REPORT
ON THE
COST REPORT REVIEW

KAISER FOUNDATION HOSPITALS—SUNSET
LOS ANGELES, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1821143777

FISCAL PERIOD ENDED
DECEMBER 31, 2009

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

Section Chief: Patricia M. Fox
Audit Supervisor: Woosung Lee
Auditor: Michelle L. Moreno

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

July 5, 2012

Administrator
Kaiser Foundation Hospitals—Sunset
4867 Sunset Boulevard
Los Angeles, CA 90027

KAISER FOUNDATION HOSPITALS—SUNSET
NATIONAL PROVIDER IDENTIFIER (NPI) 1821143777
FISCAL PERIOD ENDED DECEMBER 31, 2009

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 settlement for the fiscal period due the State in the amount of $1,801,862 presented in the Summary of Findings represents 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. 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.

Financial Audits Branch/Audits Section—San Diego
7575 Metropolitan Drive, Suite 102, San Diego, CA 92108-4421
(619) 688-3200/(619) 688-3218 fax
Internet Address: www.dhcs.ca.gov

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—San Diego at (619) 688-3200.

Originally Signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

Certified

cc: Jane C. Moore, Manager
Medicare Reimbursement
National Medicare Finance
393 East Walnut Street
Pasadena, CA 91188

SUMMARY OF FINDINGS

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	NPI: 1821143777		
	Reported	$ 1,578,991	
	Net Change	$ (3,380,853)	
	Audited Amount Due Provider (State)	$ (1,801,862)	
2.	**Subprovider I (SCHEDULE 1-1)**		
	NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
3.	**Subprovider II (SCHEDULE 1-2)**		
	NPI:		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
4.	**Medi-Cal Contract Cost (CONTRACT SCH 1)**		
	NPI:		
	Reported		$ 0
	Net Change		$ 0
	Audited Cost		$ 0
	Audited Amount Due Provider (State)	$ 0	
5.	**Distinct Part Nursing Facility (DPNF SCH 1)**		
	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)**		
	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)**		
	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)**	$ (1,801,862)	
9.	**Total Medi-Cal Cost**		$ 0

SUMMARY OF FINDINGS

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
10.	**Subacute (SUBACUTE SCH 1-1)**		
	Provider No.		
	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 No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
12.	**Rural Health Clinic (RHC 95-210 SCH 1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
13.	**Rural Health Clinic (RHC 95-210 SCH 1-1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
14.	**County Medical Services Program (CMSP SCH 1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
15.	**Transitional Care (TC SCH 1)**		
	Provider No.		
	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)**	$ (1,801,862)	

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	$ 3,971,550	$ 3,789,914
2.	Excess Reasonable Cost Over Charges (Schedule 2)	$ 0	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	$ 0	$ N/A
4.		$ 0	$ 0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	$ 3,971,550	$ 3,789,914
6.	Interim Payments (Adj 6)	$ (2,392,559)	$ (5,001,194)
7.	Balance Due Provider (State)	$ 1,578,991	$ (1,211,280)
8.	Late-Billing Reductions (Adjs 8,9)	$ 0	$ (65,651)
9.	AB 5 and AB 1183 Reductions (Adj 1)	$ 0	$ (524,931)
10.		$ 0	$ 0
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	$ 1,578,991	$ (1,801,862)

(To Summary of Findings)

STATE OF CALIFORNIA

SCHEDULE A
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 and AB 1183 - SUMMARY OF REDUCTIONS

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
December 31, 2009

NPI:
1821143777

1.	10% Reduction to Noncontract Services for 07/01/08 Through 9/30/08 (SCHEDULE A-1)	$ 0
2.	Reduction to Noncontract Services for 10/01/08 Through 04/05/09 (SCHEDULE A-2)	188,575
3.	10% Reduction to Noncontract Services for 04/06/09 Through 04/12/11 (SCHEDULE A-3)	336,355
4.	10% Reduction to HFPAs < 3 Hospitals for 07/01/08 Through 04/12/11 (SCHEDULE A-4)	0
5.	10% Reduction to Rural Health Hospitals for 07/01/08 Through 10/31/08 (SCHEDULE A-5)	0
6.	10% Reduction to Rural Health Hospitals for 07/01/09 Through 02/23/10 (SCHEDULE A-6)	0
7.	Total Noncontract AB 5 AND AB 1183 Reductions	$ 524,931

(To Schedule 1, Line 9)

STATE OF CALIFORNIA

SCHEDULE A-1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008 - NONCONTRACT HOSPITALS

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
December 31, 2009

Provider No.
1821143777

Audited Medi-Cal Cost Per Day

1.	Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	$
2.	Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	
3.	Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	
4.	Total Medi-Cal Cost of Covered Services Subject to Reductions(Line 1 - Lines 2 and 3)	$ 0
5.	Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days	
6.	Audited Medi-Cal Cost Per Day (Line 4 / Line 5	$ 0.00

AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 09/30/08

7.	Audited Medi-Cal Days of Service from 07/1/08 through 09/30/08 (excludes Administrative Days	
8.	Audited Medi-Cal Cost For 07/01/08 Through 9/30/08 (Line 6 * Line 7)	$ 0
9.	AB 5 - 10% Cost Reduction for 07/01/08 Through 09/30/08 (Line 8 * 10%	$ 0

(To Schedule A, Line 1)

STATE OF CALIFORNIA

SCHEDULE A-1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
AB 5 - 10% REDUCTION TO SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008 - NONCONTRACT HOSPITALS

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
December 31, 2009

Provider No.
1821143777

Audited Medi-Cal Cost Per Day

1.	Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	$
2.	Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	
3.	Less: Medi-Cal Administrative Ancillary Cost (Schedule A-7)	
4.	Total Medi-Cal Cost of Covered Services Subject to Reductions(Line 1 - Lines 2 and 3)	$ 0
5.	Total Audited Medi-Cal Days (Schedules 4, 4A and 4B, excludes Administrative Days	
6.	Audited Medi-Cal Cost Per Day (Line 4 / Line 5	$ 0.00

AB 5 - 10% Cost Reduction For Services From 07/01/08 Through 09/30/08

7.	Audited Medi-Cal Days of Service from 07/1/08 through 09/30/08 (excludes Administrative Days	
8.	Audited Medi-Cal Cost For 07/01/08 Through 9/30/08 (Line 6 * Line 7)	$ 0
9.	AB 5 - 10% Cost Reduction for 07/01/08 Through 09/30/08 (Line 8 * 10%	$ 0

(To Schedule A, Line 1)

STATE OF CALIFORNIA

SCHEDULE 2
PROGRAM: NONCONTRACT

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

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	$ 3,981,340	$ 3,815,778
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 4)	$ 5,320,823	$ 7,183,711
3. Inpatient Ancillary Service Charges (Adj 4)	$ 81,088	$ 0
4. Total Charges - Medi-Cal Inpatient Services	$ 5,401,911	$ 7,183,711
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	$ 1,420,571	$ 3,367,933
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:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

		REPORTED	AUDITED
1.	Medi-Cal Inpatient Ancillary Services (Schedule 5)	$ 1,569,648	$ 0
2.	Medi-Cal Inpatient Routine Services (Schedule 4)	$ 2,411,692	$ 3,815,778
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)	$ 3,981,340	$ 3,815,778
7.	Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	$ (See Schedule 1)	$ 0
8.	SUBTOTAL	$ 3,981,340	$ 3,815,778
		(To Schedule 2)	
9.	Medi-Cal Coinsurance (Adj 5)	$ (9,790)	$ (14,270)
10.	Medi-Cal Deductibles (Adj 5)	$ 0	$ (11,594)
11.	Net Cost of Covered Services Rendered to Medi-Cal Inpatients	$ 3,971,550	$ 3,789,914
		(To Schedule 1)	

STATE OF CALIFORNIA

SCHEDULE 4
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

GENERAL SERVICE UNIT NET OF SWING-BED COSTS	REPORTED	AUDITED
INPATIENT DAYS		
1. Total Inpatient Days (include private & swing-bed) (Adj)	108,956	108,956
2. Inpatient Days (include private, exclude swing-bed)	108,956	108,956
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	108,956	108,956
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 3)	315	566
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)	$ 138,045,077	$ 138,045,141
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	$ 0	$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	$ 0	$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	$ 0	$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	$ 0	$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 to 25)	$ 0	$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	$ 138,045,077	$ 138,045,141
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	$ 0	$ 0
29. Private Room Charges (excluding swing-bed charges)	$ 0	$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	$ 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)	$ 138,045,077	$ 138,045,141
PROGRAM INPATIENT OPERATING COST		
38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	$ 1,266.98	$ 1,266.98
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	$ 399,099	$ 717,111
40. Cost Applicable to Medi-Cal (Sch 4A)	$ 2,012,593	$ 3,098,667
41. Cost Applicable to Medi-Cal (Sch 4B)	$ 0	$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	$ 2,411,692	$ 3,815,778

