (Approved)		19,159	19,159	19,159	19,372	19,426	19,829		19,796		
22.00	Intern and Res. Other Program Costs (Approved)									0		
23.00	Paramedical Ed. Program (Specify)		120,170	120,170	120,170	121,503	121,844	124,373		120,428	735	
23.01										0		
23.02										0		
INPATIENT ROUTINE COST CENTERS												
30.00	Adults and Pediatrics	17,486,840	27,240,750	27,240,750	27,240,750	27,542,959	27,620,355	28,193,615		28,057,492	43,904	
31.00	Intensive Care Unit									0		
32.00	Coronary Care Unit	3,954,319	5,881,200	5,881,200	5,881,200	5,946,446	5,963,156	6,086,921		6,035,599	3,223	
33.00	Burn Intensive Care Unit									0		
34.00	Surgical Intensive Care Unit									0		
35.00	Other Special Care (Specify)									0		
40.00	Subprovider - IPF									0		
41.00	Subprovider - IRF									0		
42.00	Subprovider (Specify)									0		
43.00	Nursery									0		
44.00	Skilled Nursing Facility	4,353,569	6,617,833	6,617,833	6,617,833	6,691,251	6,710,053	6,849,320		6,817,005	12,334	
45.00	Nursing Facility									0		
46.00	Other Long Term Care									0		
47.00										0		

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:

CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:

DECEMBER 31, 2011

	EMP BENE (GROSS SALARIES) 4.00	COMMUNI- NICATION (ACCUM COST) 5.01	DATA PROCESSING (ACCUM COST) 5.02	PURCHASING (ACCUM COST) 5.03	ADMITTING (ACCUM COST) 5.04	BUSINESS OFFICE (ACCUM COST) 5.05	NON-PT TELEPHONES (ACCUM COST) 5.06	STAT 5.00	STAT 5.00	RECON- CILIATION	ADM & GEN (ACCUM COST) 5.07	MANT & REPAIRS (SQ FT) 6.00
105.00 Kidney Acquisition											0	
106.00 Heart Acquisition											0	
107.00 Liver Acquisition											0	
108.00 Lung Acquisition											0	
109.00 Pancreas Acquisition											0	
110.00 Intestinal Acquisition											0	
111.00 Islet Acquisition											0	
112.00 Other Organ Acquisition (Specify)											0	
113.00 Interest Expense											0	
114.00 Utilization Review-SNF											0	
115.00 Ambulatory Surgical Center (Distinct Part)											0	
116.00 Hospice											0	
117.00 Other Special Purpose (Specify)											0	
190.00 Gift, Flower, Coffee Shop, and Canteen	54,696	145,124	145,124	145,124	146,734	147,146	150,200				150,087	589
191.00 Research		20,017	20,017	20,017	20,239	20,296	20,717				21,042	390
191.01 CPMCRI - Clinical											0	
192.00 Physicians' Private Offices	130,090	2,847,978	2,847,978	2,847,978	2,879,573	2,887,665	2,947,598				2,992,795	55,386
194.00 Nonreimbursable Cost Center		839,733	839,733	839,733	849,049	851,435	869,107				884,209	17,948
194.06 Occupational Health	243,444	660,737	660,737	660,737	668,067	669,944	683,849				681,798	970
194.07 Child Life		225,465	225,465	225,465	227,966	228,607	233,352				237,336	4,743
194.38 Parking lot	91,745	293,498	293,498	293,498	296,754	297,588	303,764				302,577	
TOTAL	59,274,751	146,267,778	146,267,778	144,662,918	145,857,862	143,293,679	146,267,778	0	0		116,516,534	273,472
COST TO BE ALLOCATED	19,231,033	0	0	1,531,310	388,839	2,821,950	0	0	0		29,649,921	2,028,833
UNIT COST MULTIPLIER - SCH 8	0.324439	0.000000	0.000000	0.010585	0.002666	0.019693	0.000000	0.000000	0.000000		0.254470	7.418797

Provider Name:

CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:

