

**REPORT
ON THE
COST REPORT REVIEW**

**CONTRA COSTA REGIONAL MEDICAL CENTER
MARTINEZ, CALIFORNIA
NATIONAL PROVIDER IDENTIFIERS:
1497820203 AND 1356413496**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

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

**Section Chief: Louise Wong
Audit Supervisor: Matthew Moy
Auditor: Gurdip Sohal**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

December 28, 2012

Patrick Godley
Chief Financial Officer
Contra Costa Regional Medical Center
50 Douglas Drive
Martinez, CA 94533

CONTRA COSTA REGIONAL MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER (NPIs): 1497820203 AND 1356413496
FISCAL PERIOD ENDED JUNE 30, 2010

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the data presented in the Summary of Findings represents a proper determination of the allowable costs for the above fiscal period in accordance with Medi-Cal reimbursement principles.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Cost (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (DESIG PUB HOSP Schedules)
4. Audit Adjustments Schedule

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

The audited cost data will be incorporated into the Workbook for purposes of determining final settlement in accordance with the Special Terms and Conditions Funding and Reimbursement Protocol. This final settlement will be determined by the Safety Net Financing Division and transmitted to you under separate cover

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

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

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

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

United States Postal Service (USPS)

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

Courier (UPS, FedEx, etc.)

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

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

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

Original Signed by

Louise Wong, Chief
Audits Section—Richmond
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	SETTLEMENT	COST
1. Medi-Cal Administrative Day Cost (SCHEDULE 1) Provider NPI: 1356413496 Reported		\$ 1,913,826
Net Change		\$ (1,403,715)
Audited Cost		\$ 510,111
2. Subprovider I (SCHEDULE 1-1) Provider NPI: Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider NPI: Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
4. Designated Public Hospital Cost (DESIG PUB SCH 1) Provider NPI: 1497820203 Reported		\$ 50,503,735
Net Change		\$ (6,732,466)
Audited Cost		\$ 43,771,269
Audited Amount Due Provider (State)	\$ 0	
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)	\$ 0	
9. Total Medi-Cal Cost		\$ 44,281,380

SUMMARY OF FINDINGS

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		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)	\$ 0	

COMPUTATION OF MEDI-CAL ADMINISTRATIVE DAY COST

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356413496

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>1,913,826</u>	\$ <u>510,111</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Total Cost	\$ <u><u>1,913,826</u></u>	\$ <u><u>510,111</u></u>
6. Interim Payments (Adj 25)	\$ <u><u>(619,494)</u></u>	\$ <u><u>(702,373)</u></u>
7.	\$ <u> </u>	\$ <u> </u>
8. Duplicate Payments (Adj)	\$ <u>0</u>	\$ <u>0</u>
9.	\$ <u>0</u>	\$ <u>0</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>

(To Summary of Findings)

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

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356413496

REPORTED	AUDITED
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REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3)	\$ <u>1,922,438</u>	\$ <u>523,378</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 23)	\$ <u>2,019,600</u>	\$ <u>2,364,000</u>
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3. Inpatient Ancillary Service Charges (Adj 23)	\$ <u>506,662</u>	\$ <u>564,191</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>2,526,262</u>	\$ <u>2,928,191</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>603,824</u>	\$ <u>2,404,813</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
	(To Schedule 1)	

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICESProvider Name:
CONTRA COSTA REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1356413496

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 205,527	\$ 227,617
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 1,716,911	\$ 295,761
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)	\$ 1,922,438	\$ 523,378
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 1,922,438	\$ 523,378
	(To Schedule 2)	
9. Coinsurance (Adj 24)	\$ (8,612)	\$ (8,034)
10. Patient and Third Party Liability (Adj 24)	\$ 0	\$ (5,233)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 1,913,826	\$ 510,111
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
CONTRA COSTA REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1356413496

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 18)	30,111	37,076
2. Inpatient Days (include private, exclude swing-bed)	30,111	37,076
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 18)	30,111	37,076
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 21)	736	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 25, Col 27)	\$ 70,241,849	\$ 62,784,988
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)	\$ 70,241,849	\$ 62,784,988

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 85,565,067	\$ 101,600,567
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 85,565,067	\$ 101,600,567
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.820917	\$ 0.617959
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)	\$ 2,841.65	\$ 2,740.33
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)	\$ 70,241,849	\$ 62,784,988

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 2,332.76	\$ 1,693.41
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 1,716,911	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 295,761
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,716,911	\$ 295,761

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
CONTRA COSTA REGIONAL MEDICAL CENTERFiscal Period Ended:
JUNE 30, 2010Provider NPI:
1356413496

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,870,123	\$ 1,682,561
2. Total Inpatient Days (Adj)	4,441	4,441
3. Average Per Diem Cost	\$ 871.45	\$ 378.87
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 26, Col 27)	\$ 9,635,536	\$ 7,906,561
7. Total Inpatient Days (Adj)	2,005	2,005
8. Average Per Diem Cost	\$ 4,805.75	\$ 3,943.42
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, 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
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 4,561,221	\$ 4,248,013
17. Total Inpatient Days (Adj)	1,425	1,425
18. Average Per Diem Cost	\$ 3,200.86	\$ 2,981.06
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 29, 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 21)	\$ 0.00	\$ 351.26
27. Medi-Cal Inpatient Days (Adj 21)	0	842
28. Cost Applicable to Medi-Cal	\$ 0	\$ 295,761
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	\$ 295,761

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1356413496

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)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1497820203

	<u>REPORTED</u>	<u>AUDITED</u>
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Desig Pub Hosp Sch 3)	\$ <u>50,503,735</u>	\$ <u>43,771,269</u>
2. Excess Reasonable Cost Over Charges (Desig Pub Hosp Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	<u>N/A</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>50,503,735</u>	\$ <u>43,771,269</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>50,503,735</u>	\$ <u>43,771,269</u>
	(To Summary of Findings)	
9. Interim Payments (Adj 30)	\$ <u>28,620,574</u>	\$ <u>31,423,169</u>
10. Medi-Cal Overpayment (Adj)	\$ <u>0</u>	\$ <u>0</u>
11. Medi-Cal Credit Balances (Adj)	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>0</u>
	(To Summary of Findings)	

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

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1497820203

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Desig Pub Hosp Sch 3)	\$ <u>50,503,735</u>	\$ <u>44,047,938</u>
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CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 28)	\$ <u>42,569,684</u>	\$ <u>45,410,120</u>
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3. Inpatient Ancillary Service Charges (Adj 28)	\$ <u>35,043,215</u>	\$ <u>41,423,321</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>77,612,899</u>	\$ <u>86,833,441</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>27,109,164</u>	\$ <u>42,785,503</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Desig Pub Hosp 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:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1497820203

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Desig Pub Hosp Sch 5)	\$ <u>15,659,286</u>	\$ <u>18,328,391</u>
2. Medi-Cal Inpatient Routine Services (Desig Pub Hosp Sch 4)	\$ <u>34,844,449</u>	\$ <u>25,719,547</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4.	\$ <u>0</u>	\$ <u>0</u>
5.	\$ <u>0</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>50,503,735</u>	\$ <u>44,047,938</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Desig Pub Hosp Sch 7)	(See Desig Pub \$ <u>Hosp Sch 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>50,503,735</u>	\$ <u>44,047,938</u> (To Desig Pub Hosp Sch 2)
9. Coinsurance (Adj 29)	\$ <u>0</u>	\$ <u>(166,686)</u>
10. Patient and Third Party Liability (Adj 29)	\$ <u>0</u>	\$ <u>(109,983)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>50,503,735</u>	\$ <u>43,771,269</u> (To Desig Pub Hosp Sch 1)

