REPORT
ON THE
COST REPORT REVIEW

NORTHRIDGE HOSPITAL MEDICAL CENTER
NORTHRIDGE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1417089350

FISCAL PERIOD ENDED
JUNE 30, 2011

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

Section Chief: Daniel J. Giardinelli
Audit Supervisor: Henry Kwan
Auditor: Yanique French

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

August 29, 2013

Michael Taylor
Vice President / Chief Financial Officer
Northridge Hospital Medical Center
18300 Roscoe Boulevard
Northridge, California 91328

NORTHRIDGE HOSPITAL MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1417089350
FISCAL PERIOD ENDED JUNE 30, 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 $13,128, 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. Audit Adjustments Schedule

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

of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

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

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

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

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

United States Postal Service (USPS)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

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

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

If you have questions regarding this report, you may call the Audits Section—Burbank at (818) 295-2620.

Original Signed By

Daniel J. Giardinelli, Chief
Audits Section—Burbank
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	Provider NPI: 1417089350		
	Reported	$ 0	
	Net Change	$ (8,206)	
	Audited Amount Due Provider (State)	$ (8,206)	
2.	**PSYCHIATRIC (SCHEDULE 1-1)**		
	Provider NPI: 1417089350		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
3.	**REHABILITATION (SCHEDULE 1-2)**		
	Provider NPI: 1417089350		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
4.	**Medi-Cal Contract Cost (CONTRACT SCH 1)**		
	Provider NPI: 1417089350		
	Reported		$ 50,039,571
	Net Change		$ (9,692,458)
	Audited Cost		$ 40,347,113
	Audited Amount Due Provider (State)	$ (4,922)	
5.	**Distinct Part Nursing Facility (DPNF SCH 1)**		
	Provider NPI:		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	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)**	$ (13,128)	
9.	**Total Medi-Cal Cost**		$ 40,347,113

SUMMARY OF FINDINGS

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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)**	$ (13,128)

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

				REPORTED		AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		$	0	$	80,841
2.	Excess Reasonable Cost Over Charges (Schedule 2)		$	0	$	0
3.	Medi-Cal Inpatient Hospital Based Physician Services		$	0	$	0
4.		$	$	0		0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		$	0	$	80,841
6.	Interim Payments (Adj 13)		$	0	$	(89,047)
7.	Balance Due Provider (State)		$	0	$	(8,206)
8.	Duplicate Payments (Adj)		$	0	$	0
9.		$	$	0		0
10.	$	$		0		0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		$	0	$	(8,206)

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: NONCONTRACT

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

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 0	$ 85,725
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 11)	$ 0	$ 616,610
3. Inpatient Ancillary Service Charges (Adj 11)	$ 0	$ 209,724
4. Total Charges - Medi-Cal Inpatient Services	$ 0	$ 826,334
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 0	$ 740,609
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.

STATE OF CALIFORNIA

SCHEDULE 3
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

			REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)		$ 0	$ 33,739
2.	Medi-Cal Inpatient Routine Services (Schedule 4)		$ 0	$ 51,986
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)		$ 0	$ 0
4.	$	$	0	0
5.	$	$	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)		$ 0	$ 85,725
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)		$ 0	$ 0
8.	SUBTOTAL		$ 0	$ 85,725
			(To Schedule 2)	
9.	Medi-Cal Deductible (Adj 12)		$ 0	$ (2,460)
10.	Medi-Cal Coinsurance (Adj 12)		$ 0	$ (2,424)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients		$ 0	$ 80,841
			(To Schedule 1)	

STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adjs 5, 6)	60,410	71,568
2. Inpatient Days (include private, exclude swing-bed)	60,410	71,568
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 5, 6)	60,410	71,568
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 27)	$ 70,019,427	$ 90,762,038
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)	$ 70,019,427	$ 90,762,038
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 7)	$ 132,402,165	$ 137,547,200
29. Private Room Charges (excluding swing-bed charges)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 7)	$ 132,402,165	$ 137,547,200
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.528839	$ 0.659861
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)	$ 2,191.73	$ 1,921.91
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)	$ 70,019,427	$ 90,762,038
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 1,159.07	$ 1,268.19
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 0	$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	$ 0	$ 51,986
41. Cost Applicable to Medi-Cal (Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	$ 0	$ 51,986

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	$ 2,057,512	$ 1,990,381
2. Total Inpatient Days (Adj)	5,104	5,104
3. Average Per Diem Cost	$ 403.12	$ 389.96
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 27)	$ 21,121,538	$ 20,652,056
7. Total Inpatient Days (Adj)	7,715	7,715
8. Average Per Diem Cost	$ 2,737.72	$ 2,676.87
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	$ 0	$ 0
NEONATAL INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 27)	$ 10,262,923	$ 9,967,768
12. Total Inpatient Days (Adj)	5,809	5,809
13. Average Per Diem Cost	$ 1,766.73	$ 1,715.92
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
PEDIATRIC INTENSIVE CARE		
16. Total Inpatient Routine Cost (Sch 8, Line 34.01, Col 27)	$ 4,822,389	$ 4,738,259
17. Total Inpatient Days (Adj)	1,753	1,753
18. Average Per Diem Cost	$ 2,750.93	$ 2,702.94
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 34.02, Col 27)	$ 0	$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	$ 0	$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	$ 0.00	$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS (JULY 2010 THROUGH JUNE 2011)		
31. Per Diem Rate (Adj 9)	$ 0.00	$ 351.26
32. Medi-Cal Inpatient Days (Adj 9)	0	148
33. Cost Applicable to Medi-Cal	$ 0	$ 51,986
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	$ 51,986

(To Schedule 4)

STATE OF CALIFORNIA

SCHEDULE 4B
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	SPECIAL CARE UNITS	REPORTED	AUDITED
1.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 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 27)	$ 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 27)	$ 0	$ 0
12.	Total Inpatient Days (Adj)	0	0
13.	Average Per Diem Cost	$ 0.00	$ 0.00
14.	Medi-Cal Inpatient Days (Adj)	0	0
15.	Cost Applicable to Medi-Cal	$ 0	$ 0
16.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 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 27)	$ 0	$ 0
22.	Total Inpatient Days (Adj)	0	0
23.	Average Per Diem Cost	$ 0.00	$ 0.00
24.	Medi-Cal Inpatient Days (Adj)	0	0
25.	Cost Applicable to Medi-Cal	$ 0	$ 0
26.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
27.	Total Inpatient Days (Adj)	0	0
28.	Average Per Diem Cost	$ 0.00	$ 0.00
29.	Medi-Cal Inpatient Days (Adj)	0	0
30.	Cost Applicable to Medi-Cal	$ 0	$ 0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 0	$ 0

(To Schedule 4)

STATE OF CALIFORNIA

SCHEDULE 5
PROGRAM: NONCONTRACT

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj 8)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 22,472,566	$ 181,348,635	0.123919	$ 0	$ 0
51.00	Recovery Room	5,660,843	20,557,387	0.275368	0	0
52.00	Labor Room and Delivery Room	7,274,392	21,980,640	0.330945	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	13,166,221	225,241,794	0.058454	14,425	843
55.00	Radiology-Therapeutic	3,775,736	27,589,482	0.136854	16,373	2,241
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	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	25,349,852	240,429,094	0.105436	78,571	8,284
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	9,872,913	50,738,689	0.194584	0	0
66.00	Physical Therapy	5,750,052	13,041,020	0.440920	21,846	9,632
67.00	Occupational Therapy	2,364,704	5,567,315	0.424748	8,152	3,463
68.00	Speech Pathology	795,017	2,223,760	0.357510	1,805	645
69.00	Electrocardiology	5,148,446	72,065,457	0.071441	0	0
70.00	Electroencephalography	451,382	1,856,129	0.243185	0	0
71.00	Medical Supplies Charged to Patients	18,805,300	82,246,270	0.228646	0	0
72.00	Implantable Devices Charged to Patients	14,683,252	38,677,086	0.379637	0	0
73.00	Drugs Charged to Patients	12,830,924	101,906,069	0.125909	68,552	8,631
74.00	Renal Dialysis	2,313,423	5,111,338	0.452606	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Laboratory Pathology	1,922,511	4,745,717	0.405104	0	0
76.01	Rehab Psych	527,675	623,724	0.846007	0	0
76.02	GI Lab	1,444,713	6,989,359	0.206702	0	0
76.04	Sleep Disorder	498,525	2,229,948	0.223559	0	0
76.05	Bariatric Program	618,633	833,106	0.742562	0	0
76.06	OP Partial Psych	1,698,368	3,287,956	0.516542	0	0
76.97	Cardiac Rehabilitation	187,788	192,770	0.974153	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	4,353,317	4,569,983	0.952589	0	0
90.01	Head Trauma	1,011,311	2,454,556	0.412014	0	0
90.02	Gamma Knife	817,128	3,231,957	0.252828	0	0
91.00	Emergency	10,959,598	85,754,540	0.127802	0	0
92.00	Observation Beds	0	0	0.000000	0	0
117.00	Family Practice	3,967,269	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	$ 178,721,855	$ 1,205,493,781		$ 209,724	$ 33,739

(To Schedule 3)

* From Schedule 8, Column 26

STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: NONCONTRACT

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 10)	AUDITED
50.00	Operating Room	$ 0	$	$ 0
51.00	Recovery Room	0		0
52.00	Labor Room and Delivery Room	0		0
53.00	Anesthesiology	0		0
54.00	Radiology-Diagnostic	0	14,425	14,425
55.00	Radiology-Therapeutic	0	16,373	16,373
56.00	Radioisotope	0		0
57.00	Computed Tomography (CT) Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	0		0
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	0	78,571	78,571
61.00	PBP Clinical Laboratory Services-Program Only	0		0
62.00	Whole Blood & Packed Red Blood Cells	0		0
63.00	Blood Storing, Processing, & Trans.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	0		0
66.00	Physical Therapy	0	21,846	21,846
67.00	Occupational Therapy	0	8,152	8,152
68.00	Speech Pathology	0	1,805	1,805
69.00	Electrocardiology	0		0
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	0		0
72.00	Implantable Devices Charged to Patients	0		0
73.00	Drugs Charged to Patients	0	68,552	68,552
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Laboratory Pathology	0		0
76.01	Rehab Psych	0		0
76.02	GI Lab	0		0
76.04	Sleep Disorder	0		0
76.05	Bariatric Program	0		0
76.06	OP Partial Psych	0		0
76.97	Cardiac Rehabilitation	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
90.01	Head Trauma	0		0
90.02	Gamma Knife	0		0
91.00	Emergency	0		0
92.00	Observation Beds	0		0
117.00	Family Practice	0		0
93.03		0		0
93.04		0		0
93.05		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 0	$ 209,724	$ 209,724

(To Schedule 5)

STATE OF CALIFORNIA

SCHEDULE 7
PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000		0
55.00	Radioisotope	0	0	0.000000		0
60.00	Laboratory	0	0	0.000000		0
69.00	Electrocardiology	0	0	0.000000		0
70.00	Electroencephalography	0	0	0.000000		0
91.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 1-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

				REPORTED		AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-1)		$	359,708	$	0
2.	Excess Reasonable Cost Over Charges (Schedule 2-1)		$	(359,708)	$	0
3.	Medi-Cal Inpatient Hospital Based Physician Services		$	0	$	0
4.		$	$	0		0
5.	TOTAL COST - Reimbursable to Provider (Lines 1 through 4)		$	0	$	0
6.	Interim Payments (Adj)		$	0	$	0
7.	Balance Due Provider (State)		$	0	$	0
8.	Duplicate Payments (Adj)		$	0	$	0
9.	$	$		0		0
10.	$	$		0		0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		$	0	$	0

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2-1
PROGRAM: PSYCHIATRIC

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

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3-1)	$ 359,708	$ 0
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj)	$ 0	$ 0
3. Inpatient Ancillary Service Charges (Adj)	$ 0	$ 0
4. Total Charges - Medi-Cal Inpatient Services	$ 0	$ 0
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 0	$ 0
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 359,708	$ 0
	(To Schedule 1-1)	

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

STATE OF CALIFORNIA

SCHEDULE 3-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

				REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5-1)			$ 0	$ 0
2.	Medi-Cal Inpatient Routine Services (Schedule 4-1)			$ 359,708	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)			$ 0	$ 0
4.		$	$	0	0
5.		$	$	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)			$ 359,708	$ 0
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-1)			$ 0	$ 0
8.	SUBTOTAL			$ 359,708	$ 0
				(To Schedule 2-1)	
9.	Coinsurance (Adj)			$ 0	$ 0
10.	Patient and Third Party Liability (Adj)			$ 0	$ 0
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients			$ 359,708	$ 0
				(To Schedule 1-1)	

STATE OF CALIFORNIA

SCHEDULE 4-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 6)	9,417	0
2. Inpatient Days (include private, exclude swing-bed)	9,417	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 6)	9,417	0
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 14)	315	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, Part I, Line 30, Col 27)	$ 10,753,576	$ 0
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)	$ 10,753,576	$ 0
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 7)	$ 5,145,035	$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 7)	$ 5,145,035	$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 2.090088	$ 0.000000
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)	$ 546.36	$ 0.00
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)	$ 10,753,576	$ 0
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 1,141.93	$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 359,708	$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-1)	$ 0	$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-1)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40&41)	$ 359,708	$ 0

(To Schedule 3-1)

STATE OF CALIFORNIA

SCHEDULE 4A-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
INTENSIVE CARE UNIT		
1. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	$ 21,121,538	$ 20,652,056
2. Total Inpatient Days (Adj)	7,715	7,715
3. Average Per Diem Cost	$ 2,737.72	$ 2,676.87
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	$ 0	$ 0
NEONATAL INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 27)	$ 10,262,923	$ 9,967,768
7. Total Inpatient Days (Adj)	5,809	5,809
8. Average Per Diem Cost	$ 1,766.73	$ 1,715.92
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	$ 0	$ 0
PEDIATRIC INTENSIVE CARE		
11. Total Inpatient Routine Cost (Sch 8, Line 34.01, Col 27)	$ 4,822,389	$ 4,738,259
12. Total Inpatient Days (Adj)	1,753	1,753
13. Average Per Diem Cost	$ 2,750.93	$ 2,702.94
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
SURGICAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 34.02, Col 27)	$ 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
OTHER SPECIAL CARE (SPECIFY)		
21. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	$ 0	$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj)	$ 0.00	$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	$ 0.00	$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	$ 0	$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	$ 0	$ 0

(To Schedule 4-1)

STATE OF CALIFORNIA

SCHEDULE 4B-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	SPECIAL CARE UNITS	REPORTED	AUDITED
1.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 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 27)	$ 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 27)	$ 0	$ 0
12.	Total Inpatient Days (Adj)	0	0
13.	Average Per Diem Cost	$ 0.00	$ 0.00
14.	Medi-Cal Inpatient Days (Adj)	0	0
15.	Cost Applicable to Medi-Cal	$ 0	$ 0
16.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 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 27)	$ 0	$ 0
22.	Total Inpatient Days (Adj)	0	0
23.	Average Per Diem Cost	$ 0.00	$ 0.00
24.	Medi-Cal Inpatient Days (Adj)	0	0
25.	Cost Applicable to Medi-Cal	$ 0	$ 0
26.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
27.	Total Inpatient Days (Adj)	0	0
28.	Average Per Diem Cost	$ 0.00	$ 0.00
29.	Medi-Cal Inpatient Days (Adj)	0	0
30.	Cost Applicable to Medi-Cal	$ 0	$ 0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 0	$ 0

(To Schedule 4-1)