(To Schedule 3)

STATE OF CALIFORNIA

SCHEDULE 4A
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	$ 3,667,479	$ 3,667,479
2. Total Inpatient Days (Adj)	4,266	4,266
3. Average Per Diem Cost	$ 859.70	$ 859.70
4. Medi-Cal Inpatient Days (Adj 3)	4	852
5. Cost Applicable to Medi-Cal	$ 3,439	$ 732,464
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	$ 57,397,750	$ 57,397,742
7. Total Inpatient Days (Adj)	8,305	8,305
8. Average Per Diem Cost	$ 6,911.23	$ 6,911.23
9. Medi-Cal Inpatient Days (Adj 3)	109	288
10. Cost Applicable to Medi-Cal	$ 753,324	$ 1,990,434
CORONARY CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	$ 18,646,240	$ 18,646,237
12. Total Inpatient Days (Adj)	5,880	5,880
13. Average Per Diem Cost	$ 3,171.13	$ 3,171.13
14. Medi-Cal Inpatient Days (Adj 3)	42	94
15. Cost Applicable to Medi-Cal	$ 133,187	$ 298,086
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	$ 18,237,922	$ 18,237,920
17. Total Inpatient Days (Adj)	7,278	7,278
18. Average Per Diem Cost	$ 2,505.90	$ 2,505.90
19. Medi-Cal Inpatient Days (Adj 3)	448	31
20. Cost Applicable to Medi-Cal	$ 1,122,643	$ 77,683
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)	$ 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)	$ 2,012,593	$ 3,098,667
	(To Schedule 4)	

STATE OF CALIFORNIA

SCHEDULE 4B
PROGRAM: NONCONTRACT

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

	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)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj 2)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	$ 91,963,371	$ 2,558,319	35.946796	$ 0	$ 0
38.00	Recovery Room	12,832,548	1,969,786	6.514692	0	0
39.00	Delivery Room and Labor Room	11,440,891	970	11794.733167	0	0
40.00	Anesthesiology	8,266,483	2,438,124	3.390510	0	0
41.00	Radiology-Diagnostic	39,405,357	1,481,291	26.602036	0	0
41.01		0	0	0.000000	0	0
42.00	Radiology-Therapeutic	0	0	0.000000	0	0
42.01	Nuclear Medicine	3,477,346	30,813	112.853208	0	0
43.00	Radioisotope	0	0	0.000000	0	0
44.00	Laboratory	38,135,502	5,328,318	7.157137	0	0
44.03	Cardiac Cath Lab	25,815,719	7,023	3675.882025	0	0
46.00	Whole Blood	0	0	0.000000	0	0
47.00	Blood Storing, Processing, and Transfusion	3,709,316	22,830	162.475522	0	0
48.00	Intravenous Therapy	3,919,932	0	0.000000	0	0
49.00	Respiratory Therapy	19,834,519	3,747,662	5.292505	0	0
50.00	Physical Therapy	2,376,639	239,385	9.928105	0	0
51.00	Occupational Therapy	737,737	80,540	9.159882	0	0
52.00	Speech Pathology	352,455	4,404	80.030724	0	0
53.00	Electrocardiology	5,782,859	26,002	222.400562	0	0
54.00	Electroencephalography	0	0	0.000000	0	0
55.00	Medical Supplies Charged to Patients	13,501,226	0	0.000000	0	0
56.00	Drugs Charged to Patients	28,335,366	0	0.000000	0	0
57.00	Renal Dialysis	13,794,818	21,742	634.477869	0	0
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00		0	0	0.000000	0	0
59.01		0	0	0.000000	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01		0	0	0.000000	0	0
61.00	Emergency	32,886,884	69,691	471.895713	0	0
62.00	Observation Beds	0	0	0.000000	0	0
71.00	Home Health Agency	13,898,050	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
93.00	Hospice	7,003,618	0	0.000000	0	0
	TOTAL	$ 377,470,637	$ 18,026,900		$ 0	$ 0

(To Schedule 3)

* From Schedule 8, Column 27

STATE OF CALIFORNIA

SCHEDULE 6
PROGRAM: NONCONTRACT

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 7)	AUDITED
37.00	Operating Room	$ 11,743	$ (11,743)	$ 0
38.00	Recovery Room	10,271	(10,271)	0
39.00	Delivery Room and Labor Room	7	(7)	0
40.00	Anesthesiology	11,233	(11,233)	0
41.00	Radiology-Diagnostic	4,278	(4,278)	0
41.01				0
42.00	Radiology-Therapeutic			0
42.01	Nuclear Medicine	131	(131)	0
43.00	Radioisotope			0
44.00	Laboratory	12,473	(12,473)	0
44.03	Cardiac Cath Lab	48	(48)	0
46.00	Whole Blood			0
47.00	Blood Storing, Processing, and Transfusion	156	(156)	0
48.00	Intravenous Therapy	918	(918)	0
49.00	Respiratory Therapy	25,544	(25,544)	0
50.00	Physical Therapy	1,632	(1,632)	0
51.00	Occupational Therapy	549	(549)	0
52.00	Speech Pathology	30	(30)	0
53.00	Electrocardiology	173	(173)	0
54.00	Electroencephalography			0
55.00	Medical Supplies Charged to Patients	918	(918)	0
56.00	Drugs Charged to Patients	918	(918)	0
57.00	Renal Dialysis			0
58.00	ASC (Non-Distinct Part)			0
59.00				0
59.01				0
59.02				0
59.03				0
60.00	Clinic			0
60.01				0
61.00	Emergency	66	(66)	0
62.00	Observation Beds			0
71.00	Home Health Agency			0
82.00				0
83.00				0
84.00				0
85.00				0
93.00	Hospice			0
TOTAL MEDI-CAL ANCILLARY CHARGES		$ 81,088	$ (81,088)	$ 0

(To Schedule 5)

STATE OF CALIFORNIA

SCHEDULE 7
PROGRAM: NONCONTRACT

COMPUTATION OF PROFESSIONAL COMPONENT OF HOSPITAL BASED PHYSICIAN'S REMUNERATION

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1821143777

	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
40.00	Anesthesiology	$ 0	$ 0	0.000000	$	$ 0
41.00	Radiology - Diagnostic	0	0	0.000000		0
43.00	Radioisotope	0	0	0.000000		0
44.00	Laboratory	0	0	0.000000		0
53.00	Electrocardiology	0	0	0.000000		0
54.00	Electroencephalography	0	0	0.000000		0
61.00	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
		0	0	0.000000		0
		0	0	0.000000		0
	TOTAL	$ 0	$ 0		$ 0	$ 0

(To Schedule 3)