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

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1497820203

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj 18)	30,111	37,076
2. Inpatient Days (include private, exclude swing-bed)	<u>30,111</u>	<u>37,076</u>
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 18)	<u>30,111</u>	<u>37,076</u>
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 26)	<u>11,346</u>	<u>12,254</u>

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 25, Col 27)	<u>\$ 70,241,849</u>	<u>\$ 62,784,988</u>
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)	<u>\$ 70,241,849</u>	<u>\$ 62,784,988</u>

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 1)	\$ 85,565,067	\$ 101,600,567
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 1)	\$ 85,565,067	\$ 101,600,567
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.820917	\$ 0.617959
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)	\$ 2,841.65	\$ 2,740.33
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)	<u>\$ 70,241,849</u>	<u>\$ 62,784,988</u>

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 2,332.76	\$ 1,693.41
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	<u>\$ 26,467,495</u>	<u>\$ 20,751,046</u>
40. Cost Applicable to Medi-Cal (Desig Pub Hosp Sch 4A)	\$ 8,376,954	\$ 4,968,501
41. Cost Applicable to Medi-Cal (Desig Pub Hosp Sch 4B)	<u>\$ 0</u>	<u>\$ 0</u>
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	<u>\$ 34,844,449</u>	<u>\$ 25,719,547</u>

(To Desig Pub Hosp Sch 3)

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

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1497820203

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 3,870,123	\$ 1,682,561
2. Total Inpatient Days (Adj)	4,441	4,441
3. Average Per Diem Cost	\$ 871.45	\$ 378.87
4. Medi-Cal Inpatient Days (Adj 26)	3,160	3,598
5. Cost Applicable to Medi-Cal	\$ 2,753,782	\$ 1,363,174
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 9,635,536	\$ 7,906,561
7. Total Inpatient Days (Adj)	2,005	2,005
8. Average Per Diem Cost	\$ 4,805.75	\$ 3,943.42
9. Medi-Cal Inpatient Days (Adj 26)	552	627
10. Cost Applicable to Medi-Cal	\$ 2,652,774	\$ 2,472,524
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, 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
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 4,561,221	\$ 4,248,013
17. Total Inpatient Days (Adj)	1,425	1,425
18. Average Per Diem Cost	\$ 3,200.86	\$ 2,981.06
19. Medi-Cal Inpatient Days (Adj 26)	928	380
20. Cost Applicable to Medi-Cal	\$ 2,970,398	\$ 1,132,803
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, 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)	\$ 8,376,954	\$ 4,968,501

(To Desig Pub Hosp Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

Provider NPI:
1497820203

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 Desig Pub Hosp Sch 4)

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	TRIAL BALANCE	ALLOC	EMPLOYEE	PURCHASING	CASHIERING	OUTPATIENT	ALLOC	ALLOC	ALLOC	ACCUMULATE	ADMINIS-	
	EXPENSES	COST	BENEFITS	DATA	RECEIVING	ACCOUNTS	COST	COST	COST	COST	TRATIVE &	
		4.08	5.00	PROCESSING	& STORES	RECEIVABLE	0.00	6.07	6.08		GENERAL	
				6.01	6.02	6.03	6.04	6.05			6.06	
ANCILLARY COST CENTERS												
37.00	Operating Room	0	288,104	172,612	95,805	138,217	504,854	373,622	0	0	12,739,680	1,452,515
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	284,351	19,518	5,768	33,646	43,083	50	0	0	7,520,278	857,425
40.00	Anesthesiology	0	0	96,402	732	60,825	170,195	105,224	0	0	460,295	52,481
41.00	Radiology - Diagnostic	0	222,749	296,209	24,833	61,953	595,969	588,499	0	0	10,593,735	1,207,845
41.01		0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	18,426	44,895	2,763	30,124	244,223	234,263	0	0	2,080,387	237,195
44.00	Laboratory	0	256,576	3,590,780	88,842	157,020	958,076	862,408	0	0	16,951,655	1,932,744
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	81,619	214,058	3,773	86,577	144,372	38,297	0	0	3,328,216	379,467
50.00	Physical Therapy	0	174,457	467,246	8,877	99,221	282,664	177,378	0	0	6,766,823	771,520
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	0	31,337	190,003	2,761	93,754	350,779	262,921	0	0	2,212,288	252,234
54.00	Electroencephalography	0	0	2,509	77	656	11,964	12,671	0	0	29,708	3,387
55.00	Medical Supplies Charged to Patients	0	0	1,917,809	0	136,766	359,618	210,326	0	0	6,308,391	719,252
56.00	Drugs Charged to Patients	0	0	422,402	0	139,202	451,195	311,074	0	0	6,714,753	765,583
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00	Laboratory - Pathological	0	61,973	87,581	8,475	8,270	75,964	74,469	0	0	1,210,274	137,989
63.60	FQHC	0	458,400	763,335	21,066	0	147,962	168,516	0	0	10,274,763	1,171,478
63.61	FQHC II	0	136,377	150,991	5,329	0	35,773	40,743	0	0	2,153,708	245,555
63.62	FQHC III	0	224,094	384,290	7,777	0	69,738	79,425	0	0	4,087,689	466,058
60.00	Clinic	0	265,290	0	6,128	0	104,843	119,407	0	0	7,613,205	868,020
61.00	Emergency	0	0	0	0	0	0	0	0	0	0	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0
63.63	FQHC IV	0	330,170	554,483	19,955	0	102,515	116,755	0	0	6,704,744	764,442
63.64	FQHC V	0	327,860	531,464	19,721	0	206,681	235,391	0	0	10,008,726	1,141,146
63.65	FQHC VI	0	102,111	161,094	5,713	0	36,993	42,131	0	0	1,787,419	203,793
63.66	FQHC VII	0	21,659	48,801	1,377	0	9,999	11,388	0	0	476,184	54,292
63.68	FQHC IX	0	44,008	89,166	3,704	0	15,812	18,008	0	0	919,029	104,783
63.69	FQHC X	0	460,709	1,090,504	31,889	0	207,961	236,849	0	0	15,751,227	1,795,877
63.70	FQHC XI	0	702,532	425,047	27,822	52,878	368,358	342,491	0	0	13,417,160	1,529,758
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0
99.00	Non-Reimbursable Costs	0	0	0	0	0	0	0	0	0	0	0
100.00	Other County Facilities / EMS / Hospital	0	31,121	346,397	790	0	0	0	0	0	1,470,332	167,640
100.01	Non-Reimbursable Meals	0	0	0	0	0	0	0	0	0	695,902	79,343
100.02		0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	9,316,604	12,481,248	1,104,919	2,514,071	7,309,559	4,662,308	0	0	284,790,797	29,147,218