DECEMBER 31, 2011

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PAID FTE'S)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	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
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											
5.04	Admitting											
5.05	Business Office											
5.06	Nonpatient Telephones											
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	1,548											
10.00	2,923											
10.00	12,455	12,455										
11.00	Cafeteria											
12.00	Maintenance of Personnel											
13.00	1,688	1,688										
14.00	4,304	4,304										
15.00	Pharmacy											
16.00	2,068	2,068										
17.00	70	70										
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	735	735										
23.01												
23.02												
INPATIENT ROUTINE COST CENTERS												
30.00	43,904	305,086	43,904	72,407	275,265		250,223	2,275	123,121,578		19,465	
31.00	Intensive Care Unit											
32.00	3,223	56,865	3,223	4,936	51,387		41,939	1,830	25,885,239		1,395	
33.00	Burn Intensive Care Unit											
34.00	Surgical Intensive Care Unit											
35.00	Other Special Care (Specify)											
40.00	Subprovider - IPF											
41.00	Subprovider - IRF											
42.00	Subprovider (Specify)											
43.00	Nursery											
44.00	12,334	183,405	12,334	36,091	73,051		70,324	96	42,299,760		15,855	
45.00	Nursing Facility											
46.00	Other Long Term Care											
47.00												

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:

CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:

DECEMBER 31, 2011

	OPER PLANT (SQ FT) 7.00	LAUNDRY & LINEN (LB LNDRY) 8.00	HOUSE- KEEPING (SQ FT) 9.00	DIETARY (MEALS SERVED) 10.00	CAFETERIA (PAID FTE'S) 11.00	MANT OF PERSONNEL 12.00	NURSING ADMIN (NURSE HR) 13.00	CENT SERV & SUPPLY (CSTD REQUIS) 14.00	PHARMACY (COST REQUIS) 15.00	MED REC (GROSS CHARGES) 16.00	SOC SERV (TIME SPENT) 17.00	OTHER SVC (TIME SPENT) 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	589		589		1,552							
191.00 Research	390		390									
191.01 CPMCRI - Clinical												
192.00 Physicians' Private Offices	55,386		55,386		6,306							
194.00 Nonreimbursable Cost Center	17,948		17,948									
194.06 Occupational Health	970	12,781	970		6,554		18,613	34			1,305	
194.07 Child Life	4,743	8,544	4,743									
194.38 Parking lot					3,782							
TOTAL	224,853	906,368	220,382	113,434	867,069	0	469,198	9,162,558	2,037,217	584,988,521	38,200	0
COST TO BE ALLOCATED	7,163,192	1,313,838	5,173,120	3,434,837	2,351,222	0	1,328,865	2,203,014	1,154,676	1,081,016	373,811	0
UNIT COST MULTIPLIER - SCH 8	31.857222	1.449564	23.473422	30.280489	2.711689	0.000000	2.832204	0.240437	0.566791	0.001848	9.785624	0.000000

Provider Name:

CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:

DECEMBER 31, 2011

NONPHYSICIAN (ASG TIME)	NURSING SCHOOL (ASG TIME)	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG 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
- 5.04 Admitting
- 5.05 Business Office
- 5.06 Nonpatient Telephones
- 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 Paramedical Ed. Program (Specify)
- 23.01
- 23.02

INPATIENT ROUTINE COST CENTERS

- 30.00 Adults and Pediatrics 31 31 774
- 31.00 Intensive Care Unit
- 32.00 Coronary Care Unit 92
- 33.00 Burn Intensive Care Unit
- 34.00 Surgical Intensive Care Unit
- 35.00 Other Special Care (Specify)
- 40.00 Subprovider - IPF
- 41.00 Subprovider - IRF
- 42.00 Subprovider (Specify)
- 43.00 Nursery
- 44.00 Skilled Nursing Facility 305
- 45.00 Nursing Facility
- 46.00 Other Long Term Care
- 47.00

Provider Name:

CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:

DECEMBER 31, 2011

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

ANCILLARY COST CENTERS

50.00	Operating Room		69	69		
50.01	Gastrointestinal Lab					
51.00	Recovery Room					
52.00	Labor Room and Delivery Room					
53.00	Anesthesiology					
54.00	Radiology - Diagnostic					
56.00	Radioisotope					
57.00	Computed Tomography (CT) Scan					
58.00	Magnetic Resonance Imaging (MRI)					
59.00	Cardiac Catheterization					
60.00	Laboratory					
60.01	Pathology					
62.00	Whole Blood and Packed Red Blood Cells					
63.00	Blood Storing, Processing, and Trans.					
64.00	Intravenous Therapy					
65.00	Respiratory Therapy					
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)					
76.00	Other Ancillary (Specify)					
77.00						
78.00						
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					
90.03	Occupational Health					
91.00	Emergency					
92.00	Observation Beds					
93.00	Other Outpatient Services (Specify)					
93.02						
93.03						
93.04						
93.05						