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
	GENERAL SERVICE COST CENTER												
1.00		0											
2.00		0	0										
3.00	New Cap Rel Costs-Building and Fixtures	25,081,783	0	0									
4.00	New Cap Rel Costs-Movable Equipment	11,064,805	0	0	0								
4.01		0	0	0	0	0							
4.02		0	0	0	0	0	0						
4.03		0	0	0	0	0	0	0					
4.04		0	0	0	0	0	0	0	0				
4.05		0	0	0	0	0	0	0	0	0			
4.06		0	0	0	0	0	0	0	0	0	0		
4.07		0	0	0	0	0	0	0	0	0	0	0	
4.08		0	0	0	0	0	0	0	0	0	0	0	0
5.00	Employee Benefits	56,143,240	0	0	0	0	0	0	0	0	0	0	0
6.01		0	0	0	0	0	0	0	0	0	0	0	0
6.02		0	0	0	0	0	0	0	0	0	0	0	0
6.03		0	0	0	0	0	0	0	0	0	0	0	0
6.04		0	0	0	0	0	0	0	0	0	0	0	0
6.05		0	0	0	0	0	0	0	0	0	0	0	0
6.06		0	0	0	0	0	0	0	0	0	0	0	0
6.07		0	0	0	0	0	0	0	0	0	0	0	0
6.08		0	0	0	0	0	0	0	0	0	0	0	0
6.00	Administrative and General	84,230,595	0	0	376,041	566,515	0	0	0	0	0	0	0
7.00	Maintenance and Repairs	640,118	0	0	0	221,126	0	0	0	0	0	0	0
8.00	Operation of Plant	14,947,639	0	0	159,151	1,716,533	0	0	0	0	0	0	0
9.00	Laundry and Linen Service	1,295,965	0	0	11,058	0	0	0	0	0	0	0	0
10.00	Housekeeping	9,330,224	0	0	36,338	51,710	0	0	0	0	0	0	0
11.00	Dietary	2,052,220	0	0	71,441	155,000	0	0	0	0	0	0	0
12.00	Cafeteria	2,431,816	0	0	0	1,047	0	0	0	0	0	0	0
13.00		0	0	0	0	0	0	0	0	0	0	0	0
14.00	Nursing Administration	6,428,084	0	0	145,025	7,436	0	0	0	0	0	0	0
15.00	Central Services and Supply	5,472,523	0	0	4,001,697	184,571	0	0	0	0	0	0	0
16.00	Pharmacy	8,110,618	0	0	29,854	304,769	0	0	0	0	0	0	0
17.00	Medical Records and Library	4,375,651	0	0	0	26,394	0	0	0	0	0	0	0
18.00	Social Service	3,575,379	0	0	1,660	360	0	0	0	0	0	0	0
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.01	Other KFH Costs	0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00		0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern and Residents Service-Salary and Fringes	14,283,252	0	0	0	0	0	0	0	0	0	0	0
23.00	Intern and Residents Other Program	58,768	0	0	0	0	0	0	0	0	0	0	0
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics (General Routine)	71,408,531	0	0	4,222,544	861,881	0	0	0	0	0	0	0
26.00	Intensive Care Unit	30,246,657	0	0	2,817,917	630,052	0	0	0	0	0	0	0
27.00	Coronary Care Unit	9,882,800	0	0	216,987	7,208	0	0	0	0	0	0	0
30.01	Neonatal Intensive Care Unit	10,595,862	0	0	495,130	58,302	0	0	0	0	0	0	0
30.02		0	0	0	0	0	0	0	0	0	0	0	0
30.03		0	0	0	0	0	0	0	0	0	0	0	0
31.00		0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	2,448,343	0	0	0	8,784	0	0	0	0	0	0	0
34.00	Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	NET EXP FOR COST ALLOC (From Sch 10) 0.00	OLD CAPITAL BLDG & FIXTURES 1.00	OLD MOVABLE EQUIP 2.00	NEW CAPITAL BLDG & FIXTURES 3.00	NEW MOVABLE EQUIP 4.00	ALLOC COST 4.01	ALLOC COST 4.02	ALLOC COST 4.03	ALLOC COST 4.04	ALLOC COST 4.05	ALLOC COST 4.06	ALLOC COST 4.07
	ANCILLARY COST CENTERS												
37.00	Operating Room	55,592,266	0	0	1,748,247	5,975,431	0	0	0	0	0	0	0
38.00	Recovery Room	6,094,309	0	0	711,750	109,611	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	6,859,493	0	0	114,630	109,029	0	0	0	0	0	0	0
40.00	Anesthesiology	5,601,088	0	0	119,667	0	0	0	0	0	0	0	0
41.00	Radiology-Diagnostic	28,954,415	0	0	1,083,932	0	0	0	0	0	0	0	0
41.01		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
42.01	Nuclear Medicine	2,944,707	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	29,458,869	0	0	55,559	0	0	0	0	0	0	0	0
44.03	Cardiac Cath Lab	20,264,603	0	0	743,823	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, Processing, and Transfusion	3,105,703	0	0	0	22,123	0	0	0	0	0	0	0
48.00	Intravenous Therapy	1,648,073	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	15,163,337	0	0	0	0	0	0	0	0	0	0	0
50.00	Physical Therapy	1,907,126	0	0	0	0	0	0	0	0	0	0	0
51.00	Occupational Therapy	468,268	0	0	63,857	0	0	0	0	0	0	0	0
52.00	Speech Pathology	294,524	0	0	2,779	0	0	0	0	0	0	0	0
53.00	Electrocardiology	4,929,875	0	0	2,914	0	0	0	0	0	0	0	0
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	5,735,856	0	0	0	0	0	0	0	0	0	0	0
56.00	Drugs Charged to Patients	13,004,838	0	0	0	0	0	0	0	0	0	0	0
57.00	Renal Dialysis	11,112,713	0	0	20,012	46,448	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		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01		0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	25,817,708	0	0	814,879	0	0	0	0	0	0	0	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	9,726,022	0	0	192,614	475	0	0	0	0	0	0	0
82.00		0	0	0	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
93.00	Hospice	5,155,830	0	0	0	0	0	0	0	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen	298,917	0	0	22,965	0	0	0	0	0	0	0	0
100.00	Outpatient Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.09	SCMPG	0	0	0	165,616	0	0	0	0	0	0	0	0
100.10	Entity 01 Other Costs	0	0	0	370,078	0	0	0	0	0	0	0	0
100.11	Vacant Space	0	0	0	5,910,928	0	0	0	0	0	0	0	0
100.12	Outpatient Pharmacy	0	0	0	6,214	0	0	0	0	0	0	0	0
100.13	Research	0	0	0	0	0	0	0	0	0	0	0	0
100.14	Outside Rental/Real Estate	0	0	0	47,936	0	0	0	0	0	0	0	0
100.15	MD Sleep	0	0	0	298,541	0	0	0	0	0	0	0	0
100.16		0	0	0	0	0	0	0	0	0	0	0	0
100.17		0	0	0	0	0	0	0	0	0	0	0	0
100.18		0	0	0	0	0	0	0	0	0	0	0	0
100.19		0	0	0	0	0	0	0	0	0	0	0	0
100.20		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	628,243,413	0	0	25,081,783	11,064,805	0	0	0	0	0	0	0