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	PLANT OPERATIONS 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS													
37.00	Operating Room	593,424	0	66,835	510,306	0	79,185	0	347,181	158,545	248,636	875,995	108,525
38.00	Recovery Room	0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	0	43,429	0	0	71,899	0	372,269	34,869	0	74,755	0
40.00	Anesthesiology	0	0	0	0	0	0	0	0	22,315	0	295,314	0
41.00	Radiology - Diagnostic	723,624	0	56,817	622,270	0	64,029	0	39,386	20,865	308,417	1,034,092	0
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00	Radiology - Therapeutic	0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	58,573	0	0	50,369	0	6,745	0	0	519	59,856	423,763	0
44.00	Laboratory	309,528	0	864	266,174	0	95,612	0	476	154,895	2,674	1,662,401	0
44.01	Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	115,296	0	364	99,147	0	25,292	0	0	1,734	1,738	250,506	0
50.00	Physical Therapy	418,653	0	18,867	360,014	0	59,388	0	73	11,325	166,034	490,462	0
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	95,977	0	1,742	82,534	0	14,786	0	0	2,228	182	608,653	0
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	20,760	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	3,925,351	124,804	623,990	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	5,346,455	782,889	0
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	0	0
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00	Laboratory - Pathological	56,960	0	0	48,982	0	13,668	0	0	2,242	62	131,809	0
63.60	FQHC	0	0	17,291	0	0	0	0	437,493	63,483	207,752	256,736	0
63.61	FQHC II	0	0	2,931	0	0	0	0	88,720	11,770	61,065	62,072	0
63.62	FQHC III	0	0	676	0	0	0	0	186,569	3,743	88,145	121,006	0
60.00	Clinic	248,486	0	25,108	213,682	0	91,428	0	257,217	26,165	55,981	181,919	0
61.00	Emergency	0	0	0	0	0	0	0	0	0	0	0	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
63.63	FQHC IV	576,288	0	3,157	495,571	0	75,797	0	268,035	13,326	241,208	177,878	314,163
63.64	FQHC V	743,512	0	27,551	639,373	0	96,671	0	284,226	38,177	84	358,622	456,961
63.65	FQHC VI	0	0	1,364	0	0	0	0	73,265	3,466	67,185	64,187	0
63.66	FQHC VII	0	0	0	0	0	0	0	9,226	6,781	10,395	17,350	0
63.68	FQHC IX	0	0	21	0	0	0	0	19,274	3,088	10,395	27,435	0
63.69	FQHC X	0	0	24,189	0	0	0	0	522,101	59,392	254,821	360,842	0
63.70	FQHC XI	323,483	0	102,807	278,174	0	182,657	0	692,387	126,627	258,910	639,154	228,481
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0	0	0	0
97.00	Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00	Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00	Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.00	Non-Reimbursable Costs	0	0	0	0	0	0	0	0	0	0	0	0
100.00	Other County Facilities / EMS / Hospital	17,040	0	0	14,654	0	0	0	0	40	0	0	0
100.01	Non-Reimbursable Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.02		0	0	0	0	0	0	0	0	0	0	0	0
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	8,239,530	0	773,039	6,835,213	3,351,109	1,726,707	0	5,911,723	4,991,721	8,276,726	12,683,144	2,044,935

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 20.00	NURSING SCHOOL 21.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00 (Adj 1)	TOTAL COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	17,180,828		17,180,828
38.00 Recovery Room	0	0	0	0	0	0	0	0	0		0
39.00 Delivery Room and Labor Room	0	0	0	0	0	279,625	174,005	0	9,428,553		9,428,553
40.00 Anesthesiology	0	0	0	0	0	0	0	0	830,404		830,404
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	14,671,080		14,671,080
41.01	0	0	0	0	0	0	0	0	0		0
41.02	0	0	0	0	0	0	0	0	0		0
42.00 Radiology - Therapeutic	0	0	0	0	0	0	0	0	0		0
43.00 Radioisotope	0	0	0	0	0	0	0	0	2,917,407		2,917,407
44.00 Laboratory	0	0	0	0	0	0	0	0	21,377,021		21,377,021
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0		0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0		0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0		0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	4,201,759		4,201,759
50.00 Physical Therapy	0	0	0	0	0	0	0	0	9,063,159		9,063,159
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	0		0
52.00 Speech Pathology	0	0	0	0	0	0	0	0	0		0
53.00 Electrocardiology	0	0	0	0	0	26,119	16,253	0	3,312,995		3,312,995
54.00 Electroencephalography	0	0	0	0	0	0	0	0	53,855		53,855
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	11,701,787		11,701,787
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	13,609,680		13,609,680
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0		0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00 Laboratory - Pathological	0	0	0	0	0	0	0	0	1,601,986		1,601,986
63.60 FQHC	0	0	0	0	0	78,356	48,760	0	12,556,112		12,556,112
63.61 FQHC II	0	0	0	0	0	0	0	0	2,625,820		2,625,820
63.62 FQHC III	0	0	0	0	0	0	0	0	4,953,885		4,953,885
60.00 Clinic	0	0	0	0	0	38,410	23,902	0	9,643,523		9,643,523
61.00 Emergency	0	0	0	0	0	0	0	0	0		0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0		0
63.63 FQHC IV	0	0	0	0	0	511,621	318,371	0	10,464,602		10,464,602
63.64 FQHC V	0	0	0	0	0	400,232	249,056	0	14,444,336		14,444,336
63.65 FQHC VI	0	0	0	0	0	0	0	0	2,200,679		2,200,679
63.66 FQHC VII	0	0	0	0	0	0	0	0	574,228		574,228
63.68 FQHC IX	0	0	0	0	0	0	0	0	1,084,026		1,084,026
63.69 FQHC X	0	0	0	0	0	68,370	42,545	0	18,879,362		18,879,362
63.70 FQHC XI	0	0	0	0	0	349,531	217,506	0	18,346,634		18,346,634
NONREIMBURSABLE COST CENTERS											
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0		0
97.00 Research	0	0	0	0	0	0	0	0	0		0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0		0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0		0
99.01	0	0	0	0	0	0	0	0	0		0
99.02	0	0	0	0	0	0	0	0	0		0
99.03	0	0	0	0	0	0	0	0	0		0
99.04	0	0	0	0	0	0	0	0	0		0
99.00 Non-Reimbursable Costs	0	0	0	0	0	0	0	0	0		0
100.00 Other County Facilities / EMS / Hospital	0	0	0	0	0	0	0	0	1,669,707		1,669,707
100.01 Non-Reimbursable Meals	0	0	0	0	0	0	0	0	775,245		775,245
100.02	0	0	0	0	0	0	0	0	0		0
100.03	0	0	0	0	0	0	0	0	0		0
100.04	0	0	0	0	0	0	0	0	0		0
TOTAL	0	0	0	0	0	2,787,799	1,734,788	0	284,790,797	0	284,790,797