STATE OF CALIFORNIA

SCHEDULE 5-1
PROGRAM: PSYCHIATRIC

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj 8)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-1)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 22,472,566	$ 181,348,635	0.123919	$ 0	$ 0
51.00	Recovery Room	5,660,843	20,557,387	0.275368	0	0
52.00	Labor Room and Delivery Room	7,274,392	21,980,640	0.330945	0	0
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	13,166,221	225,241,794	0.058454	0	0
55.00	Radiology-Therapeutic	3,775,736	27,589,482	0.136854	0	0
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	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	25,349,852	240,429,094	0.105436	0	0
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	9,872,913	50,738,689	0.194584	0	0
66.00	Physical Therapy	5,750,052	13,041,020	0.440920	0	0
67.00	Occupational Therapy	2,364,704	5,567,315	0.424748	0	0
68.00	Speech Pathology	795,017	2,223,760	0.357510	0	0
69.00	Electrocardiology	5,148,446	72,065,457	0.071441	0	0
70.00	Electroencephalography	451,382	1,856,129	0.243185	0	0
71.00	Medical Supplies Charged to Patients	18,805,300	82,246,270	0.228646	0	0
72.00	Implantable Devices Charged to Patients	14,683,252	38,677,086	0.379637	0	0
73.00	Drugs Charged to Patients	12,830,924	101,906,069	0.125909	0	0
74.00	Renal Dialysis	2,313,423	5,111,338	0.452606	0	0
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Laboratory Pathology	1,922,511	4,745,717	0.405104	0	0
76.01	Rehab Psych	527,675	623,724	0.846007	0	0
76.02	GI Lab	1,444,713	6,989,359	0.206702	0	0
76.04	Sleep Disorder	498,525	2,229,948	0.223559	0	0
76.05	Bariatric Program	618,633	833,106	0.742562	0	0
76.06	OP Partial Psych	1,698,368	3,287,956	0.516542	0	0
76.97	Cardiac Rehabilitation	187,788	192,770	0.974153	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	4,353,317	4,569,983	0.952589	0	0
90.01	Head Trauma	1,011,311	2,454,556	0.412014	0	0
90.02	Gamma Knife	817,128	3,231,957	0.252828	0	0
91.00	Emergency	10,959,598	85,754,540	0.127802	0	0
92.00	Observation Beds	0	0	0.000000	0	0
117.00	Family Practice	3,967,269	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	$ 178,721,855	$ 1,205,493,781		$ 0	$ 0

(To Schedule 3-1)

* From Schedule 8, Column 27

STATE OF CALIFORNIA

SCHEDULE 6-1
PROGRAM: PSYCHIATRIC

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj)	AUDITED
50.00	Operating Room	$ 0	$	$ 0
51.00	Recovery Room	0		0
52.00	Labor Room and Delivery Room	0		0
53.00	Anesthesiology	0		0
54.00	Radiology-Diagnostic	0		0
55.00	Radiology-Therapeutic	0		0
56.00	Radioisotope	0		0
57.00	Computed Tomography (CT) Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	0		0
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	0		0
61.00	PBP Clinical Laboratory Services-Program Only	0		0
62.00	Whole Blood & Packed Red Blood Cells	0		0
63.00	Blood Storing, Processing, & Trans.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	0		0
66.00	Physical Therapy	0		0
67.00	Occupational Therapy	0		0
68.00	Speech Pathology	0		0
69.00	Electrocardiology	0		0
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	0		0
72.00	Implantable Devices Charged to Patients	0		0
73.00	Drugs Charged to Patients	0		0
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Laboratory Pathology	0		0
76.01	Rehab Psych	0		0
76.02	GI Lab	0		0
76.04	Sleep Disorder	0		0
76.05	Bariatric Program	0		0
76.06	OP Partial Psych	0		0
76.97	Cardiac Rehabilitation	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
90.01	Head Trauma	0		0
90.02	Gamma Knife	0		0
91.00	Emergency	0		0
92.00	Observation Beds	0		0
117.00	Family Practice	0		0
93.03		0		0
93.04		0		0
93.05		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 0	$ 0	$ 0

(To Schedule 5-1)

STATE OF CALIFORNIA

SCHEDULE 7-1
PROGRAM: PSYCHIATRIC

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000		0
55.00	Radioisotope	0	0	0.000000		0
60.00	Laboratory	0	0	0.000000		0
69.00	Electrocardiology	0	0	0.000000		0
70.00	Electroencephalography	0	0	0.000000		0
91.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3-1)

STATE OF CALIFORNIA

SCHEDULE 1-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

				REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3-2)			$ 0	$ 0
2.	Excess Reasonable Cost Over Charges (Schedule 2-2)			$ 0	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services			$ 0	$ 0
4.		$		$ 0	0
5.	TOTAL COST - Reimbursable to Provider (Lines 1 through 4)			$ 0	$ 0
6.	Interim Payments (Adj)			$ 0	$ 0
7.	Balance Due Provider (State)			$ 0	$ 0
8.	Duplicate Payments (Adj)			$ 0	$ 0
9.		$	$	0	0
10.		$	$	0	0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)			$ 0	$ 0

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE 2-2
PROGRAM: REHABILITATION

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

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3-2)	$ 0	$ 0
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj)	$ 0	$ 0
3. Inpatient Ancillary Service Charges (Adj)	$ 0	$ 0
4. Total Charges - Medi-Cal Inpatient Services	$ 0	$ 0
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 0	$ 0
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
		(To Schedule 1-2)

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

STATE OF CALIFORNIA

SCHEDULE 3-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

				REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5-2)			$ 0	$ 0
2.	Medi-Cal Inpatient Routine Services (Schedule 4-2)			$ 0	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)			$ 0	$ 0
4.		$	$	0	0
5.		$	$	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)			$ 0	$ 0
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7-2)			$ 0	$ 0
8.	SUBTOTAL			$ 0	$ 0
				(To Schedule 2-2)	
9.	Coinsurance (Adj)			$ 0	$ 0
10.	Patient and Third Party Liability (Adj)			$ 0	$ 0
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients			$ 0	$ 0

STATE OF CALIFORNIA

SCHEDULE 4-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj 5)	1,741	0
2. Inpatient Days (include private, exclude swing-bed)	1,741	0
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 5)	1,741	0
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, Part I, Line 31, Col 27)	$ 8,762,845	$ 0
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)	$ 8,762,845	$ 0
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	$ 0	$ 0
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.000000	$ 0.000000
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)	$ 0.00	$ 0.00
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)	$ 8,762,845	$ 0
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 5,033.23	$ 0.00
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 0	$ 0
40. Cost Applicable to Medi-Cal (Schedule 4A-2)	$ 0	$ 0
41. Cost Applicable to Medi-Cal (Schedule 4B-2)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	$ 0	$ 0

(To Schedule 3-2)

STATE OF CALIFORNIA

SCHEDULE 4A-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
INTENSIVE CARE UNIT		
1. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	$ 21,121,538	$ 20,652,056
2. Total Inpatient Days (Adj)	7,715	7,715
3. Average Per Diem Cost	$ 2,737.72	$ 2,676.87
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	$ 0	$ 0
NEONATAL INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 27)	$ 10,262,923	$ 9,967,768
7. Total Inpatient Days (Adj)	5,809	5,809
8. Average Per Diem Cost	$ 1,766.73	$ 1,715.92
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	$ 0	$ 0
PEDIATRIC INTENSIVE CARE		
11. Total Inpatient Routine Cost (Sch 8, Line 34.01, Col 27)	$ 4,822,389	$ 4,738,259
12. Total Inpatient Days (Adj)	1,753	1,753
13. Average Per Diem Cost	$ 2,750.93	$ 2,702.94
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	$ 0	$ 0
SURGICAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 34.02, Col 27)	$ 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
OTHER SPECIAL CARE (SPECIFY)		
21. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	$ 0	$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
26. Per Diem Rate (Adj	$ 0.00	$ 0.00
27. Medi-Cal Inpatient Days (Adj)	0	0
28. Cost Applicable to Medi-Cal	$ 0	$ 0
ADMINISTRATIVE DAYS		
29. Per Diem Rate (Adj)	$ 0.00	$ 0.00
30. Medi-Cal Inpatient Days (Adj)	0	0
31. Cost Applicable to Medi-Cal	$ 0	$ 0
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	$ 0	$ 0

(To Schedule 4-2)

STATE OF CALIFORNIA

SCHEDULE 4B-2
PROGRAM: REHABILITATION

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	SPECIAL CARE UNITS	REPORTED	AUDITED
1.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 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 27)	$ 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 27)	$ 0	$ 0
12.	Total Inpatient Days (Adj)	0	0
13.	Average Per Diem Cost	$ 0.00	$ 0.00
14.	Medi-Cal Inpatient Days (Adj)	0	0
15.	Cost Applicable to Medi-Cal	$ 0	$ 0
16.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 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 27)	$ 0	$ 0
22.	Total Inpatient Days (Adj)	0	0
23.	Average Per Diem Cost	$ 0.00	$ 0.00
24.	Medi-Cal Inpatient Days (Adj)	0	0
25.	Cost Applicable to Medi-Cal	$ 0	$ 0
26.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
27.	Total Inpatient Days (Adj)	0	0
28.	Average Per Diem Cost	$ 0.00	$ 0.00
29.	Medi-Cal Inpatient Days (Adj)	0	0
30.	Cost Applicable to Medi-Cal	$ 0	$ 0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 0	$ 0

(To Schedule 4-2)

STATE OF CALIFORNIA

SCHEDULE 5-2
PROGRAM: REHABILITATION

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj 8)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Schedule 6-2)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 22,472,566	$ 181,348,635	0.123919	$ 0	$ 0
52.00	Labor Room and Delivery Room	5,660,843	20,557,387	0.275368	0	0
53.00	Anesthesiology	7,274,392	21,980,640	0.330945	0	0
54.00	Radiology-Diagnostic	0	0	0.000000	0	0
55.00	Radiology-Therapeutic	13,166,221	225,241,794	0.058454	0	0
56.00	Radioisotope	3,775,736	27,589,482	0.136854	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	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	0	0	0.000000	0	0
61.00	PBP Clinical Laboratory Services-Program Only	25,349,852	240,429,094	0.105436	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	0	0	0.000000	0	0
66.00	Physical Therapy	9,872,913	50,738,689	0.194584	0	0
67.00	Occupational Therapy	5,750,052	13,041,020	0.440920	0	0
68.00	Speech Pathology	2,364,704	5,567,315	0.424748	0	0
69.00	Electrocardiology	795,017	2,223,760	0.357510	0	0
70.00	Electroencephalography	5,148,446	72,065,457	0.071441	0	0
71.00	Medical Supplies Charged to Patients	451,382	1,856,129	0.243185	0	0
72.00	Implantable Devices Charged to Patients	18,805,300	82,246,270	0.228646	0	0
73.00	Drugs Charged to Patients	14,683,252	38,677,086	0.379637	0	0
74.00	Renal Dialysis	12,830,924	101,906,069	0.125909	0	0
75.00	ASC (Non-Distinct Part)	2,313,423	5,111,338	0.452606	0	0
76.00	Laboratory Pathology	0	0	0.000000	0	0
76.01	Rehab Psych	1,922,511	4,745,717	0.405104	0	0
76.02	GI Lab	527,675	623,724	0.846007	0	0
76.04	Sleep Disorder	1,444,713	6,989,359	0.206702	0	0
76.05	Bariatric Program	498,525	2,229,948	0.223559	0	0
76.06	OP Partial Psych	618,633	833,106	0.742562	0	0
76.97	Cardiac Rehabilitation	1,698,368	3,287,956	0.516542	0	0
83.00		187,788	192,770	0.974153	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	4,353,317	4,569,983	0.952589	0	0
90.01	Head Trauma	1,011,311	2,454,556	0.412014	0	0
90.02	Gamma Knife	817,128	3,231,957	0.252828	0	0
91.00	Emergency	10,959,598	85,754,540	0.127802	0	0
92.00	Observation Beds	0	0	0.000000	0	0
117.00	Family Practice	3,967,269	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
		0	0	0.000000	0	0
	TOTAL	$ 178,721,855	$ 1,205,493,781		$ 0	$ 0

(To Schedule 3-2)

* From Schedule 8, Column 27

STATE OF CALIFORNIA

SCHEDULE 6-2
PROGRAM: REHABILITATION

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj)	AUDITED
50.00	Operating Room	$ 0	$	$ 0
51.00	Recovery Room	0		0
52.00	Labor Room and Delivery Room	0		0
53.00	Anesthesiology	0		0
54.00	Radiology-Diagnostic	0		0
55.00	Radiology-Therapeutic	0		0
56.00	Radioisotope	0		0
57.00	Computed Tomography (CT) Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	0		0
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	0		0
61.00	PBP Clinical Laboratory Services-Program Only	0		0
62.00	Whole Blood & Packed Red Blood Cells	0		0
63.00	Blood Storing, Processing, & Trans.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	0		0
66.00	Physical Therapy	0		0
67.00	Occupational Therapy	0		0
68.00	Speech Pathology	0		0
69.00	Electrocardiology	0		0
70.00	Electroencephalography	0		0
71.00	Medical Supplies Charged to Patients	0		0
72.00	Implantable Devices Charged to Patients	0		0
73.00	Drugs Charged to Patients	0		0
74.00	Renal Dialysis	0		0
75.00	ASC (Non-Distinct Part)	0		0
76.00	Laboratory Pathology	0		0
76.01	Rehab Psych	0		0
76.02	GI Lab	0		0
76.04	Sleep Disorder	0		0
76.05	Bariatric Program	0		0
76.06	OP Partial Psych	0		0
76.97	Cardiac Rehabilitation	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
90.01	Head Trauma	0		0
90.02	Gamma Knife	0		0
91.00	Emergency	0		0
92.00	Observation Beds	0		0
117.00	Family Practice	0		0
93.03		0		0
93.04		0		0
93.05		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 0	$ 0	$ 0

(To Schedule 5)

STATE OF CALIFORNIA

SCHEDULE 7-2
PROGRAM: REHABILITATION

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000		0
55.00	Radioisotope	0	0	0.000000		0
60.00	Laboratory	0	0	0.000000		0
69.00	Electrocardiology	0	0	0.000000		0
70.00	Electroencephalography	0	0	0.000000		0
91.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3-2)

STATE OF CALIFORNIA **CONTRACT SCH 1**

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

				REPORTED		AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)		$	50,039,571	$	40,347,113
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)		$	0	$	0
3.	Medi-Cal Inpatient Hospital Based Physician Services		$	0	$	0
4.		$	$	0		0
5.	Subtotal (Sum of Lines 1 through 4)		$	50,039,571	$	40,347,113
6.	$	$		0		0
7.		$	$	0		0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)		$	50,039,571	$	40,347,113
				(To Summary of Findings)		
9.	Medi-Cal Overpayments (Adj)		$	0	$	0
10.	Medi-Cal Credit Balances (Adj 19)		$	0	$	(4,922)
11.		$	$	0		0
12.		$	$	0		0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		$	0	$	(4,922)
				(To Summary of Findings)		

STATE OF CALIFORNIA **CONTRACT SCH 2**

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

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	$ 50,039,571	$ 40,961,454
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 17)	$ 126,984,603	$ 103,222,170
3. Inpatient Ancillary Service Charges (Adj 17)	$ 159,486,908	$ 118,617,572
4. Total Charges - Medi-Cal Inpatient Services	$ 286,471,511	$ 221,839,742
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 236,431,940	$ 180,878,288
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	$ 0	$ 0
	(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:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

		REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	$ 22,375,471	$ 16,150,550
2.	Medi-Cal Inpatient Routine Services (Contract Sch 4)	$ 27,664,100	$ 24,810,904
3.	Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	$ 0	$ 0
4.	Medical and Other Services	$ 0	$ 0
5.	$ $	0	0
6.	SUBTOTAL (Sum of Lines 1 through 5)	$ 50,039,571	$ 40,961,454
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	$ 0	$ 0
8.	SUBTOTAL	$ 50,039,571	$ 40,961,454
		(To Contract Sch 2)	
9.	Medi-Cal Deductible (Adj 18)	$ 0	$ (69,237)
10.	Medi-Cal Coinsurance (Adj 18)	$ 0	$ (545,104)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$ 50,039,571	$ 40,347,113
		(To Contract Sch 1)	

STATE OF CALIFORNIA **CONTRACT SCH 4**

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS	**REPORTED**	**AUDITED**
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adjs 5, 6)	60,410	71,568
2. Inpatient Days (include private, exclude swing-bed)	60,410	71,568
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adjs 5, 6)	60,410	71,568
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 15)	12,893	9,675
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 27)	$ 70,019,427	$ 90,762,038
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)	$ 70,019,427	$ 90,762,038
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 7)	$ 132,402,165	$ 137,547,200
29. Private Room Charges (excluding swing-bed charges) (Adj)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 7)	$ 132,402,165	$ 137,547,200
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 ÷ L 28)	$ 0.528839	$ 0.659861
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)	$ 2,191.73	$ 1,921.91
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)	$ 70,019,427	$ 90,762,038
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 ÷ L 2)	$ 1,159.07	$ 1,268.19
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 14,943,890	$ 12,269,738
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	$ 12,720,210	$ 12,541,166
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	$ 27,664,100	$ 24,810,904

(To Contract Sch 3)

STATE OF CALIFORNIA | CONTRACT SCH 4A

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 43, Col 27)	$ 2,057,512	$ 1,990,381
2. Total Inpatient Days (Adj)	5,104	5,104
3. Average Per Diem Cost	$ 403.12	$ 389.96
4. Medi-Cal Inpatient Days (Adj 15)	2,182	2,328
5. Cost Applicable to Medi-Cal	$ 879,608	$ 907,827
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 31, Col 27)	$ 21,121,538	$ 20,652,056
7. Total Inpatient Days (Adj)	7,715	7,715
8. Average Per Diem Cost	$ 2,737.72	$ 2,676.87
9. Medi-Cal Inpatient Days (Adj 15)	1,522	1,895
10. Cost Applicable to Medi-Cal	$ 4,166,810	$ 5,072,669
NEONATAL INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 31.01, Col 27)	$ 10,262,923	$ 9,967,768
12. Total Inpatient Days (Adj)	5,809	5,809
13. Average Per Diem Cost	$ 1,766.73	$ 1,715.92
14. Medi-Cal Inpatient Days (Adj 15)	3,375	3,176
15. Cost Applicable to Medi-Cal	$ 5,962,714	$ 5,449,762
PEDIATRIC INTENSIVE CARE		
16. Total Inpatient Routine Cost (Sch 8, Line 34.01, Col 27)	$ 4,822,389	$ 4,738,259
17. Total Inpatient Days (Adj)	1,753	1,753
18. Average Per Diem Cost	$ 2,750.93	$ 2,702.94
19. Medi-Cal Inpatient Days (Adj 15)	622	411
20. Cost Applicable to Medi-Cal	$ 1,711,078	$ 1,110,908
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 34.02, Col 27)	$ 0	$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	$ 0.00	$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	$ 0	$ 0
OTHER SPECIAL CARE (SPECIFY)		
26. Total Inpatient Routine Cost (Sch 8, Line 35, Col 27)	$ 0	$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	$ 0.00	$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	$ 0	$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 12,720,210	$ 12,541,166

(To Contract Sch 4)

STATE OF CALIFORNIA | CONTRACT SCH 4B

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	SPECIAL CARE UNITS	REPORTED	AUDITED
1.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 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 27)	$ 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 27)	$ 0	$ 0
12.	Total Inpatient Days (Adj)	0	0
13.	Average Per Diem Cost	$ 0.00	$ 0.00
14.	Medi-Cal Inpatient Days (Adj)	0	0
15.	Cost Applicable to Medi-Cal	$ 0	$ 0
16.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 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 27)	$ 0	$ 0
22.	Total Inpatient Days (Adj)	0	0
23.	Average Per Diem Cost	$ 0.00	$ 0.00
24.	Medi-Cal Inpatient Days (Adj)	0	0
25.	Cost Applicable to Medi-Cal	$ 0	$ 0
26.	Total Inpatient Routine Cost (Sch 8, Line ___, Col 27)	$ 0	$ 0
27.	Total Inpatient Days (Adj)	0	0
28.	Average Per Diem Cost	$ 0.00	$ 0.00
29.	Medi-Cal Inpatient Days (Adj)	0	0
30.	Cost Applicable to Medi-Cal	$ 0	$ 0
31.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	$ 0	$ 0

(To Contract Sch 4)

STATE OF CALIFORNIA

CONTRACT SCH 5

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj 8)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Contract Sch 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
50.00	Operating Room	$ 22,472,566	$ 181,348,635	0.123919	$ 16,918,677	$ 2,096,548
51.00	Recovery Room	5,660,843	20,557,387	0.275368	1,232,956	339,516
52.00	Labor Room and Delivery Room	7,274,392	21,980,640	0.330945	2,777,685	919,262
53.00	Anesthesiology	0	0	0.000000	0	0
54.00	Radiology-Diagnostic	13,166,221	225,241,794	0.058454	18,739,754	1,095,408
55.00	Radiology-Therapeutic	3,775,736	27,589,482	0.136854	217,786	29,805
56.00	Radioisotope	0	0	0.000000	0	0
57.00	Computed Tomography (CT) Scan	0	0	0.000000	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	25,349,852	240,429,094	0.105436	32,882,449	3,466,990
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0.000000	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0
64.00	Intravenous Therapy	0	0	0.000000	0	0
65.00	Respiratory Therapy	9,872,913	50,738,689	0.194584	8,140,226	1,583,954
66.00	Physical Therapy	5,750,052	13,041,020	0.440920	800,397	352,911
67.00	Occupational Therapy	2,364,704	5,567,315	0.424748	433,036	183,931
68.00	Speech Pathology	795,017	2,223,760	0.357510	222,492	79,543
69.00	Electrocardiology	5,148,446	72,065,457	0.071441	5,467,953	390,637
70.00	Electroencephalography	451,382	1,856,129	0.243185	282,464	68,691
71.00	Medical Supplies Charged to Patients	18,805,300	82,246,270	0.228646	3,258,162	744,966
72.00	Implantable Devices Charged to Patients	14,683,252	38,677,086	0.379637	4,042,024	1,534,502
73.00	Drugs Charged to Patients	12,830,924	101,906,069	0.125909	16,168,115	2,035,716
74.00	Renal Dialysis	2,313,423	5,111,338	0.452606	618,362	279,874
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
76.00	Laboratory Pathology	1,922,511	4,745,717	0.405104	331,286	134,205
76.01	Rehab Psych	527,675	623,724	0.846007	0	0
76.02	GI Lab	1,444,713	6,989,359	0.206702	463,583	95,823
76.04	Sleep Disorder	498,525	2,229,948	0.223559	0	0
76.05	Bariatric Program	618,633	833,106	0.742562	0	0
76.06	OP Partial Psych	1,698,368	3,287,956	0.516542	0	0
76.97	Cardiac Rehabilitation	187,788	192,770	0.974153	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	4,353,317	4,569,983	0.952589	0	0
90.01	Head Trauma	1,011,311	2,454,556	0.412014	0	0
90.02	Gamma Knife	817,128	3,231,957	0.252828	0	0
91.00	Emergency	10,959,598	85,754,540	0.127802	5,620,165	718,268
92.00	Observation Beds	0	0	0.000000	0	0
117.00	Family Practice	3,967,269	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	$ 178,721,855	$ 1,205,493,781		$ 118,617,572	$ 16,150,550

(To Contract Sch 3)

* From Schedule 8, Column 26

STATE OF CALIFORNIA CONTRACT SCH 6

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	ANCILLARY CHARGES	REPORTED	ADJUSTMENTS (Adj 16)	AUDITED
50.00	Operating Room	$ 14,883,938	$ 2,034,739	$ 16,918,677
51.00	Recovery Room	1,786,708	(553,752)	1,232,956
52.00	Labor Room and Delivery Room	8,885,539	(6,107,854)	2,777,685
53.00	Anesthesiology	0		0
54.00	Radiology-Diagnostic	28,480,161	(9,740,407)	18,739,754
55.00	Radiology-Therapeutic	175,095	42,691	217,786
56.00	Radioisotope	0		0
57.00	Computed Tomography (CT) Scan	0		0
58.00	Magnetic Resonance Imaging (MRI)	0		0
59.00	Cardiac Catheterization	0		0
60.00	Laboratory	37,291,274	(4,408,825)	32,882,449
61.00	PBP Clinical Laboratory Services-Program Only	0		0
62.00	Whole Blood & Packed Red Blood Cells	0		0
63.00	Blood Storing, Processing, & Trans.	0		0
64.00	Intravenous Therapy	0		0
65.00	Respiratory Therapy	14,197,707	(6,057,481)	8,140,226
66.00	Physical Therapy	1,165,440	(365,043)	800,397
67.00	Occupational Therapy	559,961	(126,925)	433,036
68.00	Speech Pathology	246,706	(24,214)	222,492
69.00	Electrocardiology	8,809,576	(3,341,623)	5,467,953
70.00	Electroencephalography	653,192	(370,728)	282,464
71.00	Medical Supplies Charged to Patients	9,907,984	(6,649,822)	3,258,162
72.00	Implantable Devices Charged to Patients	0	4,042,024	4,042,024
73.00	Drugs Charged to Patients	19,997,083	(3,828,968)	16,168,115
74.00	Renal Dialysis	872,624	(254,262)	618,362
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Laboratory Pathology	691,871	(360,585)	331,286
76.01	Rehab Psych	15,352	(15,352)	0
76.02	GI Lab	732,874	(269,291)	463,583
76.04	Sleep Disorder	5,603	(5,603)	0
76.05	Bariatric Program	0		0
76.06	OP Partial Psych	0		0
76.97	Cardiac Rehabilitation	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	633	(633)	0
90.01	Head Trauma	0		0
90.02	Gamma Knife	0		0
91.00	Emergency	10,127,587	(4,507,422)	5,620,165
92.00	Observation Beds	0		0
117.00	Family Practice	0		0
93.03		0		0
93.04		0		0
93.05		0		0
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 159,486,908	$ (40,869,336)	$ 118,617,572

(To Contract Sch 5)

STATE OF CALIFORNIA

CONTRACT SCH 7

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

Provider NPI:
1417089350

	PROFESSIONAL SERVICE COST CENTERS	HBP REMUNERATION (Adj)	TOTAL CHARGES TO ALL PATIENTS (Adj)	RATIO OF REMUNERATION TO CHARGES	MEDI-CAL CHARGES (Adj)	MEDI-CAL COST
53.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
54.00	Radiology - Diagnostic	0	0	0.000000		0
55.00	Radioisotope	0	0	0.000000		0
60.00	Laboratory	0	0	0.000000		0
69.00	Electrocardiology	0	0	0.000000		0
70.00	Electroencephalography	0	0	0.000000		0
91.00	Emergency	0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
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		0	0	0.000000		0
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		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Contract Sch 3)