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
	GENERAL SERVICE COST CENTER												
1.00													
2.00													
3.00	New Cap Rel Costs-Building and Fixtures												
4.00	New Cap Rel Costs-Movable Equipment												
4.01													
4.02													
4.03													
4.04													
4.05													
4.06													
4.07													
4.08													
5.00	Employee Benefits	0											
6.01		0	0										
6.02		0	0	0									
6.03		0	0	0	0								
6.04		0	0	0	0	0							
6.05		0	0	0	0	0	0						
6.06		0	0	0	0	0	0	0					
6.07		0	0	0	0	0	0	0	0				
6.08		0	0	0	0	0	0	0	0	0			
6.00	Administrative and General	0	5,582,613	0	0	0	0	0	0	0	0	90,755,764	
7.00	Maintenance and Repairs	0	205,449	0	0	0	0	0	0	0	0	1,066,694	180,113
8.00	Operation of Plant	0	909,429	0	0	0	0	0	0	0	0	17,732,752	2,994,207
9.00	Laundry and Linen Service	0	75,336	0	0	0	0	0	0	0	0	1,382,358	233,414
10.00	Housekeeping	0	2,154,703	0	0	0	0	0	0	0	0	11,572,976	1,954,118
11.00	Dietary	0	446,359	0	0	0	0	0	0	0	0	2,725,020	460,125
12.00	Cafeteria	0	444,812	0	0	0	0	0	0	0	0	2,877,676	485,901
13.00		0	0	0	0	0	0	0	0	0	0	0	0
14.00	Nursing Administration	0	1,486,630	0	0	0	0	0	0	0	0	8,067,175	1,362,157
15.00	Central Services and Supply	0	1,051,781	0	0	0	0	0	0	0	0	10,710,572	1,808,499
16.00	Pharmacy	0	1,897,537	0	0	0	0	0	0	0	0	10,342,778	1,746,397
17.00	Medical Records and Library	0	831,385	0	0	0	0	0	0	0	0	5,233,430	883,674
18.00	Social Service	0	0	0	0	0	0	0	0	0	0	3,577,399	604,050
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.01	Other KFH Costs	0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00		0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern and Residents Service-Salary and Fringes	0	2,766,710	0	0	0	0	0	0	0	0	17,049,962	2,878,917
23.00	Intern and Residents Other Program	0	0	0	0	0	0	0	0	0	0	58,768	9,923
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics (General Routine)	0	15,427,641	0	0	0	0	0	0	0	0	91,920,597	15,520,959
26.00	Intensive Care Unit	0	7,556,939	0	0	0	0	0	0	0	0	41,251,565	6,965,402
27.00	Coronary Care Unit	0	2,513,723	0	0	0	0	0	0	0	0	12,620,718	2,131,031
30.01	Neonatal Intensive Care Unit	0	2,646,284	0	0	0	0	0	0	0	0	13,795,578	2,329,408
30.02		0	0	0	0	0	0	0	0	0	0	0	0
30.03		0	0	0	0	0	0	0	0	0	0	0	0
31.00		0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	0	596,378	0	0	0	0	0	0	0	0	3,053,505	515,590
34.00	Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
	ANCILLARY COST CENTERS												
37.00	Operating Room	0	3,702,586	0	0	0	0	0	0	0	0	67,018,530	11,316,200
38.00	Recovery Room	0	1,567,595	0	0	0	0	0	0	0	0	8,483,265	1,432,415
39.00	Delivery Room and Labor Room	0	1,680,886	0	0	0	0	0	0	0	0	8,764,038	1,479,824
40.00	Anesthesiology	0	0	0	0	0	0	0	0	0	0	5,720,755	965,960
41.00	Radiology-Diagnostic	0	0	0	0	0	0	0	0	0	0	30,038,347	5,072,029
41.01		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
42.01	Nuclear Medicine	0	0	0	0	0	0	0	0	0	0	2,944,707	497,219
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	0	0	0	0	0	0	0	0	0	0	29,514,428	4,983,565
44.03	Cardiac Cath Lab	0	0	0	0	0	0	0	0	0	0	21,008,426	3,547,311
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing, Processing, and Transfusion	0	0	0	0	0	0	0	0	0	0	3,127,826	528,139
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	1,648,073	278,280
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	15,163,337	2,560,357
50.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	1,907,126	322,022
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	532,125	89,850
52.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	297,303	50,200
53.00	Electrocardiology	0	0	0	0	0	0	0	0	0	0	4,932,789	832,910
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	5,735,856	968,510
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	13,004,838	2,195,890
57.00	Renal Dialysis	0	370,586	0	0	0	0	0	0	0	0	11,549,759	1,950,198
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01		0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	0	0	0	0	0	0	0	0	0	0	26,632,587	4,496,961
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	0	1,503,393	0	0	0	0	0	0	0	0	11,422,503	1,928,710
82.00		0	0	0	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
93.00	Hospice	0	693,962	0	0	0	0	0	0	0	0	5,849,792	987,748
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen	0	30,522	0	0	0	0	0	0	0	0	352,404	59,504
100.00	Outpatient Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.09	SCMPG	0	0	0	0	0	0	0	0	0	0	165,616	27,965
100.10	Entity 01 Other Costs	0	0	0	0	0	0	0	0	0	0	370,078	62,488
100.11	Vacant Space	0	0	0	0	0	0	0	0	0	0	5,910,928	998,071
100.12	Outpatient Pharmacy	0	0	0	0	0	0	0	0	0	0	6,214	1,049
100.13	Research	0	0	0	0	0	0	0	0	0	0	0	0
100.14	Outside Rental/Real Estate	0	0	0	0	0	0	0	0	0	0	47,936	8,094
100.15	MD Sleep	0	0	0	0	0	0	0	0	0	0	298,541	50,409
100.16		0	0	0	0	0	0	0	0	0	0	0	0
100.17		0	0	0	0	0	0	0	0	0	0	0	0
100.18		0	0	0	0	0	0	0	0	0	0	0	0
100.19		0	0	0	0	0	0	0	0	0	0	0	0
100.20		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	56,143,240	0	0	0	0	0	0	0	0	628,243,413	90,755,764

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 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
	GENERAL SERVICE COST CENTER												
1.00													
2.00													
3.00	New Cap Rel Costs-Building and Fixtures												
4.00	New Cap Rel 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													
6.02													
6.03													
6.04													
6.05													
6.06													
6.07													
6.08													
6.00	Administrative and General												
7.00	Maintenance and Repairs												
8.00	Operation of Plant	8,032											
9.00	Laundry and Linen Service	558	9,341										
10.00	Housekeeping	1,834	30,696	0									
11.00	Dietary	3,605	60,348	0	817								
12.00	Cafeteria	0	0	0	27,050	0							
13.00		0	0	0	0	0	0						
14.00	Nursing Administration	7,319	122,505	0	4,013	0	108,811	0					
15.00	Central Services and Supply	201,951	3,380,313	0	139,930	0	76,983	0	0				
16.00	Pharmacy	1,507	25,218	0	826,502	0	138,886	0	0	21,214			
17.00	Medical Records and Library	0	0	0	28,982	0	60,851	0	0	0	0		
18.00	Social Service	84	1,402	0	0	0	0	0	0	0	0	0	
19.00		0	0	0	0	0	0	0	0	0	0	0	0
19.01	Other KFH Costs	0	0	0	0	0	0	0	0	0	0	0	0
19.03		0	0	0	0	0	0	0	0	0	0	0	0
20.00		0	0	0	0	0	0	0	0	0	0	0	0
21.00		0	0	0	0	0	0	0	0	0	0	0	0
22.00	Intern and Residents Service-Salary and Fringes	0	0	0	13,673	0	202,503	0	0	0	0	0	0
23.00	Intern and Residents Other Program	0	0	0	817	0	0	0	0	0	0	0	0
24.00	Paramedical Ed Program	0	0	0	0	0	0	0	0	0	0	0	0
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics (General Routine)	213,096	3,566,866	714,085	2,290,529	2,608,388	1,129,193	0	3,998,969	871,394	0	36,427	24,548
26.00	Intensive Care Unit	142,210	2,380,351	203,200	2,739,747	198,820	553,114	0	2,115,032	843,653	0	2,777	1,871
27.00	Coronary Care Unit	10,951	183,293	101,760	2,306,952	140,769	183,987	0	738,293	225,192	0	1,966	1,325
30.01	Neonatal Intensive Care Unit	24,987	418,246	35,640	532,968	0	193,689	0	691,193	212,137	0	2,433	1,640
30.02		0	0	0	0	0	0	0	0	0	0	0	0
30.03		0	0	0	0	0	0	0	0	0	0	0	0
31.00		0	0	0	0	0	0	0	0	0	0	0	0
32.00		0	0	0	0	0	0	0	0	0	0	0	0
33.00	Nursery	0	0	0	9,029	0	43,651	0	31,895	11,423	0	1,426	961
34.00	Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0	0	0	0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0	0	0	0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 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	88,228	1,476,779	98,270	1,810,397	0	271,003	0	885,973	5,125,562	0	855,307	576,403
38.00	Recovery Room	35,919	601,229	281,445	324,596	0	114,737	0	371,738	84,855	0	658,547	443,803
39.00	Delivery Room and Labor Room	5,785	96,830	46,279	332,139	0	123,029	0	380,287	212,137	0	324	219
40.00	Anesthesiology	6,039	101,085	0	108,199	0	0	0	0	0	0	815,123	549,322
41.00	Radiology-Diagnostic	54,702	915,619	12,321	440,524	0	0	0	0	0	0	495,231	333,743
41.01		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
42.01	Nuclear Medicine	0	0	18,176	0	0	0	0	0	0	0	10,302	6,942
43.00	Radioisotope	0	0	0	0	0	0	0	0	0	0	0	0
44.00	Laboratory	2,804	46,932	0	38,642	0	0	0	0	0	0	1,781,384	1,200,498
44.03	Cardiac Cath Lab	37,538	628,322	2,827	587,365	0	0	0	0	0	0	2,348	1,582
46.00	Whole Blood	0	0	0	0	0	0	0	0	0	0	0	0
47.00	Blood Storing, Processing, and Transfusion	0	0	0	40,575	0	0	0	0	0	0	7,633	5,144
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	1,874,967	43,238	45,028	30,345
49.00	Respiratory Therapy	0	0	0	13,525	0	0	0	0	0	0	1,252,933	844,368
50.00	Physical Therapy	0	0	0	13,525	0	0	0	0	0	0	80,032	53,935
51.00	Occupational Therapy	3,223	53,941	0	13,525	0	0	0	0	0	0	26,926	18,146
52.00	Speech Pathology	140	2,347	0	0	0	0	0	0	0	0	1,472	992
53.00	Electrocardiology	147	2,462	0	0	0	0	0	0	0	0	8,693	5,858
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	6,721,486	0	45,028	30,345
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	13,059,264	45,028	30,345
57.00	Renal Dialysis	1,010	16,905	2,053	27,050	0	27,124	0	94,324	114,228	0	7,269	4,899
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00		0	0	0	0	0	0	0	0	0	0	0	0
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01		0	0	0	0	0	0	0	0	0	0	0	0
61.00	Emergency	41,124	688,344	109,614	865,590	0	0	0	0	0	0	23,299	15,702
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	Home Health Agency	9,720	162,705	0	15,383	0	110,038	0	248,990	0	0	0	0
82.00		0	0	0	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
93.00	Hospice	0	0	0	0	0	50,793	0	115,285	0	0	0	0
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen	1,159	19,399	0	7,580	0	2,234	0	0	0	0	0	0
100.00	Outpatient Meals	0	0	0	0	301,938	0	0	0	0	0	0	0
100.09	SCMPG	8,358	139,899	0	0	0	0	0	0	0	0	0	0
100.10	Entity 01 Other Costs	18,676	312,612	0	0	0	0	0	0	0	0	0	0
100.11	Vacant Space	298,303	4,993,078	0	0	0	0	0	0	0	0	0	0
100.12	Outpatient Pharmacy	314	5,249	0	0	0	0	0	0	0	0	0	0
100.13	Research	0	0	0	0	0	0	0	0	0	0	0	0
100.14	Outside Rental/Real Estate	2,419	40,493	0	0	0	0	0	0	0	0	0	0
100.15	MD Sleep	15,066	252,183	0	0	0	0	0	0	0	0	0	0
100.16		0	0	0	0	0	0	0	0	0	0	0	0
100.17		0	0	0	0	0	0	0	0	0	0	0	0
100.18		0	0	0	0	0	0	0	0	0	0	0	0
100.19		0	0	0	0	0	0	0	0	0	0	0	0
100.20		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	1,246,807	20,734,991	1,625,671	13,559,623	3,249,915	3,390,626	0	9,671,979	16,318,248	13,102,502	6,206,937	4,182,935