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	EMP BENE (GROSS SALARIES)	DATA PROCESSING (NUM DOCS)	PURCH REC SUPPLIES (COSTED REQ)	ADMITTING (GROSS I/P REVENUES)	CASHIERING ACCT REC (GROSS REV)	O/P REG (GROSS O/P REVENUE)	STAT 0.00	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00
GENERAL SERVICE COST CENTERS											
1.00	Old Capital Related Costs - Building and Fixtures										
2.00	Old Capital Related Costs - Movable Equipment										
3.00	New Capital Related Costs - Building and Fixtures										
4.00	New Capital Related Costs - Movable Equipment										
4.01											
4.02											
4.03											
4.04											
4.05											
4.06											
4.07											
4.08											
5.00	Employee Benefits										
6.01	Data Processing	7,650,103									
6.02	Purchasing / Receiving	1,048,119									
6.03	Patient Admitting	1,022,756	145,840								
6.04	Patient Business Office	3,630,933	141,248								
6.05	Outpatient Registration	2,628,296	92,249								
0.00											
6.07											
6.08											
6.06	Administrative and General	12,426,372	823,455								
7.00	Maintenance and Repairs	1,651,900	234,277						7,396,247		
8.00	Operation of Plant								0		
9.00	Laundry and Linen Service								676,666	405	
10.00	Housekeeping	2,739,658	620,162						5,891,680	5,726	
11.00	Dietary	821,612	480,648						2,685,991	4,012	
12.00	Cafeteria	990,612	551,752						1,180,433	4,605	
13.00	Maintenance of Personnel								0		
14.00	Nursing Administration	3,051,176	43,780						5,190,936	770	
15.00	Central Services and Supply	664,960	5,613,818						4,100,712	4,539	
16.00	Pharmacy	2,945,544	5,513,517						6,935,952	5,435	
17.00	Medical Records and Library	4,806,492	256,235						10,847,756	5,631	
18.00	Social Service	1,049,523	10,057						1,807,786	72	
19.00									0		
19.02									0		
19.03									0		
20.00									0		
21.00	Nursing School								0		
22.00	Intern and Resident Service - Salary and Fringes	2,369,064							2,502,479		
23.00	Intern and Resident Service - Other Program		3,717						1,416,700	900	
24.00	Paramedical Education Program								0		
INPATIENT ROUTINE COST CENTERS											
25.00	Adults and Pediatrics	23,040,810	89,879	939,129	90,626,742	90,626,742			32,109,320	36,521	
26.00	Intensive Care Unit	3,438,895	2,163	265,070	14,060,105	14,060,105			5,697,245	3,745	
27.00	Coronary Care Unit								0		
28.00	Neonatal Intensive Care Unit								0		
29.00	Surgical Intensive Care								0		
30.00	Neonatal Intensive Care Unit	2,035,232	3,183	28,943	3,042,280	3,042,280			3,358,981	1,216	
31.00	Subprovider I	5,756,416	15,606	285,775	17,100,422	17,100,422			10,544,960	8,147	
32.00									0		
33.00	Nursery	1,335,741	10,524	39,571	7,115,012	7,115,012			1,023,166	1,676	
34.00	Medicare Certified Nursing Facility								0		
35.00	Distinct Part Nursing Facility								0		
36.00	Adult Subacute Care Unit								0		
36.01	Subacute Care Unit II								0		
36.02	Transitional Care Unit								0		

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	EMP BENE (GROSS SALARIES) 5.00	DATA PROCESSING (NUM DOCS) 6.01	PURCH REC SUPPLIES (COSTED REQ) 6.02	ADMITTING (GROSS I/P REVENUES) 6.03	CASHIERING ACCT REC (GROSS REV) 6.04	O/P REG (GROSS O/P REVENUE) 6.05	STAT 0.00	STAT 6.07	STAT 6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00	
ANCILLARY COST CENTERS												
37.00	Operating Room	5,115,907	50,640	2,168,157	12,888,607	36,803,259	23,914,652			12,739,680	12,502	
38.00	Recovery Room									0		
39.00	Delivery Room and Labor Room	5,049,263	5,726	130,545	3,137,470	3,140,673	3,203			7,520,278		
40.00	Anesthesiology		28,282	16,571	5,671,901	12,407,053	6,735,152			460,295		
41.00	Radiology - Diagnostic	3,955,386	86,900	561,992	5,777,049	43,445,422	37,668,373			10,593,735	15,245	
41.01										0		
41.02										0		
42.00	Radiology - Therapeutic									0		
43.00	Radioisotope	327,194	13,171	62,539	2,809,010	17,803,591	14,994,581			2,080,387	1,234	
44.00	Laboratory	4,556,045	1,053,443	2,010,584	14,641,979	69,842,622	55,200,643			16,951,655	6,521	
44.01	Pathological Lab									0		
46.00	Whole Blood									0		
47.00	Blood Storing and Processing									0		
48.00	Intravenous Therapy									0		
49.00	Respiratory Therapy	1,449,317	62,799	85,377	8,073,237	10,524,554	2,451,317			3,328,216	2,429	
50.00	Physical Therapy	3,097,857	137,078	200,884	9,252,297	20,605,844	11,353,547			6,766,823	8,820	
51.00	Occupational Therapy									0		
52.00	Speech Pathology									0		
53.00	Electrocardiology	556,463	55,742	62,494	8,742,480	25,571,412	16,828,932			2,212,288	2,022	
54.00	Electroencephalography		736	1,737	61,154	872,188	811,034			29,708		
55.00	Medical Supplies Charged to Patients		562,636		12,753,306	26,215,758	13,462,452			6,308,391		
56.00	Drugs Charged to Patients		123,922		12,980,489	32,891,597	19,911,108			6,714,753		
57.00	Renal Dialysis									0		
58.00	ASC (Non-Distinct Part)									0		
59.00	Laboratory - Pathological	1,100,461	25,694	191,801	771,137	5,537,713	4,766,576			1,210,274	1,200	
63.60	FQHC	8,139,868	223,943	476,749		10,786,267	10,786,267			10,274,763		
63.61	FQHC II	2,421,667	44,297	120,590		2,607,839	2,607,839			2,153,708		
63.62	FQHC III	3,979,273	112,741	175,990		5,083,828	5,083,828			4,087,689		
60.00	Clinic	4,710,784		138,677		7,642,966	7,642,966			7,613,205	5,235	
61.00	Emergency									0		
62.00	Observation Beds									0		
63.63	FQHC IV	5,862,871	162,671	451,598		7,473,192	7,473,192			6,704,744	12,141	
63.64	FQHC V	5,821,847	155,918	446,297		15,066,816	15,066,816			10,008,726	15,664	
63.65	FQHC VI	1,813,193	47,261	129,299		2,696,715	2,696,715			1,787,419		
63.66	FQHC VIII	384,605	14,317	31,174		728,942	728,942			476,184		
63.68	FQHC IX	781,457	26,159	83,816		1,152,645	1,152,645			919,029		
63.69	FQHC X	8,180,863	319,926	721,672		15,160,093	15,160,093			15,751,227		
63.70	FQGC XI	12,474,939	124,698	629,645	4,930,814	26,852,835	21,922,021			13,417,160	6,815	
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen									0		
97.00	Research									0		
98.00	Physicians' Private Office									0		
99.00	Nonpaid Workers									0		
99.01										0		
99.02										0		
99.03										0		
99.04										0		
99.00	Non-Reimbursable Costs									0		
100.00	Other County Facilities / EMS / Hospital	552,623	101,624	17,885						1,470,332	359	
100.01	Non-Reimbursable Meals									695,902		
100.02										0		
100.03										0		
100.04										0		
	TOTAL	165,436,097	3,661,679	25,005,316	234,435,491	532,858,385	298,422,894	0	0	0	255,643,579	173,587
	COST TO BE ALLOCATED	9,316,604	12,481,248	1,104,919	2,514,071	7,309,559	4,662,308	0	0	0	29,147,218	8,239,530
	UNIT COST MULTIPLIER - SCH 8	0.056315	3.408613	0.044187	0.010724	0.013718	0.015623	0.000000	0.000000	0.000000	0.114015	47.466286