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	ALLOC COST 3.01	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs-Buildings and Fixture	11,655,389											
2.00	Capital Related Costs-Movable Equipment	6,651,884	0										
3.00	Other Capital Related Costs	0	0	0									
3.01		0	0	0	0								
3.02		0	0	0	0	0							
3.03		0	0	0	0	0	0						
3.04		0	0	0	0	0	0	0					
3.05		0	0	0	0	0	0	0	0				
3.06		0	0	0	0	0	0	0	0	0			
3.07		0	0	0	0	0	0	0	0	0	0		
3.08		0	0	0	0	0	0	0	0	0	0	0	
3.09		0	0	0	0	0	0	0	0	0	0	0	0
4.00	Employee Benefits	43,503,961	52,532	29,980	0	0	0	0	0	0	0	0	0
5.01		0	0	0	0	0	0	0	0	0	0	0	0
5.02		0	0	0	0	0	0	0	0	0	0	0	0
5.03		0	0	0	0	0	0	0	0	0	0	0	0
5.04		0	0	0	0	0	0	0	0	0	0	0	0
5.05		0	0	0	0	0	0	0	0	0	0	0	0
5.06		0	0	0	0	0	0	0	0	0	0	0	0
5.07		0	0	0	0	0	0	0	0	0	0	0	0
5.08		0	0	0	0	0	0	0	0	0	0	0	0
5.00	Administrative and General	42,937,276	466,762	266,387	0	0	0	0	0	0	0	0	0
6.00	Maintenance and Repairs	2,601,203	99,580	56,831	0	0	0	0	0	0	0	0	0
7.00	Operation of Plant	10,052,360	6,958,444	3,971,276	0	0	0	0	0	0	0	0	0
8.00	Laundry and Linen Service	1,314,399	30,428	17,366	0	0	0	0	0	0	0	0	0
9.00	Housekeeping	3,804,084	51,385	29,326	0	0	0	0	0	0	0	0	0
10.00	Dietary	2,158,446	68,623	39,164	0	0	0	0	0	0	0	0	0
11.00	Cafeteria	1,772,537	60,697	34,641	0	0	0	0	0	0	0	0	0
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Nursing Administration	5,646,229	97,785	55,807	0	0	0	0	0	0	0	0	0
14.00	Central Services and Supply	1,901,274	84,146	48,023	0	0	0	0	0	0	0	0	0
15.00	Pharmacy	4,047,163	37,926	21,645	0	0	0	0	0	0	0	0	0
16.00	Medical Records & Library	4,034,187	45,413	25,918	0	0	0	0	0	0	0	0	0
17.00	Social Service	431,113	3,121	1,781	0	0	0	0	0	0	0	0	0
18.00	Rehab Administration	244,708	10,847	6,191	0	0	0	0	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	607,600	43,070	24,581	0	0	0	0	0	0	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	561,764	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	34,446,260	1,017,860	580,906	0	0	0	0	0	0	0	0	0
31.00	Intensive Care Unit	11,957,831	167,325	95,495	0	0	0	0	0	0	0	0	0
31.01	Neonatal Intensive Care Unit	5,841,471	32,173	18,362	0	0	0	0	0	0	0	0	0
34.01	Pediatric Intensive Care	2,511,068	53,648	30,618	0	0	0	0	0	0	0	0	0
34.02	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Other Special Care (specify)	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Subprovider - IPF	5,304,343	141,354	80,672	0	0	0	0	0	0	0	0	0
41.00	Subprovider - IRF	4,018,474	172,201	98,277	0	0	0	0	0	0	0	0	0
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	1,271,598	0	0	0	0	0	0	0	0	0	0	0
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0
47.00		0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	ALLOC COST 3.01	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
	ANCILLARY COST CENTERS												
50.00	Operating Room	12,158,590	259,517	148,110	0	0	0	0	0	0	0	0	0
51.00	Recovery Room	2,794,935	99,849	56,985	0	0	0	0	0	0	0	0	0
52.00	Labor Room and Delivery Room	4,195,524	0	0	0	0	0	0	0	0	0	0	0
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Radiology-Diagnostic	6,341,201	200,226	114,272	0	0	0	0	0	0	0	0	0
55.00	Radiology-Therapeutic	1,801,284	110,995	63,346	0	0	0	0	0	0	0	0	0
56.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00	Laboratory	17,063,925	127,964	73,031	0	0	0	0	0	0	0	0	0
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	5,901,971	8,215	4,689	0	0	0	0	0	0	0	0	0
66.00	Physical Therapy	2,623,975	92,571	52,831	0	0	0	0	0	0	0	0	0
67.00	Occupational Therapy	1,197,827	21,216	12,108	0	0	0	0	0	0	0	0	0
68.00	Speech Pathology	399,477	5,803	3,312	0	0	0	0	0	0	0	0	0
69.00	Electrocardiology	2,778,811	45,224	25,810	0	0	0	0	0	0	0	0	0
70.00	Electroencephalography	269,970	0	0	0	0	0	0	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	14,736,887	0	0	0	0	0	0	0	0	0	0	0
72.00	Implantable Devices Charged to Patients	11,663,919	0	0	0	0	0	0	0	0	0	0	0
73.00	Drugs Charged to Patients	6,233,758	0	0	0	0	0	0	0	0	0	0	0
74.00	Renal Dialysis	1,321,848	17,198	9,815	0	0	0	0	0	0	0	0	0
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00	Laboratory Pathology	1,195,168	36,360	20,751	0	0	0	0	0	0	0	0	0
76.01	Rehab Psych	273,665	7,487	4,273	0	0	0	0	0	0	0	0	0
76.02	GI Lab	706,860	27,288	15,573	0	0	0	0	0	0	0	0	0
76.04	Sleep Disorder	258,359	8,654	4,939	0	0	0	0	0	0	0	0	0
76.05	Bariatric Program	343,552	12,263	6,999	0	0	0	0	0	0	0	0	0
76.06	OP Partial Psych	370,948	104,455	59,614	0	0	0	0	0	0	0	0	0
76.97	Cardiac Rehabilitation	89,692	1,495	853	0	0	0	0	0	0	0	0	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	2,273,182	9,442	5,388	0	0	0	0	0	0	0	0	0
90.01	Head Trauma	454,901	16,730	9,548	0	0	0	0	0	0	0	0	0
90.02	Gamma Knife	467,749	19,152	10,930	0	0	0	0	0	0	0	0	0
91.00	Emergency	4,626,301	182,829	104,343	0	0	0	0	0	0	0	0	0
92.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
117.00	Family Practice	2,031,703	95,851	54,703	0	0	0	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	CAPITAL BLDG & FIXTURES 1.00	CAPITAL MOVABLE EQUIP 2.00	OTHER CAP RELATED COSTS 3.00	ALLOC COST 3.01	ALLOC COST 3.02	ALLOC COST 3.03	ALLOC COST 3.04	ALLOC COST 3.05	ALLOC COST 3.06	ALLOC COST 3.07	ALLOC COST 3.08
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
190.00	Gift, Flower, Coffee Shop, & Canteen	307,618	9,601	5,479	0	0	0	0	0	0	0	0	0
191.00	Research	468,517	11,206	6,396	0	0	0	0	0	0	0	0	0
192.00	Physicians' Private Offices	174,915	48,195	27,505	0	0	0	0	0	0	0	0	0
194.00	Other Unassigned Costs	302,271	42,841	24,450	0	0	0	0	0	0	0	0	0
194.01	Community Education	333,651	0	0	0	0	0	0	0	0	0	0	0
194.02	Foundation	15,161	11,276	6,435	0	0	0	0	0	0	0	0	0
194.03	Public Relations	1,203,300	10,279	5,866	0	0	0	0	0	0	0	0	0
194.04	Kidscare	160,224	180,665	103,108	0	0	0	0	0	0	0	0	0
194.06	Community Benefit	214,818	14,058	8,023	0	0	0	0	0	0	0	0	0
194.07	Base Station	516,435	0	0	0	0	0	0	0	0	0	0	0
194.08	Grants	2,194,160	34,755	19,835	0	0	0	0	0	0	0	0	0
194.09	Renaissance Imaging Center	186,228	83,299	47,540	0	0	0	0	0	0	0	0	0
194.10	Jazzman's Coffee Shop	269,355	3,111	1,775	0	0	0	0	0	0	0	0	0
	TOTAL	320,199,257	11,655,389	6,651,884	0	0	0	0	0	0	0	0	0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.1

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs-Buildings and Fixture												
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	0											
5.01		0	0										
5.02		0	0	0									
5.03		0	0	0	0								
5.04		0	0	0	0	0							
5.05		0	0	0	0	0	0						
5.06		0	0	0	0	0	0	0					
5.07		0	0	0	0	0	0	0	0				
5.08		0	0	0	0	0	0	0	0	0			
5.00	Administrative and General	0	4,704,933	0	0	0	0	0	0	0	0	48,375,359	
6.00	Maintenance and Repairs	0	28,327	0	0	0	0	0	0	0	0	2,785,941	495,802
7.00	Operation of Plant	0	606,212	0	0	0	0	0	0	0	0	21,588,292	3,841,978
8.00	Laundry and Linen Service	0	47,375	0	0	0	0	0	0	0	0	1,409,568	250,855
9.00	Housekeeping	0	757,326	0	0	0	0	0	0	0	0	4,642,121	826,139
10.00	Dietary	0	250,060	0	0	0	0	0	0	0	0	2,516,293	447,814
11.00	Cafeteria	0	315,171	0	0	0	0	0	0	0	0	2,183,046	388,507
12.00	Maintenance of Personnel	0	0	0	0	0	0	0	0	0	0	0	0
13.00	Nursing Administration	0	1,379,847	0	0	0	0	0	0	0	0	7,179,668	1,277,735
14.00	Central Services and Supply	0	295,583	0	0	0	0	0	0	0	0	2,329,027	414,487
15.00	Pharmacy	0	1,124,467	0	0	0	0	0	0	0	0	5,231,200	930,975
16.00	Medical Records & Library	0	730,348	0	0	0	0	0	0	0	0	4,835,866	860,619
17.00	Social Service	0	118,695	0	0	0	0	0	0	0	0	554,710	98,719
18.00	Rehab Administration	0	29,055	0	0	0	0	0	0	0	0	290,801	51,753
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	399,919	0	0	0	0	0	0	0	0	1,075,170	191,343
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	561,764	99,975
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	0	9,316,049	0	0	0	0	0	0	0	0	45,361,076	8,072,720
31.00	Intensive Care Unit	0	2,742,631	0	0	0	0	0	0	0	0	14,963,282	2,662,953
31.01	Neonatal Intensive Care Unit	0	1,577,196	0	0	0	0	0	0	0	0	7,469,201	1,329,262
34.01	Pediatric Intensive Care	0	591,636	0	0	0	0	0	0	0	0	3,186,970	567,172
34.02	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Other Special Care (specify)	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Subprovider - IPF	0	1,476,688	0	0	0	0	0	0	0	0	7,003,057	1,246,305
41.00	Subprovider - IRF	0	1,127,466	0	0	0	0	0	0	0	0	5,416,418	963,937
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	0	315,975	0	0	0	0	0	0	0	0	1,587,573	282,534
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0
47.00		0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00
	ANCILLARY COST CENTERS												
50.00	Operating Room	0	2,141,175	0	0	0	0	0	0	0	0	14,707,392	2,617,413
51.00	Recovery Room	0	764,513	0	0	0	0	0	0	0	0	3,716,282	661,371
52.00	Labor Room and Delivery Room	0	1,111,624	0	0	0	0	0	0	0	0	5,307,148	944,491
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Radiology-Diagnostic	0	1,597,606	0	0	0	0	0	0	0	0	8,253,305	1,468,806
55.00	Radiology-Therapeutic	0	227,045	0	0	0	0	0	0	0	0	2,202,671	392,000
56.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00	Laboratory	0	1,836,086	0	0	0	0	0	0	0	0	19,101,006	3,399,326
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	0	1,621,579	0	0	0	0	0	0	0	0	7,536,454	1,341,231
66.00	Physical Therapy	0	731,520	0	0	0	0	0	0	0	0	3,500,898	623,040
67.00	Occupational Therapy	0	322,114	0	0	0	0	0	0	0	0	1,553,265	276,428
68.00	Speech Pathology	0	115,306	0	0	0	0	0	0	0	0	523,897	93,236
69.00	Electrocardiology	0	650,786	0	0	0	0	0	0	0	0	3,500,630	622,992
70.00	Electroencephalography	0	65,454	0	0	0	0	0	0	0	0	335,424	59,694
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	14,736,887	2,622,662
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	0	0	11,663,919	2,075,779
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	6,233,758	1,109,396
74.00	Renal Dialysis	0	357,463	0	0	0	0	0	0	0	0	1,706,324	303,667
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00	Laboratory Pathology	0	61,842	0	0	0	0	0	0	0	0	1,314,122	233,869
76.01	Rehab Psych	0	76,669	0	0	0	0	0	0	0	0	362,095	64,440
76.02	GI Lab	0	167,691	0	0	0	0	0	0	0	0	917,412	163,268
76.04	Sleep Disorder	0	57,343	0	0	0	0	0	0	0	0	329,294	58,603
76.05	Bariatric Program	0	50,272	0	0	0	0	0	0	0	0	413,085	73,515
76.06	OP Partial Psych	0	98,793	0	0	0	0	0	0	0	0	633,809	112,796
76.97	Cardiac Rehabilitation	0	25,120	0	0	0	0	0	0	0	0	117,161	20,851
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	0	88,335	0	0	0	0	0	0	0	0	2,376,347	422,908
90.01	Head Trauma	0	124,559	0	0	0	0	0	0	0	0	605,737	107,800
90.02	Gamma Knife	0	33,166	0	0	0	0	0	0	0	0	530,997	94,499
91.00	Emergency	0	1,922,191	0	0	0	0	0	0	0	0	6,835,663	1,216,514
92.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
117.00	Family Practice	0	460,497	0	0	0	0	0	0	0	0	2,642,755	470,320
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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 5.06	ALLOC COST 5.07	ALLOC COST 5.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 5.00
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
190.00	Gift, Flower, Coffee Shop, & Canteen	0	20,892	0	0	0	0	0	0	0	0	343,591	61,147
191.00	Research	0	91,930	0	0	0	0	0	0	0	0	578,048	102,873
192.00	Physicians' Private Offices	0	5,922	0	0	0	0	0	0	0	0	256,537	45,655
194.00	Other Unassigned Costs	0	0	0	0	0	0	0	0	0	0	369,562	65,769
194.01	Community Education	0	89,623	0	0	0	0	0	0	0	0	423,274	75,328
194.02	Foundation	0	28	0	0	0	0	0	0	0	0	32,900	5,855
194.03	Public Relations	0	115,450	0	0	0	0	0	0	0	0	1,334,895	237,566
194.04	Kidscare	0	32,799	0	0	0	0	0	0	0	0	476,796	84,853
194.06	Community Benefit	0	57,368	0	0	0	0	0	0	0	0	294,267	52,369
194.07	Base Station	0	147,363	0	0	0	0	0	0	0	0	663,798	118,133
194.08	Grants	0	307,666	0	0	0	0	0	0	0	0	2,556,417	454,955
194.09	Renaissance Imaging Center	0	16,349	0	0	0	0	0	0	0	0	333,416	59,337
194.10	Jazzman's Coffee Shop	0	57,377	0	0	0	0	0	0	0	0	331,618	59,017
	TOTAL	0	43,586,473	0	0	0	0	0	0	0	0	320,199,257	48,375,359

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.2

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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
	GENERAL SERVICE COST CENTER												
1.00	Capital Related Costs-Buildings and Fixture												
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													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General												
6.00	Maintenance and Repairs												
7.00	Operation of Plant	2,069,116											
8.00	Laundry and Linen Service	9,048	205,185										
9.00	Housekeeping	15,280	346,501	28,219									
10.00	Dietary	20,405	462,741	30,854	100,597								
11.00	Cafeteria	18,048	409,294	0	88,978	1,789,352							
12.00	Maintenance of Personnel	0	0	0	0	0	0						
13.00	Nursing Administration	29,077	659,388	118	143,347	0	201,413	0					
14.00	Central Services and Supply	25,021	567,418	0	123,353	0	153,457	0	0				
15.00	Pharmacy	11,277	255,741	0	55,597	0	158,040	0	0	0			
16.00	Medical Records & Library	13,504	306,231	0	66,573	0	149,615	0	0	29	0		
17.00	Social Service	928	21,043	0	4,575	0	18,652	0	0	0	0	0	
18.00	Rehab Administration	3,225	73,146	3,165	15,901	0	7,115	0	0	55	0	0	349,313
19.00	Nonphysician Anesthetists	0	0	0	0	0	0	0	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0	0	0	0	0	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	12,807	290,432	19,972	63,138	0	94,860	0	0	0	0	0	0
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0	0	0	0	0	0	0	0	0
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0	0	0	0	0	0	0	0
23.01		0	0	0	0	0	0	0	0	0	0	0	0
23.02		0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	302,664	6,863,669	828,467	1,492,118	1,156,953	1,091,012	0	2,635,514	100,844	548	955,025	203,476
31.00	Intensive Care Unit	49,755	1,128,314	97,971	245,288	72,529	287,324	0	723,343	67,607	7	280,122	73,561
31.01	Neonatal Intensive Care Unit	9,567	216,950	19,606	47,164	0	165,287	0	405,381	18,060	527	240,334	46,427
34.01	Pediatric Intensive Care	15,952	361,762	60,237	78,645	109,647	77,641	0	180,783	6,648	13	68,807	23,982
34.02	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Other Special Care (specify)	0	0	0	0	0	0	0	0	0	0	0	0
40.00	Subprovider - IPF	42,032	953,181	60,733	207,216	251,712	204,090	0	471,663	1,257	67	147,264	0
41.00	Subprovider - IRF	51,204	1,161,189	100,550	252,435	140,069	143,053	0	346,744	7,903	187	116,222	0
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Nursery	0	0	14,152	0	0	71,220	0	0	1	0	34,900	0
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0	0	0	0
47.00		0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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
	ANCILLARY COST CENTERS												
50.00	Operating Room	77,168	1,749,986	145,960	380,436	0	249,703	0	629,350	1,098,916	155,867	660,374	0
51.00	Recovery Room	29,690	673,304	56,069	146,372	18,043	82,537	0	193,695	8,619	0	74,859	0
52.00	Labor Room and Delivery Room	0	0	0	0	40,399	192,678	0	674,472	32,543	2,620	80,042	0
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	0	0
54.00	Radiology-Diagnostic	59,538	1,350,172	102,691	293,519	0	228,308	0	513,521	72,992	3,161	820,209	0
55.00	Radiology-Therapeutic	33,005	748,467	34,384	162,712	0	29,996	0	67,861	4,135	39	100,466	0
56.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0	0	0	0
60.00	Laboratory	38,051	862,892	12,397	187,587	0	261,134	0	589,929	4,623	17,394	875,513	0
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
65.00	Respiratory Therapy	2,443	55,397	0	12,043	0	221,945	0	508,013	10,624	0	184,763	0
66.00	Physical Therapy	27,526	624,227	24,707	135,703	0	97,620	0	226,132	591	44	47,488	0
67.00	Occupational Therapy	6,309	143,065	2,411	31,101	0	43,357	0	99,406	363	0	20,273	0
68.00	Speech Pathology	1,725	39,128	0	8,506	0	13,937	0	30,995	112	0	8,098	0
69.00	Electrocardiology	13,447	304,953	8,967	66,295	0	72,114	0	164,746	131,877	0	262,424	0
70.00	Electroencephalography	0	0	28,335	0	0	5,807	0	14,685	679	0	6,759	0
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	1,089,137	0	356,614	0
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	859,830	0	83,724	0
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	23,410	5,093,273	371,087	0
74.00	Renal Dialysis	5,114	115,971	0	25,211	0	33,109	0	78,185	7,815	19,413	18,613	0
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
76.00	Laboratory Pathology	10,812	245,186	0	53,302	0	14,500	0	32,380	1,059	0	17,281	0
76.01	Rehab Psych	2,226	50,489	0	10,976	0	10,699	0	24,478	0	0	2,271	0
76.02	GI Lab	8,114	184,007	22,395	40,002	0	13,647	0	46,746	23,669	0	25,451	0
76.04	Sleep Disorder	2,573	58,355	0	12,686	0	8,465	0	19,961	466	0	8,120	0
76.05	Bariatric Program	3,646	82,692	0	17,977	0	7,842	0	16,674	166	1	3,034	0
76.06	OP Partial Psych	31,060	704,364	0	153,124	0	16,141	0	35,037	63	0	11,973	0
76.97	Cardiac Rehabilitation	445	10,084	18,887	2,192	0	4,296	0	13,171	0	0	702	0
83.00		0	0	0	0	0	0	0	0	0	0	0	0
84.00		0	0	0	0	0	0	0	0	0	0	0	0
85.00		0	0	0	0	0	0	0	0	0	0	0	0
86.00		0	0	0	0	0	0	0	0	0	0	0	0
87.00		0	0	0	0	0	0	0	0	0	0	0	0
87.01		0	0	0	0	0	0	0	0	0	0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0	0	0	0
90.00	Clinic	2,807	63,666	6,995	13,841	0	32,119	0	68,874	892	1,348,225	16,641	0
90.01	Head Trauma	4,975	112,811	0	24,524	0	17,529	0	40,650	54	0	8,938	0
90.02	Gamma Knife	5,695	129,148	3,072	28,076	0	4,474	0	9,329	68	0	11,769	0
91.00	Emergency	54,365	1,232,856	136,084	268,015	0	254,377	0	609,271	36,871	1,442	312,272	1,868
92.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
117.00	Family Practice	28,502	646,345	0	140,511	0	38,836	0	0	0	0	0	0
93.03		0	0	0	0	0	0	0	0	0	0	0	0
93.04		0	0	0	0	0	0	0	0	0	0	0	0
93.05		0	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0	0	0	0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0