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.01	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	TOTAL COST 27.00
	GENERAL SERVICE COST CENTER											
1.00												
2.00												
3.00	New Cap Rel Costs-Building and Fixtures											
4.00	New Cap Rel 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												
6.02												
6.03												
6.04												
6.05												
6.06												
6.07												
6.08												
6.00	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												
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												
19.01	Other KFH Costs	0										
19.03		0	0									
20.00		0	0	0								
21.00		0	0	0	0							
22.00	Intern and Residents Service-Salary and Fringes	0	0	0	0	0						
23.00	Intern and Residents Other Program	0	0	0	0	0	0					
24.00	Paramedical Ed Program	0	0	0	0	0	0	0				
	INPATIENT ROUTINE COST CENTERS											
25.00	Adults and Pediatrics (General Routine)	0	0	0	0	0	15,097,994	52,094	0	138,045,141	0	138,045,141
26.00	Intensive Care Unit	0	0	0	0	0	0	0	0	57,397,742		57,397,742
27.00	Coronary Care Unit	0	0	0	0	0	0	0	0	18,646,237		18,646,237
30.01	Neonatal Intensive Care Unit	0	0	0	0	0	0	0	0	18,237,920		18,237,920
30.02		0	0	0	0	0	0	0	0	0		0
30.03		0	0	0	0	0	0	0	0	0		0
31.00		0	0	0	0	0	0	0	0	0		0
32.00		0	0	0	0	0	0	0	0	0		0
33.00	Nursery	0	0	0	0	0	0	0	0	3,667,479		3,667,479
34.00	Medicare Certified Nursing Facility	0	0	0	0	0	0	0	0	0		0
35.00	Distinct Part Nursing Facility	0	0	0	0	0	0	0	0	0		0
36.00	Adult Subacute Care Unit	0	0	0	0	0	0	0	0	0		0
36.01	Subacute Care Unit II	0	0	0	0	0	0	0	0	0		0
36.02	Transitional Care Unit	0	0	0	0	0	0	0	0	0		0

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

	TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.01	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	TOTAL COST 27.00
	ANCILLARY COST CENTERS											
37.00	Operating Room	0	0	0	0	0	2,432,328	8,393	0	91,963,371	0	91,963,371
38.00	Recovery Room	0	0	0	0	0	0	0	0	12,832,548		12,832,548
39.00	Delivery Room and Labor Room	0	0	0	0	0	0	0	0	11,440,891		11,440,891
40.00	Anesthesiology	0	0	0	0	0	0	0	0	8,266,483		8,266,483
41.00	Radiology-Diagnostic	0	0	0	0	0	2,035,818	7,024	0	39,405,357	0	39,405,357
41.01		0	0	0	0	0	0	0	0	0		0
42.00	Radiology-Therapeutic	0	0	0	0	0	0	0	0	0		0
42.01	Nuclear Medicine	0	0	0	0	0	0	0	0	3,477,346		3,477,346
43.00	Radioisotope	0	0	0	0	0	0	0	0	0		0
44.00	Laboratory	0	0	0	0	0	565,299	1,951	0	38,135,502	0	38,135,502
44.03	Cardiac Cath Lab	0	0	0	0	0	0	0	0	25,815,719		25,815,719
46.00	Whole Blood	0	0	0	0	0	0	0	0	0		0
47.00	Blood Storing, Processing, and Transfusion	0	0	0	0	0	0	0	0	3,709,316		3,709,316
48.00	Intravenous Therapy	0	0	0	0	0	0	0	0	3,919,932		3,919,932
49.00	Respiratory Therapy	0	0	0	0	0	0	0	0	19,834,519		19,834,519
50.00	Physical Therapy	0	0	0	0	0	0	0	0	2,376,639		2,376,639
51.00	Occupational Therapy	0	0	0	0	0	0	0	0	737,737		737,737
52.00	Speech Pathology	0	0	0	0	0	0	0	0	352,455		352,455
53.00	Electrocardiology	0	0	0	0	0	0	0	0	5,782,859		5,782,859
54.00	Electroencephalography	0	0	0	0	0	0	0	0	0		0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	13,501,226		13,501,226
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	28,335,366		28,335,366
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	13,794,818		13,794,818
58.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0		0
59.00		0	0	0	0	0	0	0	0	0		0
59.01		0	0	0	0	0	0	0	0	0		0
59.02		0	0	0	0	0	0	0	0	0		0
59.03		0	0	0	0	0	0	0	0	0		0
60.00	Clinic	0	0	0	0	0	0	0	0	0		0
60.01		0	0	0	0	0	0	0	0	0		0
61.00	Emergency	0	0	0	0	0	13,616	47	0	32,886,884		32,886,884
62.00	Observation Beds	0	0	0	0	0	0	0	0	0		0
71.00	Home Health Agency	0	0	0	0	0	0	0	0	13,898,050		13,898,050
82.00		0	0	0	0	0	0	0	0	0		0
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
93.00	Hospice	0	0	0	0	0	0	0	0	7,003,618		7,003,618
	NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	442,279		442,279
100.00	Outpatient Meals	0	0	0	0	0	0	0	0	301,938		301,938
100.09	SCMPG	0	0	0	0	0	0	0	0	341,837		341,837
100.10	Entity 01 Other Costs	0	0	0	0	0	0	0	0	763,856		763,856
100.11	Vacant Space	0	0	0	0	0	0	0	0	12,200,380		12,200,380
100.12	Outpatient Pharmacy	0	0	0	0	0	0	0	0	12,826		12,826
100.13	Research	0	0	0	0	0	0	0	0	0		0
100.14	Outside Rental/Real Estate	0	0	0	0	0	0	0	0	98,942		98,942
100.15	MD Sleep	0	0	0	0	0	0	0	0	616,199		616,199
100.16		0	0	0	0	0	0	0	0	0		0
100.17		0	0	0	0	0	0	0	0	0		0
100.18		0	0	0	0	0	0	0	0	0		0
100.19		0	0	0	0	0	0	0	0	0		0
100.20		0	0	0	0	0	0	0	0	0		0
	TOTAL	0	0	0	0	0	20,145,056	69,509	0	628,243,413	0	628,243,413