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	PLANT OPERATIONS (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE- KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (MEALS SERVED) 12.00	MAINT OF PERSONNEL (# HOUSED) 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS REVENUES) 17.00	SOC SERV (TIME SPENT) 18.00	STAT 19.00
ANCILLARY COST CENTERS												
37.00	Operating Room		12,502		82,321		75,905	148,792	250,702	36,803,259	5,307	
38.00	Recovery Room	103,658										
39.00	Delivery Room and Labor Room	67,356			74,746		81,390	32,724		3,140,673		
40.00	Anesthesiology							20,942		12,407,053		
41.00	Radiology - Diagnostic	88,120	15,245		66,565		8,611	19,581	310,980	43,445,422		
41.01												
41.02												
42.00	Radiology - Therapeutic											
43.00	Radioisotope		1,234		7,012			487	60,353	17,803,591		
44.00	Laboratory	1,340	6,521		99,398		104	145,366	2,696	69,842,622		
44.01	Pathological Lab											
46.00	Whole Blood											
47.00	Blood Storing and Processing											
48.00	Intravenous Therapy											
49.00	Respiratory Therapy	565	2,429		26,294			1,627	1,752	10,524,554		
50.00	Physical Therapy	29,262	8,820		61,740		16	10,628	167,414	20,605,844		
51.00	Occupational Therapy											
52.00	Speech Pathology											
53.00	Electrocardiology	2,701	2,022		15,371			2,091	184	25,571,412		
54.00	Electroencephalography									872,188		
55.00	Medical Supplies Charged to Patients							3,683,872	125,841	26,215,758		
56.00	Drugs Charged to Patients								5,390,879	32,891,597		
57.00	Renal Dialysis											
58.00	ASC (Non-Distinct Part)											
59.00	Laboratory - Pathological		1,200		14,209			2,104	63	5,537,713		
63.60	FQHC	26,818					95,650	59,578	209,478	10,786,267		
63.61	FQHC II	4,546					19,397	11,046	61,572	2,607,839		
63.62	FQHC III	1,048					40,790	3,513	88,877	5,083,828		
60.00	Clinic	38,942	5,235		95,049		56,236	24,555	56,446	7,642,966		
61.00	Emergency											
62.00	Observation Beds											
63.63	FQHC IV	4,897	12,141		78,799		58,601	12,506	243,212	7,473,192	15,363	
63.64	FQHC V	42,730	15,664		100,499		62,141	35,828	85	15,066,816	22,346	
63.65	FQHC VI	2,116					16,018	3,253	67,743	2,696,715		
63.66	FQHC VII						2,017	6,364	10,481	728,942		
63.68	FQHC IX	33					4,214	2,898	10,481	1,152,645		
63.69	FQHC X	37,516					114,148	55,738	256,938	15,160,093		
63.70	FQHC XI	159,448	6,815		189,890		151,378	118,837	261,061	26,852,835	11,173	
NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen											
97.00	Research											
98.00	Physicians' Private Office											
99.00	Nonpaid Workers											
99.01												
99.02												
99.03												
99.04												
99.00	Non-Reimbursable Costs											
100.00	Other County Facilities / EMS / Hospital		359					38				
100.01	Non-Reimbursable Meals											
100.02												
100.03												
100.04												
TOTAL	0	1,198,945	167,456	129,945	1,795,084	0	1,292,493	4,684,641	8,345,497	532,858,385	100,000	0
COST TO BE ALLOCATED	0	773,039	6,835,213	3,351,109	1,726,707	0	5,911,723	4,991,721	8,276,726	12,683,145	2,044,935	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.644766	40.817961	25.788671	0.961909	0.000000	4.573892	1.065550	0.991759	0.023802	20.449348	0.000000

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	Old Capital Related Costs - Building and Fixtures						
2.00	Old Capital Related Costs - Movable Equipment						
3.00	New Capital Related Costs - Building and Fixtures						
4.00	New Capital Related Costs - Movable Equipment						
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00	Employee Benefits						
6.01	Data Processing						
6.02	Purchasing / Receiving						
6.03	Patient Admitting						
6.04	Patient Business Office						
6.05	Outpatient Registration						
0.00							
6.07							
6.08							
6.06	Administrative and General						
7.00	Maintenance and Repairs						
8.00	Operation of Plant						
9.00	Laundry and Linen Service						
10.00	Housekeeping						
11.00	Dietary						
12.00	Cafeteria						
13.00	Maintenance of Personnel						
14.00	Nursing Administration						
15.00	Central Services and Supply						
16.00	Pharmacy						
17.00	Medical Records and Library						
18.00	Social Service						
19.00							
19.02							
19.03							
20.00							
21.00	Nursing School						
22.00	Intern and Resident Service - Salary and Fringes						
23.00	Intern and Resident Service - Other Program						
24.00	Paramedical Education Program						
INPATIENT ROUTINE COST CENTERS							
25.00	Adults and Pediatrics						
26.00	Intensive Care Unit						
27.00	Coronary Care Unit						
28.00	Neonatal Intensive Care Unit						
29.00	Surgical Intensive Care						
30.00	Neonatal Intensive Care Unit						
31.00	Subprovider I						
32.00							
33.00	Nursery						
34.00	Medicare Certified Nursing Facility						
35.00	Distinct Part Nursing Facility						
36.00	Adult Subacute Care Unit						
36.01	Subacute Care Unit II						
36.02	Transitional Care Unit						