STATE OF CALIFORNIA | COMPUTATION OF COST ALLOCATION (W/S B) | SCHEDULE 8.2

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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
190.00	Gift, Flower, Coffee Shop, & Canteen	2,855	64,742	0	14,075	0	0	0	0	4	0	0	0
191.00	Research	3,332	75,566	0	16,428	0	0	0	0	30	0	0	0
192.00	Physicians' Private Offices	14,331	324,988	0	70,650	0	0	0	0	0	0	0	0
194.00	Other Unassigned Costs	12,739	288,886	0	62,802	0	0	0	0	0	0	0	0
194.01	Community Education	0	0	0	0	0	13,648	0	0	0	0	0	0
194.02	Foundation	3,353	76,037	0	16,530	0	0	0	0	0	0	0	0
194.03	Public Relations	3,056	69,314	0	15,068	0	10,414	0	0	1	0	0	0
194.04	Kidscare	53,721	1,218,267	7,255	264,844	0	8,808	0	19,756	309	0	0	0
194.06	Community Benefit	4,180	94,794	0	20,608	0	7,100	0	0	0	0	0	0
194.07	Base Station	0	0	0	0	0	18,034	0	0	376	2	0	0
194.08	Grants	10,335	234,362	0	50,949	0	16,781	0	0	61	0	0	0
194.09	Renaissance Imaging Center	24,769	561,703	0	122,111	0	0	0	0	0	0	0	0
194.10	Jazzman's Coffee Shop	925	20,976	0	4,560	0	24,491	0	0	0	0	0	0
	TOTAL	3,281,743	27,499,385	1,874,656	5,858,260	3,578,705	4,877,225	0	9,490,745	3,612,763	6,642,830	6,232,435	698,626

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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 STEP-DOWN ADJUSTMENTS (Adjs 1, 2, 4) 25.00	TOTAL COST 26.00
	GENERAL SERVICE COST CENTER											
1.00	Capital Related Costs-Buildings and Fixture											
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												
5.02												
5.03												
5.04												
5.05												
5.06												
5.07												
5.08												
5.00	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 & Library											
17.00	Social Service											
18.00	Rehab Administration											
19.00	Nonphysician Anesthetists	0										
20.00	Nursing School	0	0									
21.00	Intern & Res. Service-Salary & Fringes (Approved)	0	0	0								
22.00	Intern & Res. Other Program Costs (Approved)	0	0	0	0							
23.00	Paramedical Ed. Program (specify)	0	0	0	0	0						
23.01		0	0	0	0	0	0					
23.02		0	0	0	0	0	0	0				
	INPATIENT ROUTINE COST CENTERS											
30.00	Adults & Pediatrics (Gen Routine)	0	0	0	1,747,722	661,739	0	0	0	71,473,549	19,288,489	90,762,038
31.00	Intensive Care Unit	0	0	0	0	0	0	0	0	20,652,056		20,652,056
31.01	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	9,967,768		9,967,768
34.01	Pediatric Intensive Care	0	0	0	0	0	0	0	0	4,738,259		4,738,259
34.02	Surgical Intensive Care Unit	0	0	0	0	0	0	0	0	0		0
35.00	Other Special Care (specify)	0	0	0	0	0	0	0	0	0		0
40.00	Subprovider - IPF	0	0	0	0	0	0	0	0	10,588,577	(10,588,577)	(0)
41.00	Subprovider - IRF	0	0	0	0	0	0	0	0	8,699,912	(8,699,912)	(0)
42.00	Subprovider (specify)	0	0	0	0	0	0	0	0	0		0
43.00	Nursery	0	0	0	0	0	0	0	0	1,990,381		1,990,381
44.00	Skilled Nursing Facility	0	0	0	0	0	0	0	0	0		0
45.00	Nursing Facility	0	0	0	0	0	0	0	0	0		0
46.00	Other Long Term Care	0	0	0	0	0	0	0	0	0		0
47.00		0	0	0	0	0	0	0	0	0		0

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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 STEP-DOWN ADJUSTMENTS (Adjs 1, 2, 4) 25.00	TOTAL COST 26.00
	ANCILLARY COST CENTERS											
50.00	Operating Room	0	0	0	0	0	0	0	0	22,472,566		22,472,566
51.00	Recovery Room	0	0	0	0	0	0	0	0	5,660,843		5,660,843
52.00	Labor Room and Delivery Room	0	0	0	0	0	0	0	0	7,274,392		7,274,392
53.00	Anesthesiology	0	0	0	0	0	0	0	0	0		0
54.00	Radiology-Diagnostic	0	0	0	0	0	0	0	0	13,166,221		13,166,221
55.00	Radiology-Therapeutic	0	0	0	0	0	0	0	0	3,775,736		3,775,736
56.00	Radioisotope	0	0	0	0	0	0	0	0	0		0
57.00	Computed Tomography (CT) Scan	0	0	0	0	0	0	0	0	0		0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	0	0	0		0
59.00	Cardiac Catheterization	0	0	0	0	0	0	0	0	0		0
60.00	Laboratory	0	0	0	0	0	0	0	0	25,349,852		25,349,852
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0	0	0	0	0	0	0		0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	0	0	0		0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	0	0	0		0
64.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
65.00	Respiratory Therapy	0	0	0	0	0	0	0	0	9,872,913		9,872,913
66.00	Physical Therapy	442,075	0	0	0	0	0	0	0	5,750,052		5,750,052
67.00	Occupational Therapy	188,725	0	0	0	0	0	0	0	2,364,704		2,364,704
68.00	Speech Pathology	75,383	0	0	0	0	0	0	0	795,017		795,017
69.00	Electrocardiology	0	0	0	0	0	0	0	0	5,148,446		5,148,446
70.00	Electroencephalography	0	0	0	0	0	0	0	0	451,382		451,382
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	18,805,300		18,805,300
72.00	Implantable Devices Charged to Patients	0	0	0	0	0	0	0	0	14,683,252		14,683,252
73.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	12,830,924		12,830,924
74.00	Renal Dialysis	0	0	0	0	0	0	0	0	2,313,423		2,313,423
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
76.00	Laboratory Pathology	0	0	0	0	0	0	0	0	1,922,511		1,922,511
76.01	Rehab Psych	0	0	0	0	0	0	0	0	527,675		527,675
76.02	GI Lab	0	0	0	0	0	0	0	0	1,444,713		1,444,713
76.04	Sleep Disorder	0	0	0	0	0	0	0	0	498,525		498,525
76.05	Bariatric Program	0	0	0	0	0	0	0	0	618,633		618,633
76.06	OP Partial Psych	0	0	0	0	0	0	0	0	1,698,368		1,698,368
76.97	Cardiac Rehabilitation	0	0	0	0	0	0	0	0	187,788		187,788
83.00		0	0	0	0	0	0	0	0	0		0
84.00		0	0	0	0	0	0	0	0	0		0
85.00		0	0	0	0	0	0	0	0	0		0
86.00		0	0	0	0	0	0	0	0	0		0
87.00		0	0	0	0	0	0	0	0	0		0
87.01		0	0	0	0	0	0	0	0	0		0
88.00	Rural Health Clinic (RHC)	0	0	0	0	0	0	0	0	0		0
89.00	Federally Qualified Health Center (FQHC)	0	0	0	0	0	0	0	0	0		0
90.00	Clinic	0	0	0	0	0	0	0	0	4,353,317		4,353,317
90.01	Head Trauma	88,291	0	0	0	0	0	0	0	1,011,311		1,011,311
90.02	Gamma Knife	0	0	0	0	0	0	0	0	817,128		817,128
91.00	Emergency	0	0	0	0	0	0	0	0	10,959,598		10,959,598
92.00	Observation Beds	0	0	0	0	0	0	0	0	0		0
117.00	Family Practice	0	0	0	0	0	0	0	0	3,967,269		3,967,269
93.03		0	0	0	0	0	0	0	0	0		0
93.04		0	0	0	0	0	0	0	0	0		0
93.05		0	0	0	0	0	0	0	0	0		0
	NONREIMBURSABLE COST CENTERS											
94.00	Home Program Dialysis	0	0	0	0	0	0	0	0	0		0
95.00	Ambulance Services	0	0	0	0	0	0	0	0	0		0
96.00	Durable Medical Equipment-Rented	0	0	0	0	0	0	0	0	0		0
97.00	Durable Medical Equipment-Sold	0	0	0	0	0	0	0	0	0		0
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	0	0	0		0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0	0	0	0	0	0	0		0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0	0	0	0	0	0	0		0
101.00	Home Health Agency	0	0	0	0	0	0	0	0	0		0

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 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 STEP-DOWN ADJUSTMENTS (Adjs 1, 2, 4) 25.00	TOTAL COST 26.00
105.00	Kidney Acquisition	0	0	0	0	0	0	0	0	0		0
106.00	Heart Acquisition	0	0	0	0	0	0	0	0	0		0
107.00	Liver Acquisition	0	0	0	0	0	0	0	0	0		0
108.00	Lung Acquisition	0	0	0	0	0	0	0	0	0		0
109.00	Pancreas Acquisition	0	0	0	0	0	0	0	0	0		0
110.00	Intestinal Acquisition	0	0	0	0	0	0	0	0	0		0
111.00	Islet Acquisition	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
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	0	0	0	486,413		486,413
191.00	Research	0	0	0	0	0	0	0	0	776,277		776,277
192.00	Physicians' Private Offices	0	0	0	0	0	0	0	0	712,161		712,161
194.00	Other Unassigned Costs	0	0	0	0	0	0	0	0	799,757		799,757
194.01	Community Education	0	0	0	0	0	0	0	0	512,250		512,250
194.02	Foundation	0	0	0	0	0	0	0	0	134,675		134,675
194.03	Public Relations	0	0	0	0	0	0	0	0	1,670,315		1,670,315
194.04	Kidscare	0	0	0	0	0	0	0	0	2,134,609		2,134,609
194.06	Community Benefit	0	0	0	0	0	0	0	0	473,317		473,317
194.07	Base Station	0	0	0	0	0	0	0	0	800,343		800,343
194.08	Grants	0	0	0	0	0	0	0	0	3,323,860		3,323,860
194.09	Renaissance Imaging Center	0	0	0	0	0	0	0	0	1,101,336		1,101,336
194.10	Jazzman's Coffee Shop	0	0	0	0	0	0	0	0	441,587		441,587
	TOTAL	794,474	0	0	1,747,722	661,739	0	0	0	320,199,257	0	320,199,257

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		CAP REL BLDG & FIX (SQ FT) 1.00 (Adj) (Adj)	CAP REL MOV EQUIP (SQ FT) 2.00 (Adj) (Adj)	OTHER CAP REL (SQ FT) 3.00 (Adj) (Adj)	STAT 3.01 (Adj) (Adj)	STAT 3.02 (Adj) (Adj)	STAT 3.03 (Adj) (Adj)	STAT 3.04 (Adj) (Adj)	STAT 3.05 (Adj) (Adj)	STAT 3.06 (Adj) (Adj)	STAT 3.07 (Adj) (Adj)	STAT 3.08 (Adj) (Adj)	STAT 3.09 (Adj) (Adj)
	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	5,269	5,269										
5.01													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General	46,817	46,817										
6.00	Maintenance and Repairs	9,988	9,988										
7.00	Operation of Plant	697,943	697,943										
8.00	Laundry and Linen Service	3,052	3,052										
9.00	Housekeeping	5,154	5,154										
10.00	Dietary	6,883	6,883										
11.00	Cafeteria	6,088	6,088										
12.00	Maintenance of Personnel												
13.00	Nursing Administration	9,808	9,808										
14.00	Central Services and Supply	8,440	8,440										
15.00	Pharmacy	3,804	3,804										
16.00	Medical Records & Library	4,555	4,555										
17.00	Social Service	313	313										
18.00	Rehab Administration	1,088	1,088										
19.00	Nonphysician Anesthetists												
20.00	Nursing School												
21.00	Intern & Res. Service-Salary & Fringes (Approved)	4,320	4,320										
22.00	Intern & Res. Other Program Costs (Approved)												
23.00	Paramedical Ed. Program (specify)												
23.01													
23.02													
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	102,093	102,093										
31.00	Intensive Care Unit	16,783	16,783										
31.01	Neonatal Intensive Care Unit	3,227	3,227										
34.01	Pediatric Intensive Care	5,381	5,381										
34.02	Surgical Intensive Care Unit												
35.00	Other Special Care (specify)												
40.00	Subprovider - IPF	14,178	14,178										
41.00	Subprovider - IRF	17,272	17,272										
42.00	Subprovider (specify)												
43.00	Nursery												
44.00	Skilled Nursing Facility												
45.00	Nursing Facility												
46.00	Other Long Term Care												
47.00													