NONREIMBURSABLE COST CENTERS

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-Resident Service (not appvd. tchnlg. prgrm.)
101.00	Home Health Agency

STATE OF CALIFORNIA

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

SCHEDULE 9.3

Provider Name:

CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:

DECEMBER 31, 2011

	NONPHY- SICIAN ANE (ASG TIME)	NURSING SCHOOL (ASG TIME)	I&R SVC&SAL (ASG TIME)	I&R OTHER PROG (ASG TIME)	PARAMEDICAL ED. PROG (ASG 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						
191.01	CPMCRI - Clinical						
192.00	Physicians' Private Offices						
194.00	Nonreimbursable Cost Center						
194.06	Occupational Health						
194.07	Child Life						
194.38	Parking lot						
TOTAL	0	0	100	100	1,171	0	0
COST TO BE ALLOCATED	0	0	24,833	0	197,194	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	248.334985	0.000000	168.397941	0.000000	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs - Buildings and Fixtures	\$ 14,007,921	\$ 102,328	\$ 14,110,249
2.00	Capital Related Costs - Movable Equipment	259,719	178,969	438,688
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	19,485,803	(442,554)	19,043,249
5.01	Communications		0	0
5.02	Data Processing		0	0
5.03	Purchasing	1,477,553	(76,060)	1,401,493
5.04	Admitting	405,418	(20,870)	384,548
5.05	Business Office	2,922,510	(150,441)	2,772,069
5.06	Nonpatient Telephones		0	0
5.00			0	0
5.00			0	0
5.07	Administrative and General	25,665,080	565,735	26,230,815
6.00	Maintenance and Repairs	1,610,169	(77,409)	1,532,760
7.00	Operation of Plant	2,808,399	0	2,808,399
8.00	Laundry and Linen Service	864,872	0	864,872
9.00	Housekeeping	3,153,482	(43,149)	3,110,333
10.00	Dietary	1,170,476	0	1,170,476
11.00	Cafeteria	1,390,499	0	1,390,499
12.00	Maintenance of Personnel		0	0
13.00	Nursing Administration	908,266	(46,755)	861,511
14.00	Central Services and Supply	1,056,550	0	1,056,550
15.00	Pharmacy	598,999	0	598,999
16.00	Medical Records and Library	668,548	(34,368)	634,180
17.00	Social Service	296,437	(15,260)	281,177
18.00	Other General Service (Specify)		0	0
19.00	Nonphysician Anesthetists		0	0
20.00	Nursing School		0	0
21.00	Intern and Res. Service - Salary and Fringes (Approved)	19,159	0	19,159
22.00	Intern and Res. Other Program Costs (Approved)		0	0
23.00	Paramedical Ed. Program (Specify)	85,782	(4,416)	81,366
23.01			0	0
23.02			0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults and Pediatrics	19,383,727	0	19,383,727
31.00	Intensive Care Unit		0	0
32.00	Coronary Care Unit	4,418,189	(14,835)	4,403,354
33.00	Burn Intensive Care Unit		0	0
34.00	Surgical Intensive Care Unit		0	0
35.00	Other Special Care (Specify)		0	0
40.00	Subprovider - IPF		0	0
41.00	Subprovider - IRF		0	0
42.00	Subprovider (Specify)		0	0
43.00	Nursery		0	0
44.00	Skilled Nursing Facility	4,596,056	0	4,596,056
45.00	Nursing Facility		0	0
46.00	Other Long Term Care		0	0
47.00			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