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	20.00	21.00	22.00	23.00	24.00
ANCILLARY COST CENTERS							
37.00							
38.00							
39.00							
40.00							
41.00							
41.01							
41.02							
42.00							
43.00							
44.00							
44.01							
46.00							
47.00							
48.00							
49.00							
50.00							
51.00							
52.00							
53.00							
53.00					34	34	
54.00							
55.00							
56.00							
57.00							
58.00							
59.00							
63.60							
63.61					102	102	
63.62							
60.00					50	50	
61.00							
62.00							
63.63					666	666	
63.64					521	521	
63.65							
63.66							
63.68							
63.69					89	89	
63.70					455	455	
NONREIMBURSABLE COST CENTERS							
96.00							
97.00							
98.00							
99.00							
99.01							
99.02							
99.03							
99.04							
99.00							
100.00							
100.01							
100.02							
100.03							
100.04							
TOTAL	0	0	0	0	3,629	3,629	0
COST TO BE ALLOCATED	0	0	0	0	2,787,799	1,734,788	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	768.200366	478.034667	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Capital Related Costs - Building and Fixtures	\$ 10,542	\$ 0	\$ 10,542
2.00	Old Capital Related Costs - Movable Equipment		0	0
3.00	New Capital Related Costs - Building and Fixtures	9,877,381	0	9,877,381
4.00	New Capital Related Costs - Movable Equipment	3,496,064	13,215	3,509,279
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	13,250,554	(3,934,423)	9,316,131
6.01	Data Processing	4,470,775	6,799,957	11,270,732
6.02	Purchasing / Receiving	1,023,599	0	1,023,599
6.03	Patient Admitting	24,133,024	(21,824,689)	2,308,335
6.04	Patient Business Office	7,000,357	0	7,000,357
6.05	Outpatient Registration	4,398,090	(1,659)	4,396,431
			0	0
6.07			0	0
6.08			0	0
6.06	Administrative and General	18,855,939	9,155,910	28,011,849
7.00	Maintenance and Repairs	6,458,913	0	6,458,913
8.00	Operation of Plant		0	0
9.00	Laundry and Linen Service	652,209	0	652,209
10.00	Housekeeping	5,621,766	0	5,621,766
11.00	Dietary	2,609,168	0	2,609,168
12.00	Cafeteria	1,096,438	0	1,096,438
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	4,930,382	0	4,930,382
15.00	Central Services and Supply	3,531,676	0	3,531,676
16.00	Pharmacy	6,180,074	(13,807)	6,166,267
17.00	Medical Records and Library	10,225,467	0	10,225,467
18.00	Social Service	1,743,889	0	1,743,889
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00	Nursing School		0	0
22.00	Intern and Resident Service - Salary and Fringes	2,369,064	0	2,369,064
23.00	Intern and Resident Service - Other Program	1,362,188	0	1,362,188
24.00	Paramedical Education Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics	40,045,671	(14,062,392)	25,983,279
26.00	Intensive Care Unit	5,454,175	(589,837)	4,864,338
27.00	Coronary Care Unit		0	0
28.00	Neonatal Intensive Care Unit		0	0
29.00	Surgical Intensive Care		0	0
30.00	Neonatal Intensive Care Unit	3,237,123	(159,140)	3,077,983
31.00	Subprovider I	10,142,655	(909,661)	9,232,994
32.00			0	0
33.00	Nursery	2,091,879	(1,459,498)	632,381
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
CONTRA COSTA REGIONAL MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 11,832,412	\$ (1,603,801)	\$ 10,228,611
38.00	Recovery Room		0	0
39.00	Delivery Room and Labor Room	3,061,339	4,008,695	7,070,034
40.00	Anesthesiology	2,755,466	(2,728,551)	26,915
41.00	Radiology - Diagnostic	10,102,188	(2,781,256)	7,320,932
41.01			0	0
41.02			0	0
42.00	Radiology - Therapeutic		0	0
43.00	Radioisotope	1,336,473	0	1,336,473
44.00	Laboratory	10,774,320	0	10,774,320
44.01	Pathological Lab		0	0
46.00	Whole Blood		0	0
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	2,675,555	(93,205)	2,582,350
50.00	Physical Therapy	5,551,605	0	5,551,605
51.00	Occupational Therapy		0	0
52.00	Speech Pathology		0	0
53.00	Electrocardiology	1,182,639	(100,576)	1,082,063
54.00	Electroencephalography	1,831	0	1,831
55.00	Medical Supplies Charged to Patients	3,683,872	0	3,683,872
56.00	Drugs Charged to Patients	5,390,879	0	5,390,879
57.00	Renal Dialysis		0	0
58.00	ASC (Non-Distinct Part)		0	0
59.00	Laboratory - Pathological	1,995,163	(1,224,337)	770,826
63.60	FQHC	15,375,399	(6,685,988)	8,689,411
63.61	FQHC II	4,330,442	(2,548,873)	1,781,569
63.62	FQHC III	6,586,222	(3,266,235)	3,319,987
60.00	Clinic	9,373,397	(2,576,130)	6,797,267
61.00	Emergency		0	0
62.00	Observation Beds		0	0
63.63	FQHC IV	9,934,056	(5,445,243)	4,488,813
63.64	FQHC V	15,056,862	(7,431,691)	7,625,171
63.65	FQHC VI	3,155,939	(1,718,446)	1,437,493
63.66	FQHC VII	763,517	(385,434)	378,083
63.68	FQHC IX	1,427,516	(684,430)	743,086
63.69	FQHC X	19,219,908	(5,611,091)	13,608,817
63.70	FQHC XI	19,545,407	(8,485,460)	11,059,947
	SUBTOTAL	\$ 359,381,469	\$ (76,348,076)	\$ 283,033,393
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.00	Non-Reimbursable Costs		0	0
100.00	Other County Facilities / EMS / Hospital	1,068,667	(7,165)	1,061,502
100.01	Non-Reimbursable Meals		695,902	695,902
100.02			0	0
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 1,068,667	\$ 688,737	\$ 1,757,404
101	TOTAL	\$ 360,450,136	\$ (75,659,339)	\$ 284,790,797

(To Schedule 8)

Provider Name							Fiscal Period		Provider NPIs		Adjustments
CONTRA COSTA REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1497820203 / 1356413496		30
Report References							Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>MEMORANDUM ADJUSTMENT</u>											
1							<p>The Subprovider (Psychiatric) cost reported on line 31.00, has been reclassified and will be combined with Adults and Pediatrics, line 25.00, after step-down. This is done in accordance with the following: 42 CFR 413.20, 413.24, and 413.53 CMS Pub. 15-1, Sections 2202.7, 2300, 2304, 2336, and 2404</p> <p>No additional adjustments will be made to reclassify these costs and statistics in the cost report format. However, total days and charges will be reclassified in accordance with the reclassifications noted above.</p>				

Provider Name			Fiscal Period				Provider NPIs		Adjustments	
CONTRA COSTA REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1497820203 / 1356413496		30	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report			Col.					
		Work Sheet	Part	Title	Line					
RECLASSIFICATIONS OF REPORTED COSTS										
2	10A	A			5.00	7	Employee Benefits	\$13,250,554	(\$2,954,198)	\$10,296,356 *
	10A	A			6.06	7	Administrative and General	18,855,939	2,954,198	21,810,137 *
							To reverse the provider's reclassification of departmental employee benefits for proper cost determination. 42 CFR 413.24 CMS Pub. 15-1, Sections 2302.4A, 2300, and 2304			
3	10A	A			6.03	7	Patient Admitting	\$24,133,024	(\$1,252,104)	\$22,880,920 *
	10A	A			6.06	7	Administrative and General	* 21,810,137	1,252,104	23,062,241 *
							To reverse the provider's reclassification to agree with general ledger and for proper cost determination. 42 CFR 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2307A			
4	10A	A			6.03	7	Patient Admitting	* \$22,880,920	(\$13,414,721)	\$9,466,199 *
	10A	A			6.01	7	Data Processing	4,470,775	13,414,721	17,885,496 *
							To reverse the provider's reclassification to agree with general ledger and for proper cost determination. 42 CFR 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2307A			
5	10A	A			6.03	7	Patient Admitting	* \$9,466,199	(\$2,546,153)	\$6,920,046 *
	10A	A			6.06	7	Administrative and General	* 23,062,241	2,546,153	25,608,394 *
							To reverse the provider's reclassification to agree with general ledger and for proper cost determination. 42 CFR 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2307A			
6	10A	A			6.03	7	Patient Admitting	* \$6,920,046	(\$4,577,187)	\$2,342,859 *
	10A	A			6.06	7	Administrative and General	* 25,608,394	4,577,187	30,185,581 *
							To reverse the provider's reclassification to agree with general ledger and for proper cost determination. 42 CFR 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2307A			

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPIs		Adjustments		
CONTRA COSTA REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1497820203 / 1356413496		30		
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>RECLASSIFICATIONS OF REPORTED COSTS</u>											
7	10A	A			6.03	7	Patient Admitting	*	\$2,342,859	(\$34,524)	\$2,308,335
	10A	A			6.06	7	Administrative and General	*	30,185,581	34,524	30,220,105 *
							To reverse the provider's reclassification to agree with general ledger and for proper cost determination. 42 CFR 413.24 CMS Pub. 15-1, Sections 2300, 2304, and 2307A				
8	10A	A			6.06	7	Administrative and General	*	\$30,220,105	(\$688,737)	\$29,531,368 *
	10A	A			100.00	7	Other County Facilities / EMS / Hospital		1,068,667	(7,165)	1,061,502
	10A	A			100.01	7	Non-Reimbursable Meals		0	695,902	695,902
							To reclassify administrative and general costs to agree with the provider's records and for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
9	10A	A			60.00	7	Clinic		\$9,373,397	\$112,170	\$9,485,567 *
	10A	A			63.63	7	FQHC IV		9,934,056	(112,170)	9,821,886 *
							To reclassify clinic costs to agree with the provider's records and proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
10	10A	A			25.00	7	Adults and Pediatrics		\$40,045,671	(\$4,429,606)	\$35,616,065 *
	10A	A			39.00	7	Delivery Room and Labor Room		3,061,339	4,429,606	7,490,945 *
							To reverse the provider's reclassification of delivery and labor room expense for proper cost determination. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2300 and 2304				