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		1.00	2.00	NEW BLDG & FIXTURES (SQ FT) 3.00	NEW MOVBLE EQUIP (SQ FT) 4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08
	GENERAL SERVICE COST CENTERS												
1.00													
2.00													
3.00	New Cap Rel Costs-Building and Fixtures												
4.00	New Cap Rel 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													
6.02													
6.03													
6.04													
6.05													
6.06													
6.07													
6.08													
6.00	Administrative and General			19,486	1,634,491								
7.00	Maintenance and Repairs				637,986								
8.00	Operation of Plant			8,247	4,952,482								
9.00	Laundry and Linen Service			573									
10.00	Housekeeping			1,883	149,193								
11.00	Dietary			3,702	447,200								
12.00	Cafeteria				3,021								
13.00													
14.00	Nursing Administration			7,515	21,455								
15.00	Central Services and Supply			207,363	532,517								
16.00	Pharmacy			1,547	879,310								
17.00	Medical Records and Library				76,151								
18.00	Social Service			86	1,040								
19.00													
19.01	Other KFH Costs												
19.03													
20.00													
21.00													
22.00	Intern and Residents Service-Salary and Fringes												
23.00	Intern and Residents Other Program												
24.00	Paramedical Ed Program												
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics (General Routine)			218,807	2,486,668								
26.00	Intensive Care Unit			146,021	1,817,803								
27.00	Coronary Care Unit			11,244	20,796								
30.01	Neonatal Intensive Care Unit			25,657	168,210								
30.02													
30.03													
31.00													
32.00													
33.00	Nursery				25,344								
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:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		1.00	2.00	NEW BLDG & FIXTURES (SQ FT) 3.00	NEW MOVBLE EQUIP (SQ FT) 4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08
	ANCILLARY COST CENTERS												
37.00	Operating Room			90,592	17,240,107								
38.00	Recovery Room			36,882	316,246								
39.00	Delivery Room and Labor Room			5,940	314,566								
40.00	Anesthesiology			6,201									
41.00	Radiology-Diagnostic			56,168									
41.01													
42.00	Radiology-Therapeutic												
42.01	Nuclear Medicine												
43.00	Radioisotope												
44.00	Laboratory			2,879									
44.03	Cardiac Cath Lab			38,544									
46.00	Whole Blood												
47.00	Blood Storing, Processing, and Transfusion				63,829								
48.00	Intravenous Therapy												
49.00	Respiratory Therapy												
50.00	Physical Therapy												
51.00	Occupational Therapy			3,309									
52.00	Speech Pathology			144									
53.00	Electrocardiology			151									
54.00	Electroencephalography												
55.00	Medical Supplies Charged to Patients												
56.00	Drugs Charged to Patients												
57.00	Renal Dialysis			1,037	134,010								
58.00	ASC (Non-Distinct Part)												
59.00													
59.01													
59.02													
59.03													
60.00	Clinic												
60.01													
61.00	Emergency			42,226									
62.00	Observation Beds												
71.00	Home Health Agency			9,981	1,370								
82.00													
83.00													
84.00													
85.00													
93.00	Hospice												
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen			1,190									
100.00	Outpatient Meals												
100.09	SCMPG			8,582									
100.10	Entity 01 Other Costs			19,177									
100.11	Vacant Space			306,297									
100.12	Outpatient Pharmacy			322									
100.00	Research												
100.09	Outside Rental/Real Estate			2,484									
100.10	MD Sleep			15,470									
100.11													
100.12													
100.13													
100.14													
100.15													
	TOTAL	0	0	1,299,707	31,923,795	0	0	0	0	0	0	0	0
	COST TO BE ALLOCATED	0	0	25,081,783	11,064,805	0	0	0	0	0	0	0	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	19.298029	0.346601	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		EMP BENE (GROSS SALARIES) 5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00
	GENERAL SERVICE COST CENTERS											
1.00												
2.00												
3.00	New Cap Rel Costs-Building and Fixtures											
4.00	New Cap Rel 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												
6.02												
6.03												
6.04												
6.05												
6.06												
6.07												
6.08												
6.00	Administrative and General	21,164,624										
7.00	Maintenance and Repairs	778,893									1,066,694	
8.00	Operation of Plant	3,447,800									17,732,752	8,247
9.00	Laundry and Linen Service	285,610									1,382,358	573
10.00	Housekeeping	8,168,843									11,572,976	1,883
11.00	Dietary	1,692,221									2,725,020	3,702
12.00	Cafeteria	1,686,359									2,877,676	
13.00											0	
14.00	Nursing Administration	5,636,063									8,067,175	7,515
15.00	Central Services and Supply	3,987,479									10,710,572	207,363
16.00	Pharmacy	7,193,882									10,342,778	1,547
17.00	Medical Records and Library	3,151,919									5,233,430	
18.00	Social Service										3,577,399	86
19.00											0	
19.01	Other KFH Costs										0	
19.03											0	
20.00											0	
21.00											0	
22.00	Intern and Residents Service-Salary and Fringes	10,489,064									17,049,962	
23.00	Intern and Residents Other Program										58,768	
24.00	Paramedical Ed Program										0	
	INPATIENT ROUTINE COST CENTERS											
25.00	Adults and Pediatrics (General Routine)	58,488,786									91,920,597	218,807
26.00	Intensive Care Unit	28,649,630									41,251,565	146,021
27.00	Coronary Care Unit	9,529,949									12,620,718	11,244
30.01	Neonatal Intensive Care Unit	10,032,510									13,795,578	25,657
30.02											0	
30.03											0	
31.00											0	
32.00											0	
33.00	Nursery	2,260,968									3,053,505	
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:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		EMP BENE (GROSS SALARIES) 5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT) 7.00
	ANCILLARY COST CENTERS											
37.00	Operating Room	14,037,127									67,018,530	90,592
38.00	Recovery Room	5,943,016									8,483,265	36,882
39.00	Delivery Room and Labor Room	6,372,520									8,764,038	5,940
40.00	Anesthesiology										5,720,755	6,201
41.00	Radiology-Diagnostic										30,038,347	56,168
41.01											0	
42.00	Radiology-Therapeutic										0	
42.01	Nuclear Medicine										2,944,707	
43.00	Radioisotope										0	
44.00	Laboratory										29,514,428	2,879
44.03	Cardiac Cath Lab										21,008,426	38,544
46.00	Whole Blood										0	
47.00	Blood Storing, Processing, and Transfusion										3,127,826	
48.00	Intravenous Therapy										1,648,073	
49.00	Respiratory Therapy										15,163,337	
50.00	Physical Therapy										1,907,126	
51.00	Occupational Therapy										532,125	3,309
52.00	Speech Pathology										297,303	144
53.00	Electrocardiology										4,932,789	151
54.00	Electroencephalography										0	
55.00	Medical Supplies Charged to Patients										5,735,856	
56.00	Drugs Charged to Patients										13,004,838	
57.00	Renal Dialysis	1,404,955									11,549,759	1,037
58.00	ASC (Non-Distinct Part)										0	
59.00											0	
59.01											0	
59.02											0	
59.03											0	
60.00	Clinic										0	
60.01											0	
61.00	Emergency										26,632,587	42,226
62.00	Observation Beds										0	
71.00	Home Health Agency	5,699,616									11,422,503	9,981
82.00											0	
83.00											0	
84.00											0	
85.00											0	
93.00	Hospice	2,630,927									5,849,792	
	NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop and Canteen	115,715									352,404	1,190
100.00	Outpatient Meals										0	
100.09	SCMPG										165,616	8,582
100.10	Entity 01 Other Costs										370,078	19,177
100.11	Vacant Space										5,910,928	306,297
100.12	Outpatient Pharmacy										6,214	322
100.00	Research										0	
100.09	Outside Rental/Real Estate										47,936	2,484
100.10	MD Sleep										298,541	15,470
100.11											0	
100.12											0	
100.13											0	
100.14											0	
100.15											0	
	TOTAL	212,848,476	0	0	0	0	0	0	0	0	537,487,649	1,280,221
	COST TO BE ALLOCATED	56,143,240	0	0	0	0	0	0	0	0	90,755,764	1,246,807
	UNIT COST MULTIPLIER - SCH 8	0.263771	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.168852	0.973900