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		CAP REL BLDG & FIX (SQ FT)	CAP REL MOV EQUIP (SQ FT)	OTHER CAP REL (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT
		1.00	2.00	3.00	3.01	3.02	3.03	3.04	3.05	3.06	3.07	3.08	3.09
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	ANCILLARY COST CENTERS												
50.00	Operating Room	26,030	26,030										
51.00	Recovery Room	10,015	10,015										
52.00	Labor Room and Delivery Room												
53.00	Anesthesiology												
54.00	Radiology-Diagnostic	20,083	20,083										
55.00	Radiology-Therapeutic	11,133	11,133										
56.00	Radioisotope												
57.00	Computed Tomography (CT) Scan												
58.00	Magnetic Resonance Imaging (MRI)												
59.00	Cardiac Catheterization												
60.00	Laboratory	12,835	12,835										
61.00	PBP Clinical Laboratory Services-Program Only												
62.00	Whole Blood & Packed Red Blood Cells												
63.00	Blood Storing, Processing, & Trans.												
64.00	Intravenous Therapy												
65.00	Respiratory Therapy	824	824										
66.00	Physical Therapy	9,285	9,285										
67.00	Occupational Therapy	2,128	2,128										
68.00	Speech Pathology	582	582										
69.00	Electrocardiology	4,536	4,536										
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	1,725	1,725										
75.00	ASC (Non-Distinct Part)												
76.00	Laboratory Pathology	3,647	3,647										
76.01	Rehab Psych	751	751										
76.02	GI Lab	2,737	2,737										
76.04	Sleep Disorder	868	868										
76.05	Bariatric Program	1,230	1,230										
76.06	OP Partial Psych	10,477	10,477										
76.97	Cardiac Rehabilitation	150	150										
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	947	947										
90.01	Head Trauma	1,678	1,678										
90.02	Gamma Knife	1,921	1,921										
91.00	Emergency	18,338	18,338										
92.00	Observation Beds												
117.00	Family Practice	9,614	9,614										
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. tchng. prgm.)												
101.00	Home Health Agency												

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		CAP REL BLDG & FIX (SQ FT) 1.00 (Adj) (Adj)	CAP REL MOV EQUIP (SQ FT) 2.00 (Adj) (Adj)	OTHER CAP REL (SQ FT) 3.00 (Adj) (Adj)	STAT 3.01 (Adj) (Adj)	STAT 3.02 (Adj) (Adj)	STAT 3.03 (Adj) (Adj)	STAT 3.04 (Adj) (Adj)	STAT 3.05 (Adj) (Adj)	STAT 3.06 (Adj) (Adj)	STAT 3.07 (Adj) (Adj)	STAT 3.08 (Adj) (Adj)	STAT 3.09 (Adj) (Adj)
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)												
190.00	Gift, Flower, Coffee Shop, & Canteen	963	963										
191.00	Research	1,124	1,124										
192.00	Physicians' Private Offices	4,834	4,834										
194.00	Other Unassigned Costs	4,297	4,297										
194.01	Community Education												
194.02	Foundation	1,131	1,131										
194.03	Public Relations	1,031	1,031										
194.04	Kidscare	18,121	18,121										
194.06	Community Benefit	1,410	1,410										
194.07	Base Station												
194.08	Grants	3,486	3,486										
194.09	Renaissance Imaging Center	8,355	8,355										
194.10	Jazzman's Coffee Shop	312	312										
	TOTAL	1,169,054	1,169,054	0	0	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	11,655,389	6,651,884	0	0	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	9.969932	5.689972	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	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	5.06	5.07	5.08		5.00	6.00
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
	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													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General	16,012,560											
6.00	Maintenance and Repairs	96,407										2,785,941	
7.00	Operation of Plant	2,063,154										21,588,292	697,943
8.00	Laundry and Linen Service	161,234										1,409,568	3,052
9.00	Housekeeping	2,577,450										4,642,121	5,154
10.00	Dietary	851,042										2,516,293	6,883
11.00	Cafeteria	1,072,639										2,183,046	6,088
12.00	Maintenance of Personnel											0	
13.00	Nursing Administration	4,696,110										7,179,668	9,808
14.00	Central Services and Supply	1,005,975										2,329,027	8,440
15.00	Pharmacy	3,826,960										5,231,200	3,804
16.00	Medical Records & Library	2,485,633										4,835,866	4,555
17.00	Social Service	403,962										554,710	313
18.00	Rehab Administration	98,884										290,801	1,088
19.00	Nonphysician Anesthetists											0	
20.00	Nursing School											0	
21.00	Intern & Res. Service-Salary & Fringes (Approved)	1,361,066										1,075,170	4,320
22.00	Intern & Res. Other Program Costs (Approved)											561,764	
23.00	Paramedical Ed. Program (specify)											0	
23.01												0	
23.02												0	
	INPATIENT ROUTINE COST CENTERS											0	
30.00	Adults & Pediatrics (Gen Routine)	31,705,825										45,361,076	102,093
31.00	Intensive Care Unit	9,334,147										14,963,282	16,783
31.01	Neonatal Intensive Care Unit	5,367,758										7,469,201	3,227
34.01	Pediatric Intensive Care	2,013,549										3,186,970	5,381
34.02	Surgical Intensive Care Unit											0	
35.00	Other Special Care (specify)											0	
40.00	Subprovider - IPF	5,025,693										7,003,057	14,178
41.00	Subprovider - IRF	3,837,168										5,416,418	17,272
42.00	Subprovider (specify)											0	
43.00	Nursery	1,075,374										1,587,573	
44.00	Skilled Nursing Facility											0	
45.00	Nursing Facility											0	
46.00	Other Long Term Care											0	
47.00												0	

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	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	5.06	5.07	5.08		5.00	6.00
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)			(Adj)
	ANCILLARY COST CENTERS											0	
50.00	Operating Room	7,287,179										14,707,392	26,030
51.00	Recovery Room	2,601,909										3,716,282	10,015
52.00	Labor Room and Delivery Room	3,783,253										5,307,148	
53.00	Anesthesiology											0	
54.00	Radiology-Diagnostic	5,437,222										8,253,305	20,083
55.00	Radiology-Therapeutic	772,715										2,202,671	11,133
56.00	Radioisotope											0	
57.00	Computed Tomography (CT) Scan											0	
58.00	Magnetic Resonance Imaging (MRI)											0	
59.00	Cardiac Catheterization											0	
60.00	Laboratory	6,248,852										19,101,006	12,835
61.00	PBP Clinical Laboratory Services-Program Only											0	
62.00	Whole Blood & Packed Red Blood Cells											0	
63.00	Blood Storing, Processing, & Trans.											0	
64.00	Intravenous Therapy											0	
65.00	Respiratory Therapy	5,518,809										7,536,454	824
66.00	Physical Therapy	2,489,624										3,500,898	9,285
67.00	Occupational Therapy	1,096,269										1,553,265	2,128
68.00	Speech Pathology	392,427										523,897	582
69.00	Electrocardiology	2,214,855										3,500,630	4,536
70.00	Electroencephalography	222,764										335,424	
71.00	Medical Supplies Charged to Patients											14,736,887	
72.00	Implantable Devices Charged to Patients											11,663,919	
73.00	Drugs Charged to Patients											6,233,758	
74.00	Renal Dialysis	1,216,573										1,706,324	1,725
75.00	ASC (Non-Distinct Part)											0	
76.00	Laboratory Pathology	210,471										1,314,122	3,647
76.01	Rehab Psych	260,932										362,095	751
76.02	GI Lab	570,713										917,412	2,737
76.04	Sleep Disorder	195,157										329,294	868
76.05	Bariatric Program	171,092										413,085	1,230
76.06	OP Partial Psych	336,226										633,809	10,477
76.97	Cardiac Rehabilitation	85,491										117,161	150
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	300,634										2,376,347	947
90.01	Head Trauma	423,917										605,737	1,678
90.02	Gamma Knife	112,874										530,997	1,921
91.00	Emergency	6,541,898										6,835,663	18,338
92.00	Observation Beds											0	
117.00	Family Practice	1,567,236										2,642,755	9,614
93.03												0	
93.04												0	
93.05												0	
	NONREIMBURSABLE COST CENTERS											0	
94.00	Home Program Dialysis											0	
95.00	Ambulance Services											0	
96.00	Durable Medical Equipment-Rented											0	
97.00	Durable Medical Equipment-Sold											0	
98.00	Other Reimbursable (specify)											0	
99.00	Outpatient Rehabilitation Provider (specify)											0	
100.00	Intern-Resident Service (not appvd. tchng. prgm.)											0	
101.00	Home Health Agency											0	

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		EMP BENE (GROSS SALARIES) 4.00 (Adj) (Adj)	STAT 5.01 (Adj) (Adj)	STAT 5.02 (Adj) (Adj)	STAT 5.03 (Adj) (Adj)	STAT 5.04 (Adj) (Adj)	STAT 5.05 (Adj) (Adj)	STAT 5.06 (Adj) (Adj)	STAT 5.07 (Adj) (Adj)	STAT 5.08 (Adj) (Adj)	RECON-CILIATION	ADM & GEN (ACCUM COST) 5.00	MANT & REPAIRS (SQ FT) 6.00 (Adj) (Adj)
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	
190.00	Gift, Flower, Coffee Shop, & Canteen	71,104										343,591	963
191.00	Research	312,869										578,048	1,124
192.00	Physicians' Private Offices	20,156										256,537	4,834
194.00	Other Unassigned Costs											369,562	4,297
194.01	Community Education	305,018										423,274	
194.02	Foundation	95										32,900	1,131
194.03	Public Relations	392,916										1,334,895	1,031
194.04	Kidscare	111,625										476,796	18,121
194.06	Community Benefit	195,244										294,267	1,410
194.07	Base Station	501,528										663,798	
194.08	Grants	1,047,098										2,556,417	3,486
194.09	Renaissance Imaging Center	55,643										333,416	8,355
194.10	Jazzman's Coffee Shop	195,276										331,618	312
	TOTAL	148,340,254	0	0	0	0	0	0	0	0		271,823,898	1,106,980
	COST TO BE ALLOCATED	43,586,473	0	0	0	0	0	0	0	0		48,375,359	3,281,743
	UNIT COST MULTIPLIER - SCH 8	0.293828	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000		0.177966	2.964591

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (SQ FT)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	MANT OF PERSONNEL	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CSTD REQUIS)	PHARMACY (COST REQUIS)	MED REC (GROSS REVENUE)	SOC SERV (TIME SPENT)	RAHB ADM (GROSS REVENUE)
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	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													
5.02													
5.03													
5.04													
5.05													
5.06													
5.07													
5.08													
5.00	Administrative and General												
6.00	Maintenance and Repairs												
7.00	Operation of Plant												
8.00	Laundry and Linen Service	3,052											
9.00	Housekeeping	5,154	26,621										
10.00	Dietary	6,883	29,107	6,883									
11.00	Cafeteria	6,088		6,088	211,627								
12.00	Maintenance of Personnel												
13.00	Nursing Administration	9,808	111	9,808		105,307							
14.00	Central Services and Supply	8,440		8,440		80,234							
15.00	Pharmacy	3,804		3,804		82,630							
16.00	Medical Records & Library	4,555		4,555		78,225			389				
17.00	Social Service	313		313		9,752							
18.00	Rehab Administration	1,088	2,986	1,088		3,720			740			52,743	
19.00	Nonphysician Anesthetists												
20.00	Nursing School												
21.00	Intern & Res. Service-Salary & Fringes (Approved)	4,320	18,841	4,320		49,597							
22.00	Intern & Res. Other Program Costs (Approved)												
23.00	Paramedical Ed. Program (specify)												
23.01													
23.02													
	INPATIENT ROUTINE COST CENTERS												
30.00	Adults & Pediatrics (Gen Routine)	102,093	781,549	102,093	136,833	570,427		694,367	1,367,990	629	262,264,168	30,723	
31.00	Intensive Care Unit	16,783	92,423	16,783	8,578	150,225		190,576	917,109	8	76,925,795	11,107	
31.01	Neonatal Intensive Care Unit	3,227	18,496	3,227		86,419		106,804	244,996	605	65,999,410	7,010	
34.01	Pediatric Intensive Care	5,381	56,826	5,381	12,968	40,594		47,630	90,176	15	18,895,440	3,621	
34.02	Surgical Intensive Care Unit												
35.00	Other Special Care (specify)												
40.00	Subprovider - IPF	14,178	57,294	14,178	29,770	106,707		124,267	17,047	77	40,440,935		
41.00	Subprovider - IRF	17,272	94,856	17,272	16,566	74,794		91,355	107,206	214	31,916,330		
42.00	Subprovider (specify)												
43.00	Nursery		13,351			37,237			19		9,584,100		
44.00	Skilled Nursing Facility												
45.00	Nursing Facility												
46.00	Other Long Term Care												
47.00													

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj) (Adj)	HOUSE-KEEPING (SQ FT) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj) (Adj)	CAFETERIA (PROD HOURS) 11.00 (Adj) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS REVENUE) 16.00 (Adj) (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj) (Adj)	RAHB ADM (GROSS REVENUE) 18.00 (Adj) (Adj)
	ANCILLARY COST CENTERS												
50.00	Operating Room	26,030	137,694	26,030		130,555		165,812	14,907,211	178,794	181,348,635		
51.00	Recovery Room	10,015	52,894	10,015	2,134	43,154		51,032	116,916		20,557,387		
52.00	Labor Room and Delivery Room				4,778	100,740		177,700	441,463	3,005	21,980,640		
53.00	Anesthesiology												
54.00	Radiology-Diagnostic	20,083	96,875	20,083		119,369		135,295	990,161	3,626	225,241,794		
55.00	Radiology-Therapeutic	11,133	32,437	11,133		15,683		17,879	56,094	45	27,589,482		
56.00	Radioisotope												
57.00	Computed Tomography (CT) Scan												
58.00	Magnetic Resonance Imaging (MRI)												
59.00	Cardiac Catheterization												
60.00	Laboratory	12,835	11,695	12,835		136,532		155,426	62,718	19,952	240,429,094		
61.00	PBP Clinical Laboratory Services-Program Only												
62.00	Whole Blood & Packed Red Blood Cells												
63.00	Blood Storing, Processing, & Trans.												
64.00	Intravenous Therapy												
65.00	Respiratory Therapy	824		824		116,042		133,844	144,119		50,738,689		
66.00	Physical Therapy	9,285	23,308	9,285		51,040		59,578	8,020	51	13,041,020		13,041,020
67.00	Occupational Therapy	2,128	2,274	2,128		22,669		26,190	4,931		5,567,315		5,567,315
68.00	Speech Pathology	582		582		7,287		8,166	1,524		2,223,760		2,223,760
69.00	Electrocardiology	4,536	8,459	4,536		37,704		43,405	1,788,963		72,065,457		
70.00	Electroencephalography		26,730			3,036		3,869	9,206		1,856,129		
71.00	Medical Supplies Charged to Patients								14,774,554		97,931,558		
72.00	Implantable Devices Charged to Patients								11,663,919		22,991,798		
73.00	Drugs Charged to Patients								317,568	5,842,446	101,906,069		
74.00	Renal Dialysis	1,725		1,725		17,311		20,599	106,016	22,268	5,111,338		
75.00	ASC (Non-Distinct Part)												
76.00	Laboratory Pathology	3,647		3,647		7,581		8,531	14,365		4,745,717		
76.01	Rehab Psych	751		751		5,594		6,449			623,724		
76.02	GI Lab	2,737	21,127	2,737		7,135		12,316	321,081		6,989,359		
76.04	Sleep Disorder	868		868		4,426		5,259	6,325		2,229,948		
76.05	Bariatric Program	1,230		1,230		4,100		4,393	2,258	1	833,106		
76.06	OP Partial Psych	10,477		10,477		8,439		9,231	853		3,287,956		
76.97	Cardiac Rehabilitation	150	17,817	150		2,246		3,470			192,770		
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	947	6,599	947		16,793		18,146	12,107	1,546,537	4,569,983		
90.01	Head Trauma	1,678		1,678		9,165		10,710	736		2,454,556		2,604,556
90.02	Gamma Knife	1,921	2,898	1,921		2,339		2,458	927		3,231,957		
91.00	Emergency	18,338	128,377	18,338		132,999		160,522	500,172	1,654	85,754,540	282	
92.00	Observation Beds												
117.00	Family Practice	9,614		9,614		20,305							
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. tchng. prgm.)												
101.00	Home Health Agency												