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPIs		Adjustments	
CONTRA COSTA REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1497820203 / 1356413496		30	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
11	10A	A			4.00	7	New Capital Related Costs - Movable Equipment	\$3,496,064	\$13,215	\$3,509,279
	10A	A			6.05	7	Outpatient Registration	4,398,090	(1,659)	4,396,431
	10A	A			16.00	7	Pharmacy	6,180,074	(13,807)	6,166,267
	10A	A			49.00	7	Respiratory Therapy	2,675,555	(11,191)	2,664,364 *
	10A	A			53.00	7	Electrocardiology	1,182,639	(20,245)	1,162,394 *
	10A	A			63.69	7	FQHC X	19,219,908	(2,902)	19,217,006 *
							To eliminate the loss from disposing assets after December 1,1997 as these costs are not allowable. 42 CFR § 413.134(f) CMS Pub. 15-1 Sections 130, 132.2, and 132.3			
12	10A	A			6.06	7	Administrative and General	* \$29,531,368	\$769,330	\$30,300,698 *
							To adjust reported home office costs to agree with the Contra Costa County A-87 Audit Report for fiscal period ended June 30, 2010. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2150.2 and 2304			
13	10A	A			5.00	7	Employee Benefits	* \$10,296,356	(\$980,225)	\$9,316,131
	10A	A			6.06	7	Administrative and General	* 30,300,698	(847,612)	29,453,086 *
							To adjust reported County expense as these costs are directly allocated to the hospital books. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			
14	10A	A			6.01	7	Data Processing	* \$17,885,496	(\$6,614,764)	\$11,270,732
	10A	A			6.06	7	Administrative and General	* 29,453,086	(154,454)	29,298,632 *
							To adjust the reported HSD overhead allocation adjustment to agree with the provider's records and prior years. 42 CFR 413.17 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304			

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPIs		Adjustments	
CONTRA COSTA REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1497820203 / 1356413496		30	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
15	10A	A		25.00	7	Adults and Pediatrics	*	\$35,616,065	(\$8,357,810)	\$27,258,255 *
	10A	A		26.00	7	Intensive Care Unit		5,454,175	(589,837)	4,864,338
	10A	A		30.00	7	Neonatal Intensive Care Unit		3,237,123	(159,140)	3,077,983
	10A	A		31.00	7	Subprovider I		10,142,655	(909,661)	9,232,994
	10A	A		33.00	7	Nursery		2,091,879	(1,459,498)	632,381
	10A	A		37.00	7	Operating Room		11,832,412	(1,191,540)	10,640,872 *
	10A	A		39.00	7	Delivery Room and Labor Room	*	7,490,945	(420,911)	7,070,034
	10A	A		40.00	7	Anesthesiology		2,755,466	(2,674,878)	80,588 *
	10A	A		41.00	7	Radiology - Diagnostic		10,102,188	(2,484,796)	7,617,392 *
	10A	A		49.00	7	Respiratory Therapy	*	2,664,364	(82,014)	2,582,350
	10A	A		53.00	7	Electrocardiology	*	1,162,394	(80,331)	1,082,063
	10A	A		59.00	7	Laboratory - Pathological		1,995,163	(1,191,554)	803,609 *
	10A	A		60.00	7	Clinic	*	9,485,567	(140,960)	9,344,607 *
	10A	A		63.60	7	FQHC		15,375,399	(6,660,647)	8,714,752 *
	10A	A		63.61	7	FQHC II		4,330,442	(2,548,873)	1,781,569
	10A	A		63.62	7	FQHC III		6,586,222	(3,266,235)	3,319,987
	10A	A		63.63	7	FQHC IV	*	9,821,886	(5,333,073)	4,488,813
	10A	A		63.64	7	FQHC V		15,056,862	(6,944,664)	8,112,198 *
	10A	A		63.65	7	FQHC VI		3,155,939	(1,718,446)	1,437,493
	10A	A		63.66	7	FQHC VII		763,517	(385,434)	378,083
	10A	A		63.68	7	FQHC IX		1,427,516	(684,430)	743,086
	10A	A		63.69	7	FQHC X	*	19,217,006	(5,533,232)	13,683,774 *
	10A	A		63.70	7	FQHC XI		19,545,407	(7,866,527)	11,678,880 *
							To adjust provider based physician costs to agree with provider's filed Medicare cost report. 42 CFR 413 and 415 CMS Pub. 15-1, Section 2108			

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPIs		Adjustments	
CONTRA COSTA REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1497820203 / 1356413496		30	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENTS TO REPORTED COSTS</u>										
16	10A	A		25.00	7	Adults and Pediatrics	*	\$27,258,255	(\$1,274,976)	\$25,983,279
	10A	A		37.00	7	Operating Room	*	10,640,872	(412,261)	10,228,611
	10A	A		40.00	7	Anesthesiology	*	80,588	(53,673)	26,915
	10A	A		41.00	7	Radiology - Diagnostic	*	7,617,392	(296,460)	7,320,932
	10A	A		59.00	7	Laboratory Pathology	*	803,609	(32,783)	770,826
	10A	A		60.00	7	Clinic	*	9,344,607	(2,547,340)	6,797,267
	10A	A		63.60	7	FQHC	*	8,714,752	(25,341)	8,689,411
	10A	A		63.64	7	FQHC V	*	8,112,198	(487,027)	7,625,171
	10A	A		63.69	7	FQHC X	*	13,683,774	(74,957)	13,608,817
	10A	A		63.70	7	FQHC XI	*	11,678,880	(618,933)	11,059,947
						To adjust physician costs to agree with provider's records. 42 CFR 413 and 415 CMS Pub. 15-1, Section 2108				
17	10A	A		6.06	7	Administrative and General	*	\$29,298,632	(\$1,286,783)	\$28,011,849
						To eliminate the inpatient purchase service expense for proper cost determination. 42 CFR 413 and 415 CMS Pub. 15-1, Sections 2306, 2300, and 2304 OSHDP Instructions 1220 and 1221				

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period		Provider NPIs		Adjustments
CONTRA COSTA REGIONAL MEDICAL CENTER							JULY 1, 2009 THROUGH JUNE 30, 2010		1497820203 / 1356413496		30
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENT TO REPORTED PATIENT DAYS</u>											
18	4, DPH 4	D-1	I	V	1, 4	1	Adults and Pediatrics - Total Inpatient Days	30,111	6,965	37,076	
	N/A	D-1	I	V	1, 4	2	Subprovider	6,965	(6,965)	0	
							To reclassify Subprovider (Psychiatric) total inpatient days to Adults and Pediatrics in conjunction with adjustment number 1. 42 CFR 413.20, 413.24, and 413.50 CMS Pub. 15-1, Sections 2300 and 2336.1				