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (GROSS SALARIES) 12.00	13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (TIME SPENT) 17.00	SOC SERV (TIME SPENT) 18.00	19.00
	GENERAL SERVICE COST CENTERS												
1.00													
2.00													
3.00	New Cap Rel Costs-Building and Fixtures												
4.00	New Cap Rel 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													
6.02													
6.03													
6.04													
6.05													
6.06													
6.07													
6.08													
6.00	Administrative and General												
7.00	Maintenance and Repairs												
8.00	Operation of Plant												
9.00	Laundry and Linen Service	573											
10.00	Housekeeping	1,883											
11.00	Dietary	3,702		22									
12.00	Cafeteria			728									
13.00													
14.00	Nursing Administration	7,515		108		5,636,063							
15.00	Central Services and Supply	207,363		3,766		3,987,479							
16.00	Pharmacy	1,547		22,244		7,193,882			13				
17.00	Medical Records and Library			780		3,151,919							
18.00	Social Service	86											
19.00													
19.01	Other KFH Costs												
19.03													
20.00													
21.00													
22.00	Intern and Residents Service-Salary and Fringes			368		10,489,064							
23.00	Intern and Residents Other Program			22									
24.00	Paramedical Ed Program												
	INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics (General Routine)	218,807	753,690	61,646	336,275	58,488,786		808,706	534		108,956	108,956	
26.00	Intensive Care Unit	146,021	214,470	73,736	25,632	28,649,630		427,720	517		8,305	8,305	
27.00	Coronary Care Unit	11,244	107,404	62,088	18,148	9,529,949		149,304	138		5,880	5,880	
30.01	Neonatal Intensive Care Unit	25,657	37,617	14,344		10,032,510		139,779	130		7,278	7,278	
30.02													
30.03													
31.00													
32.00													
33.00	Nursery			243		2,260,968		6,450	7		4,266	4,266	
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:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (GROSS SALARIES) 12.00	13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (TIME SPENT) 17.00	SOC SERV (TIME SPENT) 18.00	19.00
	ANCILLARY COST CENTERS												
37.00	Operating Room	90,592	103,720	48,724		14,037,127		179,169	3,141		2,558,319	2,558,319	
38.00	Recovery Room	36,882	297,055	8,736		5,943,016		75,176	52		1,969,786	1,969,786	
39.00	Delivery Room and Labor Room	5,940	48,846	8,939		6,372,520		76,905	130		970	970	
40.00	Anesthesiology	6,201		2,912							2,438,124	2,438,124	
41.00	Radiology-Diagnostic	56,168	13,004	11,856							1,481,291	1,481,291	
41.01													
42.00	Radiology-Therapeutic												
42.01	Nuclear Medicine		19,184								30,813	30,813	
43.00	Radioisotope												
44.00	Laboratory	2,879		1,040							5,328,318	5,328,318	
44.03	Cardiac Cath Lab	38,544	2,984	15,808							7,023	7,023	
46.00	Whole Blood												
47.00	Blood Storing, Processing, and Transfusion			1,092							22,830	22,830	
48.00	Intravenous Therapy								1,149	33	134,685	134,685	
49.00	Respiratory Therapy			364							3,747,662	3,747,662	
50.00	Physical Therapy			364							239,385	239,385	
51.00	Occupational Therapy	3,309		364							80,540	80,540	
52.00	Speech Pathology	144									4,404	4,404	
53.00	Electrocardiology	151									26,002	26,002	
54.00	Electroencephalography												
55.00	Medical Supplies Charged to Patients								4,119		134,685	134,685	
56.00	Drugs Charged to Patients									9,967	134,685	134,685	
57.00	Renal Dialysis	1,037	2,167	728		1,404,955		19,075	70		21,742	21,742	
58.00	ASC (Non-Distinct Part)												
59.00													
59.01													
59.02													
59.03													
60.00	Clinic												
60.01													
61.00	Emergency	42,226	115,694	23,296							69,691	69,691	
62.00	Observation Beds												
71.00	Home Health Agency	9,981		414		5,699,616		50,353					
82.00													
83.00													
84.00													
85.00													
93.00	Hospice					2,630,927		23,314					
	NONREIMBURSABLE COST CENTERS												
96.00	Gift, Flower, Coffee Shop and Canteen	1,190		204		115,715							
100.00	Outpatient Meals				38,926								
100.09	SCMPG	8,582											
100.10	Entity 01 Other Costs	19,177											
100.11	Vacant Space	306,297											
100.12	Outpatient Pharmacy	322											
100.00	Research												
100.09	Outside Rental/Real Estate	2,484											
100.10	MD Sleep	15,470											
100.11													
100.12													
100.13													
100.14													
100.15													
	TOTAL	1,271,974	1,715,835	364,936	418,981	175,624,126	0	1,955,951	10,000	10,000	18,565,640	18,565,640	0
	COST TO BE ALLOCATED	20,734,991	1,625,671	13,559,623	3,249,915	3,390,626	0	9,671,979	16,318,248	13,102,502	6,206,937	4,182,935	0
	UNIT COST MULTIPLIER - SCH 8	16.301427	0.947452	37.156168	7.756712	0.019306	0.000000	4.944899	1631.824791	1310.250182	0.334324	0.225305	0.000000

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		19.01	19.03	20.00	21.00	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	24.00
	GENERAL SERVICE COST CENTERS							
1.00								
2.00								
3.00	New Cap Rel Costs-Building and Fixtures							
4.00	New Cap Rel 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								
6.02								
6.03								
6.04								
6.05								
6.06								
6.07								
6.08								
6.00	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								
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								
19.01	Other KFH Costs							
19.03								
20.00								
21.00								
22.00	Intern and Residents Service-Salary and Fringes							
23.00	Intern and Residents Other Program							
24.00	Paramedical Ed Program							
	INPATIENT ROUTINE COST CENTERS							
25.00	Adults and Pediatrics (General Routine)					277,202	277,202	
26.00	Intensive Care Unit							
27.00	Coronary Care Unit							
30.01	Neonatal Intensive Care Unit							
30.02								
30.03								
31.00								
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:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		19.01	19.03	20.00	21.00	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	24.00
	ANCILLARY COST CENTERS							
37.00	Operating Room					44,658	44,658	
38.00	Recovery Room							
39.00	Delivery Room and Labor Room							
40.00	Anesthesiology							
41.00	Radiology-Diagnostic					37,378	37,378	
41.01								
42.00	Radiology-Therapeutic							
42.01	Nuclear Medicine							
43.00	Radioisotope							
44.00	Laboratory					10,379	10,379	
44.03	Cardiac Cath Lab							
46.00	Whole Blood							
47.00	Blood Storing, Processing, and Transfusion							
48.00	Intravenous Therapy							
49.00	Respiratory Therapy							
50.00	Physical Therapy							
51.00	Occupational Therapy							
52.00	Speech Pathology							
53.00	Electrocardiology							
54.00	Electroencephalography							
55.00	Medical Supplies Charged to Patients							
56.00	Drugs Charged to Patients							
57.00	Renal Dialysis							
58.00	ASC (Non-Distinct Part)							
59.00								
59.01								
59.02								
59.03								
60.00	Clinic							
60.01								
61.00	Emergency					250	250	
62.00	Observation Beds							
71.00	Home Health Agency							
82.00								
83.00								
84.00								
85.00								
93.00	Hospice							
	NONREIMBURSABLE COST CENTERS							
96.00	Gift, Flower, Coffee Shop and Canteen							
100.00	Outpatient Meals							
100.09	SCMPG							
100.10	Entity 01 Other Costs							
100.11	Vacant Space							
100.12	Outpatient Pharmacy							
100.00	Research							
100.09	Outside Rental/Real Estate							
100.10	MD Sleep							
100.11								
100.12								
100.13								
100.14								
100.15								
	TOTAL	0	0	0	0	369,867	369,867	0
	COST TO BE ALLOCATED	0	0	0	0	20,145,056	69,509	0
	UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	54.465676	0.187928	0.000000

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended: DECEMBER 31, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00		$	$ 0	$ 0
2.00			0	0
3.00	New Cap Rel Costs-Building and Fixtures	25,081,783	0	25,081,783
4.00	New Cap Rel Costs-Movable Equipment	11,064,805	0	11,064,805
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	56,143,240	0	56,143,240
6.01			0	0
6.02			0	0
6.03			0	0
6.04			0	0
6.05			0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	84,230,595	0	84,230,595
7.00	Maintenance and Repairs	640,118	0	640,118
8.00	Operation of Plant	14,947,639	0	14,947,639
9.00	Laundry and Linen Service	1,295,965	0	1,295,965
10.00	Housekeeping	9,330,224	0	9,330,224
11.00	Dietary	2,052,220	0	2,052,220
12.00	Cafeteria	2,431,816	0	2,431,816
13.00			0	0
14.00	Nursing Administration	6,428,084	0	6,428,084
15.00	Central Services and Supply	5,472,523	0	5,472,523
16.00	Pharmacy	8,110,618	0	8,110,618
17.00	Medical Records and Library	4,375,651	0	4,375,651
18.00	Social Service	3,575,379	0	3,575,379
19.00			0	0
19.01	Other KFH Costs		0	0
19.03			0	0
20.00			0	0
21.00			0	0
22.00	Intern and Residents Service-Salary and Fringes	14,283,252	0	14,283,252
23.00	Intern and Residents Other Program	58,768	0	58,768
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics (General Routine)	71,408,531	0	71,408,531
26.00	Intensive Care Unit	30,246,657	0	30,246,657
27.00	Coronary Care Unit	9,882,800	0	9,882,800
30.01	Neonatal Intensive Care Unit	10,595,862	0	10,595,862
30.02			0	0
30.03			0	0
31.00			0	0
32.00			0	0
33.00	Nursery	2,448,343	0	2,448,343
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

STATE OF CALIFORNIA SCHEDULE 10

TRIAL BALANCE OF EXPENSES

Provider Name: KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended: DECEMBER 31, 2009