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		OPER PLANT (SQ FT) 7.00 (Adj) (Adj)	LAUNDRY & LINEN (LB LNDRY) 8.00 (Adj) (Adj)	HOUSE-KEEPING (SQ FT) 9.00 (Adj) (Adj)	DIETARY (MEALS SERVED) 10.00 (Adj) (Adj)	CAFETERIA (PROD HOURS) 11.00 (Adj) (Adj)	MANT OF PERSONNEL 12.00 (Adj) (Adj)	NURSING ADMIN (NURSE HR) 13.00 (Adj) (Adj)	CENT SERV & SUPPLY (CSTD REQUIS) 14.00 (Adj) (Adj)	PHARMACY (COST REQUIS) 15.00 (Adj) (Adj)	MED REC (GROSS REVENUE) 16.00 (Adj) (Adj)	SOC SERV (TIME SPENT) 17.00 (Adj) (Adj)	RAHB ADM (GROSS REVENUE) 18.00 (Adj) (Adj)
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)												
190.00	Gift, Flower, Coffee Shop, & Canteen	963		963					50				
191.00	Research	1,124		1,124					405				
192.00	Physicians' Private Offices	4,834		4,834									
194.00	Other Unassigned Costs	4,297		4,297									
194.01	Community Education					7,136							
194.02	Foundation	1,131		1,131									
194.03	Public Relations	1,031		1,031		5,445			16				
194.04	Kidscare	18,121	6,844	18,121		4,605		5,205	4,197				
194.06	Community Benefit	1,410		1,410		3,712							
194.07	Base Station					9,429			5,106	2			
194.08	Grants	3,486		3,486		8,774			828				
194.09	Renaissance Imaging Center	8,355		8,355									
194.10	Jazzman's Coffee Shop	312		312		12,805							
	TOTAL	409,037	1,768,489	400,831	423,254	2,550,018	0	2,500,484	49,008,481	7,619,929	1,711,519,959	105,486	23,436,651
	COST TO BE ALLOCATED	27,499,385	1,874,656	5,858,260	3,578,705	4,877,225	0	9,490,745	3,612,763	6,642,830	6,232,435	698,626	794,474
	UNIT COST MULTIPLIER - SCH 8	67.229579	1.060032	14.615287	8.455218	1.912624	0.000000	3.795563	0.073717	0.871771	0.003641	6.622930	0.033899

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		NONPHY-SICIAN ANE	NURSING SCHOOL	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
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	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								
5.02								
5.03								
5.04								
5.05								
5.06								
5.07								
5.08								
5.00	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 & Library							
17.00	Social Service							
18.00	Rehab Administration							
19.00	Nonphysician Anesthetists							
20.00	Nursing School							
21.00	Intern & Res. Service-Salary & Fringes (Approved)							
22.00	Intern & Res. Other Program Costs (Approved)							
23.00	Paramedical Ed. Program (specify)							
23.01								
23.02								
	INPATIENT ROUTINE COST CENTERS							
30.00	Adults & Pediatrics (Gen Routine)			1,354,006	97,298			
31.00	Intensive Care Unit							
31.01	Neonatal Intensive Care Unit							
34.01	Pediatric Intensive Care							
34.02	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							
45.00	Nursing Facility							
46.00	Other Long Term Care							
47.00								

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		NONPHY-SICIAN ANE	NURSING SCHOOL	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
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
	ANCILLARY COST CENTERS							
50.00	Operating Room							
51.00	Recovery Room							
52.00	Labor Room and Delivery Room							
53.00	Anesthesiology							
54.00	Radiology-Diagnostic							
55.00	Radiology-Therapeutic							
56.00	Radioisotope							
57.00	Computed Tomography (CT) Scan							
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 & Packed Red Blood Cells							
63.00	Blood Storing, Processing, & 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	Laboratory Pathology							
76.01	Rehab Psych							
76.02	GI Lab							
76.04	Sleep Disorder							
76.05	Bariatric Program							
76.06	OP Partial Psych							
76.97	Cardiac Rehabilitation							
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							
90.01	Head Trauma							
90.02	Gamma Knife							
91.00	Emergency							
92.00	Observation Beds							
117.00	Family Practice							
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. tchng. prgm.)							
101.00	Home Health Agency							

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		NONPHY-SICIAN ANE	NURSING SCHOOL	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
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
		(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
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)							
190.00	Gift, Flower, Coffee Shop, & Canteen							
191.00	Research							
192.00	Physicians' Private Offices							
194.00	Other Unassigned Costs							
194.01	Community Education							
194.02	Foundation							
194.03	Public Relations							
194.04	Kidscare							
194.06	Community Benefit							
194.07	Base Station							
194.08	Grants							
194.09	Renaissance Imaging Center							
194.10	Jazzman's Coffee Shop							
	TOTAL	0	0	1,354,006	97,298	0	0	0
	COST TO BE ALLOCATED	0	0	1,747,722	661,739	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	1.290779	6.801155	0.000000	0.000000	0.000000

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related Costs-Buildings and Fixtures	$ 7,182,786	$ 4,472,603	$ 11,655,389
2.00	Capital Related Costs-Movable Equipment	6,651,884	0	6,651,884
3.00	Other Capital Related Costs	0	0	0
3.01		0	0	0
3.02		0	0	0
3.03		0	0	0
3.04		0	0	0
3.05		0	0	0
3.06		0	0	0
3.07		0	0	0
3.08		0	0	0
3.09		0	0	0
4.00	Employee Benefits	44,447,323	(943,362)	43,503,961
5.01		0	0	0
5.02		0	0	0
5.03		0	0	0
5.04		0	0	0
5.05		0	0	0
5.06		0	0	0
5.07		0	0	0
5.08		0	0	0
5.00	Administrative and General	52,114,748	(9,177,472)	42,937,276
6.00	Maintenance and Repairs	2,601,203	0	2,601,203
7.00	Operation of Plant	10,052,360	0	10,052,360
8.00	Laundry and Linen Service	1,314,399	0	1,314,399
9.00	Housekeeping	3,804,084	0	3,804,084
10.00	Dietary	2,158,446	0	2,158,446
11.00	Cafeteria	1,772,537	0	1,772,537
12.00	Maintenance of Personnel	0	0	0
13.00	Nursing Administration	5,646,229	0	5,646,229
14.00	Central Services and Supply	1,901,274	0	1,901,274
15.00	Pharmacy	4,047,163	0	4,047,163
16.00	Medical Records & Library	4,034,187	0	4,034,187
17.00	Social Service	431,113	0	431,113
18.00	Rehab Administration	244,708	0	244,708
19.00	Nonphysician Anesthetists	0	0	0
20.00	Nursing School	0	0	0
21.00	Intern & Res. Service-Salary & Fringes (Approved)	607,600	0	607,600
22.00	Intern & Res. Other Program Costs (Approved)	561,764	0	561,764
23.00	Paramedical Ed. Program (specify)	0	0	0
23.01		0	0	0
23.02		0	0	0
	INPATIENT ROUTINE COST CENTERS			
30.00	Adults & Pediatrics (Gen Routine)	34,446,260	0	34,446,260
31.00	Intensive Care Unit	11,957,831	0	11,957,831
31.01	Neonatal Intensive Care Unit	5,841,471	0	5,841,471
34.01	Pediatric Intensive Care	2,511,068	0	2,511,068
34.02	Surgical Intensive Care Unit	0	0	0
35.00	Other Special Care (specify)	0	0	0
40.00	Subprovider - IPF	5,304,343	0	5,304,343
41.00	Subprovider - IRF	4,018,474	0	4,018,474
42.00	Subprovider (specify)	0	0	0
43.00	Nursery	1,271,598	0	1,271,598
44.00	Skilled Nursing Facility	0	0	0
45.00	Nursing Facility	0	0	0
46.00	Other Long Term Care	0	0	0
47.00		0	0	0

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
50.00	Operating Room	$ 12,158,590	$ 0	$ 12,158,590
51.00	Recovery Room	2,794,935	0	2,794,935
52.00	Labor Room and Delivery Room	4,195,524	0	4,195,524
53.00	Anesthesiology	0	0	0
54.00	Radiology-Diagnostic	6,341,201	0	6,341,201
55.00	Radiology-Therapeutic	1,801,284	0	1,801,284
56.00	Radioisotope	0	0	0
57.00	Computed Tomography (CT) Scan	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0
59.00	Cardiac Catheterization	0	0	0
60.00	Laboratory	17,063,925	0	17,063,925
61.00	PBP Clinical Laboratory Services-Program Only	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0
64.00	Intravenous Therapy	0	0	0
65.00	Respiratory Therapy	5,901,971	0	5,901,971
66.00	Physical Therapy	2,623,975	0	2,623,975
67.00	Occupational Therapy	1,197,827	0	1,197,827
68.00	Speech Pathology	399,477	0	399,477
69.00	Electrocardiology	2,778,811	0	2,778,811
70.00	Electroencephalography	269,970	0	269,970
71.00	Medical Supplies Charged to Patients	14,736,887	0	14,736,887
72.00	Implantable Devices Charged to Patients	11,663,919	0	11,663,919
73.00	Drugs Charged to Patients	6,233,758	0	6,233,758
74.00	Renal Dialysis	1,321,848	0	1,321,848
75.00	ASC (Non-Distinct Part)	0	0	0
76.00	Laboratory Pathology	1,195,168	0	1,195,168
76.01	Rehab Psych	273,665	0	273,665
76.02	GI Lab	706,860	0	706,860
76.04	Sleep Disorder	258,359	0	258,359
76.05	Bariatric Program	343,552	0	343,552
76.06	OP Partial Psych	370,948	0	370,948
76.97	Cardiac Rehabilitation	89,692	0	89,692
83.00		0	0	0
84.00		0	0	0
85.00		0	0	0
86.00		0	0	0
87.00		0	0	0
87.01		0	0	0
88.00	Rural Health Clinic (RHC)	0	0	0
89.00	Federally Qualified Health Center (FQHC)	0	0	0
90.00	Clinic	2,273,182	0	2,273,182
90.01	Head Trauma	454,901	0	454,901
90.02	Gamma Knife	467,749	0	467,749
91.00	Emergency	4,626,301	0	4,626,301
92.00	Observation Beds	0	0	0
117.00	Family Practice	2,031,703	0	2,031,703
93.03		0	0	0
93.04		0	0	0
93.05		0	0	0
	SUBTOTAL	$ 319,500,835	$ (5,648,231)	$ 313,852,604
	NONREIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	0	0
95.00	Ambulance Services	0	0	0
96.00	Durable Medical Equipment-Rented	0	0	0
97.00	Durable Medical Equipment-Sold	0	0	0

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended: JUNE 30, 2011

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
98.00	Other Reimbursable (specify)	0	0	0
99.00	Outpatient Rehabilitation Provider (specify)	0	0	0
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0	0	0
101.00	Home Health Agency	0	0	0
105.00	Kidney Acquisition	0	0	0
106.00	Heart Acquisition	0	0	0
107.00	Liver Acquisition	0	0	0
108.00	Lung Acquisition	0	0	0
109.00	Pancreas Acquisition	0	0	0
110.00	Intestinal Acquisition	0	0	0
111.00	Islet Acquisition	0	0	0
112.00	Other Organ Acquisition (specify)	0	0	0
190.00	Gift, Flower, Coffee Shop, & Canteen	307,618	0	307,618
191.00	Research	468,517	0	468,517
192.00	Physicians' Private Offices	174,915	0	174,915
194.00	Other Unassigned Costs	302,271	0	302,271
194.01	Community Education	333,651	0	333,651
194.02	Foundation	15,161	0	15,161
194.03	Public Relations	1,203,300	0	1,203,300
194.04	Kidscare	160,224	0	160,224
194.06	Community Benefit	214,818	0	214,818
194.07	Base Station	516,435	0	516,435
194.08	Grants	2,194,160	0	2,194,160
194.09	Renaissance Imaging Center	186,228	0	186,228
194.10	Jazzman's Coffee Shop	269,355	0	269,355
	SUBTOTAL	$ 6,346,653	$ 0	$ 6,346,653
200	TOTAL	$ 325,847,488	$ (5,648,231)	$ 320,199,257

(To Schedule 8)

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	GENERAL SERVICE COST CENTER													
1.00	Capital Related Costs-Buildings and Fixtures	$4,472,603	4,472,603											
2.00	Capital Related Costs-Movable Equipment	0												
3.00	Other Capital Related Costs	0												
3.01		0												
3.02		0												
3.03		0												
3.04		0												
3.05		0												
3.06		0												
3.07		0												
3.08		0												
3.09		0												
4.00	Employee Benefits	(943,362)	(943,362)											
5.01		0												
5.02		0												
5.03		0												
5.04		0												
5.05		0												
5.06		0												
5.07		0												
5.08		0												
5.00	Administrative and General	(9,177,472)	(9,177,472)											
6.00	Maintenance and Repairs	0												
7.00	Operation of Plant	0												
8.00	Laundry and Linen Service	0												
9.00	Housekeeping	0												
10.00	Dietary	0												
11.00	Cafeteria	0												
12.00	Maintenance of Personnel	0												
13.00	Nursing Administration	0												
14.00	Central Services and Supply	0												
15.00	Pharmacy	0												
16.00	Medical Records & Library	0												
17.00	Social Service	0												
18.00	Rehab Administration	0												
19.00	Nonphysician Anesthetists	0												
20.00	Nursing School	0												
21.00	Intern & Res. Service-Salary & Fringes (Appr	0												
22.00	Intern & Res. Other Program Costs (Approve	0												
23.00	Paramedical Ed. Program (specify)	0												
23.01		0												
23.02		0												
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults & Pediatrics (Gen Routine)	0												
31.00	Intensive Care Unit	0												
31.01	Neonatal Intensive Care Unit	0												
34.01	Pediatric Intensive Care	0												
34.02	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	0												
45.00	Nursing Facility	0												
46.00	Other Long Term Care	0												
47.00		0												

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	ANCILLARY COST CENTERS													
50.00	Operating Room	0												
51.00	Recovery Room	0												
52.00	Labor Room and Delivery Room	0												
53.00	Anesthesiology	0												
54.00	Radiology-Diagnostic	0												
55.00	Radiology-Therapeutic	0												
56.00	Radioisotope	0												
57.00	Computed Tomography (CT) Scan	0												
58.00	Magnetic Resonance Imaging (MRI)	0												
59.00	Cardiac Catheterization	0												
60.00	Laboratory	0												
61.00	PBP Clinical Laboratory Services-Program Only	0												
62.00	Whole Blood & Packed Red Blood Cells	0												
63.00	Blood Storing, Processing, & Trans.	0												
64.00	Intravenous Therapy	0												
65.00	Respiratory Therapy	0												
66.00	Physical Therapy	0												
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	0												
72.00	Implantable Devices Charged to Patients	0												
73.00	Drugs Charged to Patients	0												
74.00	Renal Dialysis	0												
75.00	ASC (Non-Distinct Part)	0												
76.00	Laboratory Pathology	0												
76.01	Rehab Psych	0												
76.02	GI Lab	0												
76.04	Sleep Disorder	0												
76.05	Bariatric Program	0												
76.06	OP Partial Psych	0												
76.97	Cardiac Rehabilitation	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												
90.01	Head Trauma	0												
90.02	Gamma Knife	0												
91.00	Emergency	0												
92.00	Observation Beds	0												
117.00	Family Practice	0												
93.03		0												
93.04		0												
93.05		0												
	NONREIMBURSABLE COST CENTERS													
94.00	Home Program Dialysis	0												
95.00	Ambulance Services	0												
96.00	Durable Medical Equipment-Rented	0												
97.00	Durable Medical Equipment-Sold	0												
98.00	Other Reimbursable (specify)	0												
99.00	Outpatient Rehabilitation Provider (specify)	0												
100.00	Intern-Resident Service (not appvd. tchng. prgm.)	0												
101.00	Home Health Agency	0												