Provider Name		Fiscal Period					Provider NPIs		Adjustments	
CONTRA COSTA REGIONAL MEDICAL CENTER		JULY 1, 2009 THROUGH JUNE 30, 2010					1497820203 / 1356413496		30	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED TOTAL CHARGES										
19	DPH 5	C	I		37.00	8	Operating Room	\$36,803,259	(\$6,940,583)	\$29,862,676
	DPH 5	C	I		39.00	8	Delivery Room and Labor Room	3,140,673	(2,048,373)	1,092,300 *
	DPH 5	C	I		40.00	8	Anesthesiology	12,407,053	(1,870,555)	10,536,498
	DPH 5	C	I		41.00	8	Radiology - Diagnostic	43,445,422	(15,205,898)	28,239,524
	DPH 5	C	I		43.00	8	Radioisotope	17,803,591	(6,231,257)	11,572,334
	DPH 5	C	I		53.00	8	Electrocardiology	25,571,412	(8,949,994)	16,621,418
	DPH 5	C	I		54.00	8	Electroencephalography	872,188	(444,231)	427,957
	DPH 5	C	I		59.00	8	Laboratory - Pathological	5,537,713	(1,938,199)	3,599,514
	DPH 5	C	I		63.60	8	FQHC	10,786,267	(4,615,459)	6,170,808
	DPH 5	C	I		63.61	8	FQHC II	2,607,839	(1,293,839)	1,314,000
	DPH 5	C	I		63.62	8	FQHC III	5,083,828	(2,609,212)	2,474,616
	DPH 5	C	I		63.63	8	FQHC IV	7,473,192	(3,082,850)	4,390,342
	DPH 5	C	I		63.64	8	FQHC V	15,066,816	(6,213,784)	8,853,032
	DPH 5	C	I		63.65	8	FQHC VI	2,696,715	(1,311,364)	1,385,351
	DPH 5	C	I		63.66	8	FQHC VII	728,942	(333,783)	395,159
	DPH 5	C	I		63.68	8	FQHC IX	1,152,645	(294,258)	858,387
	DPH 5	C	I		63.69	8	FQHC X	15,160,093	(6,152,694)	9,007,399
	DPH 5	C	I		63.70	8	FQHC XI	26,852,835	(9,648,446)	17,204,389
							To adjust provider based physician revenue in conjunction with adjustment number 15. 42 CFR 413 and 415 CMS Pub 15-1, Sections 2108, 2300, and 2304			
20	DPH 5	C	I		25.00	8	Adults and Pediatrics	\$90,626,742	(\$4,544,400)	\$86,082,342
	DPH 5	C	I		39.00	8	Delivery Room and Labor Room	* 1,092,300	4,544,400	5,636,700
							To reclassify the Delivery Room and Labor Room revenues for proper matching of revenues and expense. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2102, 2202.4, 2205.2, 2206, 2300, 2302.6, 2304, and 2306			

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				Provider NPIs		Adjustments	
CONTRA COSTA REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1497820203 / 1356413496		30	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT										
21	4	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	736	(736)	0
	4A	Not Reported					Medi-Cal Administrative Days	0	842	842
	4A	Not Reported					Medi-Cal Administrative Days Rate	\$0.00	\$351.26	\$351.26
22	6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$20,186	(\$1,926)	\$18,260
	6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	1,581	(751)	830
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	103,975	14,279	118,254
	6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	167,948	28,102	196,050
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	212,972	17,825	230,797
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges - Total	506,662	57,529	564,191
23	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$2,019,600	\$344,400	\$2,364,000
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	506,662	57,529	564,191
24	3	E-3	III	XIX	33.00	1	Medi-Cal Patient Liability	\$0	\$5,233	\$5,233
	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	8,612	(578)	8,034
25	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$619,494	\$82,879	\$702,373
<p>To adjust Medi-Cal Administrative Days Data to agree with the following Fiscal Intermediary Payment Data: Report Date: May 31, 2012 Payment Period: July 1, 2009 through April 30, 2012 Service Period: July 1, 2009 through June 30, 2010 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>										

Provider Name			Fiscal Period				Provider NPIs		Adjustments	
CONTRA COSTA REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010				1497820203 / 1356413496		30	
Report References										
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DESIGNATED PUBLIC HOSPITAL										
26	DPH 4	D-1	I	V	9.00	1	Medi-Cal Days - Adults and Pediatrics	11,346	908	12,254
	DPH 4A	D-1	II	V	42.00	4	Medi-Cal Days - Nursery	3,160	438	3,598
	DPH 4A	D-1	II	V	43.00	4	Medi-Cal Days - Intensive Care Unit	552	75	627
	DPH 4A	D-1	II	V	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	928	(548)	380
27	DPH 6	D-4		V	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$5,187,576	\$1,762,066	\$6,949,642
	DPH 6	D-4		V	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	797,400	236,883	1,034,283
	DPH 6	D-4		V	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	2,731,897	478,024	3,209,921
	DPH 6	D-4		V	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	1,308,316	318,452	1,626,768
	DPH 6	D-4		V	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	575,241	665,290	1,240,531
	DPH 6	D-4		V	44.00	2	Medi-Cal Ancillary Charges - Laboratory	5,168,587	2,458,795	7,627,382
	DPH 6	D-4		V	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	2,436,384	(871,077)	1,565,307
	DPH 6	D-4		V	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	3,150,410	(511,958)	2,638,452
	DPH 6	D-4		V	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	1,391,461	(370,655)	1,020,806
	DPH 6	D-4		V	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	9,800	(4,721)	5,079
	DPH 6	D-4		V	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	6,105,441	1,638,876	7,744,317
	DPH 6	D-4		V	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	5,075,919	500,797	5,576,716
	DPH 6	D-4		V	59.00	2	Medi-Cal Ancillary Charges - Laboratory Pathology	207,465	53,147	260,612
	DPH 6	D-4		V	63.70	2	Medi-Cal Ancillary Charges - FQHC XI	897,318	26,188	923,506
	DPH 6	D-4		V	101.00	2	Medi-Cal Ancillary Charges - Total	35,043,215	6,380,106	41,423,321
28	DPH 2	E-3	III	V	10.00	1	Medi-Cal Routine Service Charges	\$42,569,684	\$2,840,436	\$45,410,120
	DPH 2	E-3	III	V	11.00	1	Medi-Cal Ancillary Service Charges	35,043,215	6,380,106	41,423,321
29	DPH 3	E-3	III	V	33.00	1	Medi-Cal Patient Liability	\$0	\$166,686	\$166,686
	DPH 3	E-3	III	V	36.00	1	Medi-Cal Other Coverage	0	109,983	109,983

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Provider Name			Fiscal Period					Provider NPIs		Adjustments
CONTRA COSTA REGIONAL MEDICAL CENTER			JULY 1, 2009 THROUGH JUNE 30, 2010					1497820203 / 1356413496		30
Report References			Explanation of Audit Adjustments					As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DESIGNATED PUBLIC HOSPITAL										
-Continued from previous page-										
30	DPH 1	E-3	III	V	57.00	1	Medi-Cal Interim Payments	\$28,620,574	\$2,802,595	\$31,423,169
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary Payment Data: Report Date: May 31, 2012 Payment Period: July 1, 2009 through April 30, 2012 Service Period: July 1, 2009 through June 30, 2010 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>										