Fiscal Period Ended:
DECEMBER 31, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	\$ 7,628,723	\$ (22,238)	\$ 7,606,485
50.01	Gastrointestinal Lab	53,272	0	53,272
51.00	Recovery Room	810,510	0	810,510
52.00	Labor Room and Delivery Room		0	0
53.00	Anesthesiology	197,104	0	197,104
54.00	Radiology - Diagnostic	1,307,717	0	1,307,717
56.00	Radioisotope	202,379	0	202,379
57.00	Computed Tomography (CT) Scan		0	0
58.00	Magnetic Resonance Imaging (MRI)	1,010,032	0	1,010,032
59.00	Cardiac Catheterization		0	0
60.00	Laboratory	1,714,771	0	1,714,771
60.01	Pathology	350,670	0	350,670
62.00	Whole Blood and Packed Red Blood Cells		0	0
63.00	Blood Storing, Processing, and Trans.	570,490	0	570,490
64.00	Intravenous Therapy		0	0
65.00	Respiratory Therapy	963,941	0	963,941
66.00	Physical Therapy	4,424,641	0	4,424,641
67.00	Occupational Therapy	3,101,240	0	3,101,240
68.00	Speech Pathology	1,005,373	0	1,005,373
69.00	Electrocardiology	231,933	0	231,933
70.00	Electroencephalography	7,964	0	7,964
71.00	Medical Supplies Charged to Patients	4,901,114	0	4,901,114
72.00	Implantable Devices Charged to Patients	4,258,299	0	4,258,299
73.00	Drugs Charged to Patients	1,927,247	0	1,927,247
74.00	Renal Dialysis	291,958	0	291,958
75.00	ASC (Non-Distinct Part)		0	0
76.00	Other Ancillary (Specify)		0	0
77.00			0	0
78.00			0	0
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		0	0
90.03	Occupational Health		0	0
91.00	Emergency	2,938,961	0	2,938,961
92.00	Observation Beds		0	0
93.00	Other Outpatient Services (Specify)		0	0
93.02			0	0
93.03			0	0
93.04			0	0
93.05			0	0
	SUBTOTAL	\$ 145,151,953	\$ (101,323)	\$ 145,050,630
	NONREIMBURSABLE COST CENTERS			
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:
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS

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-Resident Service (not appvd. tchnng. 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	99,415	0	99,415
191.00	Research	1,770	0	1,770
191.01	CPMCRI - Clinical		0	0
192.00	Physicians' Private Offices	213,464	0	213,464
194.00	Nonreimbursable Cost Center		0	0
194.06	Occupational Health	534,569	0	534,569
194.07	Child Life	3,554	0	3,554
194.38	Parking lot	263,053	0	263,053
	SUBTOTAL	\$ 1,115,825	\$ 0	\$ 1,115,825
200	TOTAL	\$ 146,267,778	\$ (101,323)	\$ 146,166,455

(To Schedule 8)