STATE OF CALIFORNIA

ADJUSTMENTS TO REPORTED COSTS

SCHEDULE 10A
Page 1

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 3	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
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												
190.00	Gift, Flower, Coffee Shop, & Canteen	0												
191.00	Research	0												
192.00	Physicians' Private Offices	0												
194.00	Other Unassigned Costs	0												
194.01	Community Education	0												
194.02	Foundation	0												
194.03	Public Relations	0												
194.04	Kidscare	0												
194.06	Community Benefit	0												
194.07	Base Station	0												
194.08	Grants	0												
194.09	Renaissance Imaging Center	0												
194.10	Jazzman's Coffee Shop	0												
200.00	TOTAL	($5,648,231)	(5,648,231)	0	0	0	0	0	0	0	0	0	0	0
		(To Sch 10)												

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	GENERAL SERVICE COST CENTER													
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														
5.02														
5.03														
5.04														
5.05														
5.06														
5.07														
5.08														
5.00	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 & Library													
17.00	Social Service													
18.00	Rehab Administration													
19.00	Nonphysician Anesthetists													
20.00	Nursing School													
21.00	Intern & Res. Service-Salary & Fringes (Appro													
22.00	Intern & Res. Other Program Costs (Approved													
23.00	Paramedical Ed. Program (specify)													
23.01														
23.02														
	INPATIENT ROUTINE COST CENTERS													
30.00	Adults & Pediatrics (Gen Routine)													
31.00	Intensive Care Unit													
31.01	Neonatal Intensive Care Unit													
34.01	Pediatric Intensive Care													
34.02	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													
45.00	Nursing Facility													
46.00	Other Long Term Care													
47.00														

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

		AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	ANCILLARY COST CENTERS													
50.00	Operating Room													
51.00	Recovery Room													
52.00	Labor Room and Delivery Room													
53.00	Anesthesiology													
54.00	Radiology-Diagnostic													
55.00	Radiology-Therapeutic													
56.00	Radioisotope													
57.00	Computed Tomography (CT) Scan													
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 & Packed Red Blood Cells													
63.00	Blood Storing, Processing, & 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	Laboratory Pathology													
76.01	Rehab Psych													
76.02	GI Lab													
76.04	Sleep Disorder													
76.05	Bariatric Program													
76.06	OP Partial Psych													
76.97	Cardiac Rehabilitation													
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													
90.01	Head Trauma													
90.02	Gamma Knife													
91.00	Emergency													
92.00	Observation Beds													
117.00	Family Practice													
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. tchng. prgm.)													
101.00	Home Health Agency													

Provider Name:
NORTHRIDGE HOSPITAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2011

	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
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)													
190.00 Gift, Flower, Coffee Shop, & Canteen													
191.00 Research													
192.00 Physicians' Private Offices													
194.00 Other Unassigned Costs													
194.01 Community Education													
194.02 Foundation													
194.03 Public Relations													
194.04 Kidscare													
194.06 Community Benefit													
194.07 Base Station													
194.08 Grants													
194.09 Renaissance Imaging Center													
194.10 Jazzman's Coffee Shop													
200.00 TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name	Fiscal Period	Provider NPI	Adjustments
NORTHRIDGE HOSPITAL MEDICAL CENTER	JULY 1, 2010 THROUGH JUNE 30, 2011	1417089350	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							RECLASSIFICATIONS OF REPORTED COSTS			
1	8.3	B	I		40.00	26.00	Subprovider - IPF	$10,588,577	($10,588,577)	$0
	8.3	B	I		30.00	26.00	Adults and Pediatrics	71,473,549	10,588,577	82,062,126 *
							To reclassify Subprovider (psychiatric) costs to Adults and Pediatrics after step-down since the unit did not qualify as a separate level of care. 42 CFR 413.20, 413.24, and 413.53(b)(c) CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3, and 2306			
2	8.3	B	I		41.00	26.00	Subprovider - IRF	$8,699,912	($8,699,912)	$0
	8.3	B	I		30.00	26.00	Adults and Pediatrics *	82,062,126	8,699,912	90,762,038
							To reclassify Subprovider (rehabilitation) costs to Adults and Pediatrics after step-down since the unit did not qualify as a separate level of care. 42 CFR 413.20, 413.24, and 413.53(b)(c) CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3, and 2306			

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
NORTHRIDGE HOSPITAL MEDICAL CENTER	JULY 1, 2010 THROUGH JUNE 30, 2011	1417089350	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED COSTS			
3	10A	A			1.00	7	Capital Related Costs - Buildings and Fixtures	$7,182,786	$4,472,603	$11,655,389
	10A	A			4.00	7	Employee Benefits	44,447,323	(943,362)	43,503,961
	10A	A			5.00	7	Administrative and General	52,114,748	(9,177,472)	42,937,276
							To adjust reported home office costs to agree with the Catholic Healthcare West home office audit report for the fiscal period ended June 30, 2011. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304			
4	8.3	B	I		30.00	25.00	Adults and Pediatrics	($2,436,094)	$2,436,094	$0
							To reverse the provider's adjustment of interns and residents expense for proper cost determination. 42 CFR 413.5, 413.20, and 413.24 CMS Pub. 15-1, Section 2120			

Provider Name	Fiscal Period	Provider NPI	Adjustments
NORTHRIDGE HOSPITAL MEDICAL CENTER	JULY 1, 2010 THROUGH JUNE 30, 2011	1417089350	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED PATIENT DAYS				
5	4, Contract 4	D-1	I	XIX	1.00	1	Adults and Pediatrics (Inpatient Days) - Total		60,410	1,741	62,151 *
	4, Contract 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days) - Total		60,410	1,741	62,151 *
	4-2	D-1	I	XIX	1.00	1	Subprovider IRF (Inpatient Days) - Total		1,741	(1,741)	0
	4-2	D-1	I	XIX	4.00	1	Subprovider IRF (Semi-Private Room Days) - Total		1,741	(1,741)	0
							To reclassify sub provider (rehabilitation) total inpatient days to Adults and Pediatrics in conjunction with adjustment 2. 42 CFR 413.20 and 413.50 / CMS Pub. 15-1, Section 2336.1				
6	4, Contract 4	D-1	I	XIX	1.00	1	Adults and Pediatrics (Inpatient Days) - Total	*	62,151	9,417	71,568
	4, Contract 4	D-1	I	XIX	4.00	1	Adults and Pediatrics (Semi-Private Room Days) - Total	*	62,151	9,417	71,568
	4-1	D-1	I	XIX	1.00	1	Subprovider IPF (Inpatient Days) - Total		9,417	(9,417)	0
	4-1	D-1	I	XIX	4.00	1	Subprovider IPF (Semi-Private Room Days) - Total		9,417	(9,417)	0
							To reclassify sub provider (psychiatric) total inpatient days to Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20 and 413.50 / CMS Pub. 15-1, Section 2336.1				

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
NORTHRIDGE HOSPITAL MEDICAL CENTER	JULY 1, 2010 THROUGH JUNE 30, 2011	1417089350	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED TOTAL CHARGES			
7	4, Contract 4	D-1	I	XIX	28.00	1	Adults and Pediatrics (General Inpatient Routine Charges) - Total	$132,402,165	$5,145,035	$137,547,200
	4, Contract 4	D-1	I	XIX	30.00	1	Adults and Pediatrics (Semi-Private Room Charges) - Total	132,402,165	5,145,035	137,547,200
	4-1	D-1	I	XIX	28.00	1	Subprovider (Psychiatric) (General Inpatient Routine Charges) - Total	5,145,035	(5,145,035)	0
	4-1	D-1	I	XIX	30.00	1	Subprovider (Psychiatric) (Semi-Private Room Charges) - Total	5,145,035	(5,145,035)	0
							To reclassify sub provider (psychiatric) general inpatient routine charges to Adults and Pediatrics in conjunction with adjustment 1. 42 CFR 413.20 and 413.50 / CMS Pub. 15-1, Section 2336.1			
8	5, Contract 5	C			72.00	8	Implantable Devices Charged to Patients	$22,991,798	$15,685,288	$38,677,086
	5, Contract 5	C			71.00	8	Medical Supplies Charged to Patients	97,931,558	(15,685,288)	82,246,270
							To reconcile the total revenue to agree with the provider's general ledger and working papers. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

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NORTHRIDGE HOSPITAL MEDICAL CENTER	JULY 1, 2010 THROUGH JUNE 30, 2011	1417089350	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT			
9	4A	Not Reported					Medi-Cal Administrative Days (July 2010 through June 2011)	0	148	148
	4A	Not Reported					Medi-Cal Administrative Day Rate (July 2010 through June 2011)	$0.00	$351.26	$351.26
10	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Diagnostic	$0	$14,425	$14,425
	6	Not Reported					Medi-Cal Ancillary Charges - Radiology - Therapeutic	0	16,373	16,373
	6	Not Reported					Medi-Cal Ancillary Charges - Laboratory	0	78,571	78,571
	6	Not Reported					Medi-Cal Ancillary Charges - Physical Therapy	0	21,846	21,846
	6	Not Reported					Medi-Cal Ancillary Charges - Occupational Therapy	0	8,152	8,152
	6	Not Reported					Medi-Cal Ancillary Charges - Speech Pathology	0	1,805	1,805
	6	Not Reported					Medi-Cal Ancillary Charges - Drugs Charged to Patients	0	68,552	68,552
	6	Not Reported					Medi-Cal Ancillary Charges - Total	0	209,724	209,724
11	2	Not Reported					Medi-Cal Routine Service Charges	$0	$616,610	$616,610
	2	Not Reported					Medi-Cal Ancillary Service Charges	0	209,724	209,724
12	3	Not Reported					Medi-Cal Coinsurance	$0	$2,424	$2,424
	3	Not Reported					Medi-Cal Deductible	0	2,460	2,460
13	1	Not Reported					Medi-Cal Interim Payments	$0	$89,047	$89,047

To adjust Medi-Cal Settlement Data to agree with the following
Fiscal Intermediary Payment Data:
Service Period: July 1, 2010 through June 30, 2011
Payment Period: July 1, 2010 through March 31, 2013
Report Date: April 18, 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
NORTHRIDGE HOSPITAL MEDICAL CENTER	JULY 1, 2010 THROUGH JUNE 30, 2011	1417089350	19

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA - PSYCHIATRIC			
14	4-1	D-1	I	XIX	9.00	1	Medi-Cal Days - Subprovider (Psychiatric) To eliminate Medi-Cal settlement data associated with sub provider since the psychiatric unit did not meet the requirements of a separate cost entity. 42 CFR 413.20, 413.24, and 413.53(b)(c) CMS Pub. 15-1, Sections 2336.1, 2336.2, 2336.3, and 2306	315	(315)	0

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		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT			
15	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	12,893	(3,218)	9,675
	Contract 4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	2,182	146	2,328
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	1,522	373	1,895
	Contract 4A	D-1	II	XIX	43.01	4	Medi-Cal Days - Neonatal Intensive Care	3,375	(199)	3,176
	Contract 4A	D-1	II	XIX	46.01	4	Medi-Cal Days - Pediatric Intensive Care	622	(211)	411
16	Contract 6	D-3		XIX	50.00	2	Medi-Cal Ancillary Charges - Operating Room	$14,883,938	$2,034,739	$16,918,677
	Contract 6	D-3		XIX	51.00	2	Medi-Cal Ancillary Charges - Recovery Room	1,786,708	(553,752)	1,232,956
	Contract 6	D-3		XIX	52.00	2	Medi-Cal Ancillary Charges - Labor Room and Delivery Room	8,885,539	(6,107,854)	2,777,685
	Contract 6	D-3		XIX	54.00	2	Medi-Cal Ancillary Charges - Radiology-Diagnostic	28,480,161	(9,740,407)	18,739,754
	Contract 6	D-3		XIX	55.00	2	Medi-Cal Ancillary Charges - Radiology-Therapeutic	175,095	42,691	217,786
	Contract 6	D-3		XIX	60.00	2	Medi-Cal Ancillary Charges - Laboratory	37,291,274	(4,408,825)	32,882,449
	Contract 6	D-3		XIX	65.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	14,197,707	(6,057,481)	8,140,226
	Contract 6	D-3		XIX	66.00	2	Medi-Cal Ancillary Charges - Physical Therapy	1,165,440	(365,043)	800,397
	Contract 6	D-3		XIX	67.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	559,961	(126,925)	433,036
	Contract 6	D-3		XIX	68.00	2	Medi-Cal Ancillary Charges - Speech Pathology	246,706	(24,214)	222,492
	Contract 6	D-3		XIX	69.00	2	Medi-Cal Ancillary Charges - Electrocardiology	8,809,576	(3,341,623)	5,467,953
	Contract 6	D-3		XIX	70.00	2	Medi-Cal Ancillary Charges - Electroencephalography	653,192	(370,728)	282,464
	Contract 6	D-3		XIX	71.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	9,907,984	(6,649,822)	3,258,162
	Contract 6	D-3		XIX	72.00	2	Medi-Cal Ancillary Charges - Implantable Devices Charged to Patients	0	4,042,024	4,042,024
	Contract 6	D-3		XIX	73.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	19,997,083	(3,828,968)	16,168,115
	Contract 6	D-3		XIX	74.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	872,624	(254,262)	618,362
	Contract 6	D-3		XIX	76.00	2	Medi-Cal Ancillary Charges - Laboratory Pathology	691,871	(360,585)	331,286
	Contract 6	D-3		XIX	76.01	2	Medi-Cal Ancillary Charges - Rehab Psych	15,352	(15,352)	0
	Contract 6	D-3		XIX	76.02	2	Medi-Cal Ancillary Charges - GI Lab	732,874	(269,291)	463,583
	Contract 6	D-3		XIX	76.04	2	Medi-Cal Ancillary Charges - Sleep Disorder	5,603	(5,603)	0
	Contract 6	D-3		XIX	90.00	2	Medi-Cal Ancillary Charges - Clinic	633	(633)	0
	Contract 6	D-3		XIX	91.00	2	Medi-Cal Ancillary Charges - Emergency	10,127,587	(4,507,422)	5,620,165
	Contract 6	D-3		XIX	200.00	2	Medi-Cal Ancillary Charges - Total	159,486,908	(40,869,336)	118,617,572
17	Contract 2	E-3	VII	XIX	8.00	1	Medi-Cal Routine Service Charges	$126,984,603	($23,762,433)	$103,222,170
	Contract 2	E-3	VII	XIX	9.00	1	Medi-Cal Ancillary Service Charges	159,486,908	(40,869,336)	118,617,572

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							ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - CONTRACT			
-Continued from previous page-										
18	Contract 3	E-3	VII	XIX	32.00	1	Medi-Cal Deductible	$0	$69,237	$69,237
	Contract 3	E-3	VII	XIX	33.00	1	Medi-Cal Coinsurance	0	545,104	545,104

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		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							ADJUSTMENT TO OTHER MATTERS			
19	Contract 1	N/A					Medi-Cal Credit Balances To recover outstanding Medi-Cal credit balances. CCR, Title 22, Sections 50761 and 51458.1	$0	$4,922	$4,922