Provider Name			Fiscal Period				Provider NPI		Adjustments	
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS			JANUARY 1, 2011 THROUGH DECEMBER 31, 2011				1265590442		12	
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 COSTS										
1	10A	A		1.00	7.00	New Capital Related Costs - Building and Fixtures	\$14,007,921	\$102,328	\$14,110,249	
	10A	A		2.00	7.00	New Capital Related Costs - Movable Equipment	259,719	178,969	438,688	
	10A	A		4.00	7.00	Employee Benefits	19,485,803	212,242	19,698,045 *	
	10A	A		5.07	7.00	Administrative and General	25,665,080	1,332,864	26,997,944 *	
To adjust reported home office costs to agree with the Sutter Health 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										
2	10A	A		4.00	7.00	Employee Benefits	* \$19,698,045	(\$654,796)	\$19,043,249	
	10A	A		5.03	7.00	Purchasing	1,477,553	(76,060)	1,401,493	
	10A	A		5.04	7.00	Admitting	405,418	(20,870)	384,548	
	10A	A		5.05	7.00	Business Office	2,922,510	(150,441)	2,772,069	
	10A	A		5.07	7.00	Administrative and General	* 26,997,944	(767,129)	26,230,815	
	10A	A		6.00	7.00	Maintenance and Repairs	1,610,169	(77,409)	1,532,760	
	10A	A		9.00	7.00	Housekeeping	3,153,482	(43,149)	3,110,333	
	10A	A		13.00	7.00	Nursing Administration	908,266	(46,755)	861,511	
	10A	A		16.00	7.00	Medical Records and Library	668,548	(34,368)	634,180	
	10A	A		17.00	7.00	Social Services	296,437	(15,260)	281,177	
	10A	A		23.00	7.00	Paramed ED Program (Specify)	85,782	(4,416)	81,366	
	10A	A		32.00	7.00	Coronary Care Unit	4,418,189	(14,835)	4,403,354	
	10A	A		50.00	7.00	Operating Room	7,628,723	(22,238)	7,606,485	
To adjust reported home office costs to agree with the Sutter West Bay Regional 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
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1265590442		12
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT											
3	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	107	(107)	0	
	4A	Not Reported					Medi-Cal Days Administrative Days	0	155	155	
	4A	Not Reported					Medi-Cal Days Administrative Day Rate	\$0.00	\$351.26	\$351.26	
4	6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$918	\$17,604	\$18,522	
	6	D-3		XIX	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	2,778	(2,778)	0	
	6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	32,697	40,493	73,190	
	6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	37,497	5,209	42,706	
	6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	29,079	4,751	33,830	
	6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	82,080	13,266	95,346	
	6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	185,049	78,545	263,594	
5	2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	\$549,943	\$245,934	\$795,877	
	2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	185,049	78,545	263,594	
6	3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	\$0	\$1,272	\$1,272	
	3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	175	471	646	
	3	E-3	VII	XIX	37.00	1	Administrative Day Cost Reimbursement	37,585	(37,585)	0	
	1	E-3	VII	XIX	41.00	1	Medi-Cal Interim Payment	84,209	36,727	120,936	
<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 December 31, 2012 Report Date: January 11, 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
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011		1265590442		12
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT											
7	Contract 4	D-1	I	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	1,286	138	1,424	
	Contract 4A	D-1	II	V	44.00	4	Medi-Cal Days - Coronary Care Unit	231	69	300	
8	Contract 6	D-3		V	50.00	2	Medi-Cal Ancillary Charges - Operating Room	\$1,239,564	\$322,771	\$1,562,335	
	Contract 6	D-3		V	50.01	2	Medi-Cal Ancillary Charges - Gastrointestinal Lab	39,454	6,732	46,186	
	Contract 6	D-3		V	53.00	2	Medi-Cal Ancillary Charges - Anesthesiology	358,495	92,871	451,366	
	Contract 6	D-3		V	54.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	344,152	376,316	720,468	
	Contract 6	D-3		V	56.00	2	Medi-Cal Ancillary Charges - Radioisotope	38,799	8,095	46,894	
	Contract 6	D-3		V	58.00	2	Medi-Cal Ancillary Charges - Magnetic Resonance Imaging (MRI)	909,076	209,801	1,118,877	
	Contract 6	D-3		V	60.00	2	Medi-Cal Ancillary Charges - Laboratory	1,806,336	306,592	2,112,928	
	Contract 6	D-3		V	60.01	2	Medi-Cal Ancillary Charges - Pathology Lab	85,870	6,972	92,842	
	Contract 6	D-3		V	63.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing, and Trans.	125,172	480	125,652	
	Contract 6	D-3		V	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	1,168,329	163,875	1,332,204	
	Contract 6	D-3		V	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	489,798	32,071	521,869	
	Contract 6	D-3		V	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	376,617	20,901	397,518	
	Contract 6	D-3		V	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	175,122	8,930	184,052	
	Contract 6	D-3		V	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	220,413	84,616	305,029	
	Contract 6	D-3		V	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	155,504	48,424	203,928	
	Contract 6	D-3		V	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	804,081	158,092	962,173	
	Contract 6	D-3		V	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	291,782	98,303	390,085	
	Contract 6	D-3		V	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	2,324,301	285,901	2,610,202	
	Contract 6	D-3		V	91.00	2	Medi-Cal Ancillary Charges - Emergency	316,001	8,325	324,326	
	Contract 6	D-3		V	200.00	2	Medi-Cal Ancillary Charges - Total	11,494,471	2,240,068	13,734,539	
9	Contract 2	E-3	VII	V	8.00	1	Medi-Cal Routine Service Charges	\$9,324,224	\$1,496,918	\$10,821,142	
	Contract 2	E-3	VII	V	9.00	1	Medi-Cal Ancillary Service Charges	11,494,471	2,240,067	13,734,538	
10	Contract 3	E-3	VII	V	32.00	1	Medi-Cal Deductible	\$0	\$8,443	\$8,443	
	Contract 3	E-3	VII	V	33.00	1	Medi-Cal Coinsurance	0	22,307	22,307	

-Continued on next page-

Provider Name							Fiscal Period			Provider NPI		Adjustments
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1265590442		12
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
-Continued from previous page-							<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT</u>					
							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 December 31, 2012 Report Date: January 15, 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					

Provider Name							Fiscal Period			Provider NPI		Adjustments
CALIFORNIA PACIFIC MEDICAL CENTER - DAVIES CAMPUS							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1265590442		12
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>ADJUSTMENTS TO OTHER MATTERS</u>												
11	DPNF 1	S-3	I	V	19.00	5	Medi-Cal Distinct Part Nursing Days To report Medi-Cal 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 January 15, 2013 Report Date: January 15, 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, Section 51541	0	1,592	1,592		
12	DPNF 1	Not Reported					Direct Capital Related Cost To include equipment expenses of the DPNF to agree with the provider's records. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$3,122	\$3,122		