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	$ 55,592,266	$ 0	$ 55,592,266
38.00	Recovery Room	6,094,309	0	6,094,309
39.00	Delivery Room and Labor Room	6,859,493	0	6,859,493
40.00	Anesthesiology	5,601,088	0	5,601,088
41.00	Radiology-Diagnostic	28,954,415	0	28,954,415
41.01			0	0
42.00	Radiology-Therapeutic		0	0
42.01	Nuclear Medicine	2,944,707	0	2,944,707
43.00	Radioisotope		0	0
44.00	Laboratory	29,458,869	0	29,458,869
44.03	Cardiac Cath Lab	20,264,603	0	20,264,603
46.00	Whole Blood		0	0
47.00	Blood Storing, Processing, and Transfusion	3,105,703	0	3,105,703
48.00	Intravenous Therapy	1,648,073	0	1,648,073
49.00	Respiratory Therapy	15,163,337	0	15,163,337
50.00	Physical Therapy	1,907,126	0	1,907,126
51.00	Occupational Therapy	468,268	0	468,268
52.00	Speech Pathology	294,524	0	294,524
53.00	Electrocardiology	4,929,875	0	4,929,875
54.00	Electroencephalography		0	0
55.00	Medical Supplies Charged to Patients	5,735,856	0	5,735,856
56.00	Drugs Charged to Patients	13,004,838	0	13,004,838
57.00	Renal Dialysis	11,112,713	0	11,112,713
58.00	ASC (Non-Distinct Part)		0	0
59.00			0	0
59.01			0	0
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
60.01			0	0
61.00	Emergency	25,817,708	0	25,817,708
62.00	Observation Beds		0	0
71.00	Home Health Agency	9,726,022	0	9,726,022
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
93.00	Hospice	5,155,830	0	5,155,830
	SUBTOTAL	$ 627,944,496	$ 0	$ 627,944,496
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen	298,917	0	298,917
100.00	Outpatient Meals		0	0
100.09	SCMPG		0	0
100.10	Entity 01 Other Costs		0	0
100.11	Vacant Space		0	0
100.12	Outpatient Pharmacy		0	0
100.13	Research		0	0
100.14	Outside Rental/Real Estate		0	0
100.15	MD Sleep		0	0
100.16			0	0
100.17			0	0
100.18			0	0
100.19			0	0
100.20			0	0
100.99	SUBTOTAL	$ 298,917	$ 0	$ 298,917
101	TOTAL	$ 628,243,413	$ 0	$ 628,243,413

(To Schedule 8)

STATE OF CALIFORNIA

ADJUSTMENTS TO REPORTED COSTS

SCHEDULE 10A
Page 1

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		TOTAL ADJ (Page 1 & 2)	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		$0												
2.00		0												
3.00	New Cap Rel Costs-Building and Fixtures	0												
4.00	New Cap Rel Costs-Movable Equipment	0												
4.01		0												
4.02		0												
4.03		0												
4.04		0												
4.05		0												
4.06		0												
4.07		0												
4.08		0												
5.00	Employee Benefits	0												
6.01		0												
6.02		0												
6.03		0												
6.04		0												
6.05		0												
6.06		0												
6.07		0												
6.08		0												
6.00	Administrative and General	0												
7.00	Maintenance and Repairs	0												
8.00	Operation of Plant	0												
9.00	Laundry and Linen Service	0												
10.00	Housekeeping	0												
11.00	Dietary	0												
12.00	Cafeteria	0												
13.00		0												
14.00	Nursing Administration	0												
15.00	Central Services and Supply	0												
16.00	Pharmacy	0												
17.00	Medical Records and Library	0												
18.00	Social Service	0												
19.00		0												
19.01	Other KFH Costs	0												
19.03		0												
20.00		0												
21.00		0												
22.00	Intern and Residents Service-Salary and Fringes	0												
23.00	Intern and Residents Other Program	0												
24.00	Paramedical Ed Program	0												
	INPATIENT ROUTINE COST CENTERS													
25.00	Adults and Pediatrics (General Routine)	0												
26.00	Intensive Care Unit	0												
27.00	Coronary Care Unit	0												
30.01	Neonatal Intensive Care Unit	0												
30.02		0												
30.03		0												
31.00		0												
32.00		0												
33.00	Nursery	0												
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												

STATE OF CALIFORNIA

ADJUSTMENTS TO REPORTED COSTS

SCHEDULE 10A

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		TOTAL ADJ (Page 1 & 2)	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													
37.00	Operating Room	0												
38.00	Recovery Room	0												
39.00	Delivery Room and Labor Room	0												
40.00	Anesthesiology	0												
41.00	Radiology-Diagnostic	0												
41.01		0												
42.00	Radiology-Therapeutic	0												
42.01	Nuclear Medicine	0												
43.00	Radioisotope	0												
44.00	Laboratory	0												
44.03	Cardiac Cath Lab	0												
46.00	Whole Blood	0												
47.00	Blood Storing, Processing, and Transfusion	0												
48.00	Intravenous Therapy	0												
49.00	Respiratory Therapy	0												
50.00	Physical Therapy	0												
51.00	Occupational Therapy	0												
52.00	Speech Pathology	0												
53.00	Electrocardiology	0												
54.00	Electroencephalography	0												
55.00	Medical Supplies Charged to Patients	0												
56.00	Drugs Charged to Patients	0												
57.00	Renal Dialysis	0												
58.00	ASC (Non-Distinct Part)	0												
59.00		0												
59.01		0												
59.02		0												
59.03		0												
60.00	Clinic	0												
60.01		0												
61.00	Emergency	0												
62.00	Observation Beds	0												
71.00	Home Health Agency	0												
82.00		0												
83.00		0												
84.00		0												
85.00		0												
93.00	Hospice	0												
	NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen	0												
100.00	Outpatient Meals	0												
100.09	SCMPG	0												
100.10	Entity 01 Other Costs	0												
100.11	Vacant Space	0												
100.12	Outpatient Pharmacy	0												
100.13	Research	0												
100.14	Outside Rental/Real Estate	0												
100.15	MD Sleep	0												
100.16		0												
100.17		0												
100.18		0												
100.19		0												
100.20		0												
101.00	TOTAL	$0	0	0	0	0	0	0	0	0	0	0	0	0
		(To Sch 10)												

Provider Name:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		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														
2.00														
3.00	New Cap Rel Costs-Building and Fixtures													
4.00	New Cap Rel 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														
6.02														
6.03														
6.04														
6.05														
6.06														
6.07														
6.08														
6.00	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														
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														
19.01	Other KFH Costs													
19.03														
20.00														
21.00														
22.00	Intern and Residents Service-Salary and Fringes													
23.00	Intern and Residents Other Program													
24.00	Paramedical Ed Program													
	INPATIENT ROUTINE COST CENTERS													
25.00	Adults and Pediatrics (General Routine)													
26.00	Intensive Care Unit													
27.00	Coronary Care Unit													
30.01	Neonatal Intensive Care Unit													
30.02														
30.03														
31.00														
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:
KAISER FOUNDATION HOSPITALS—SUNSET

Fiscal Period Ended:
DECEMBER 31, 2009

		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													
37.00	Operating Room													
38.00	Recovery Room													
39.00	Delivery Room and Labor Room													
40.00	Anesthesiology													
41.00	Radiology-Diagnostic													
41.01														
42.00	Radiology-Therapeutic													
42.01	Nuclear Medicine													
43.00	Radioisotope													
44.00	Laboratory													
44.03	Cardiac Cath Lab													
46.00	Whole Blood													
47.00	Blood Storing, Processing, and Transfusion													
48.00	Intravenous Therapy													
49.00	Respiratory Therapy													
50.00	Physical Therapy													
51.00	Occupational Therapy													
52.00	Speech Pathology													
53.00	Electrocardiology													
54.00	Electroencephalography													
55.00	Medical Supplies Charged to Patients													
56.00	Drugs Charged to Patients													
57.00	Renal Dialysis													
58.00	ASC (Non-Distinct Part)													
59.00														
59.01														
59.02														
59.03														
60.00	Clinic													
60.01														
61.00	Emergency													
62.00	Observation Beds													
71.00	Home Health Agency													
82.00														
83.00														
84.00														
85.00														
93.00	Hospice													
	NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop and Canteen													
100.00	Outpatient Meals													
100.09	SCMPG													
100.10	Entity 01 Other Costs													
100.11	Vacant Space													
100.12	Outpatient Pharmacy													
100.13	Research													
100.14	Outside Rental/Real Estate													
100.15	MD Sleep													
100.16														
100.17														
100.18														
100.19														
100.20														
101.00	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0

Provider Name	Fiscal Period	Provider NPI	Adjustments
KAISER FOUNDATION HOSPITALS—SUNSET	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1821143777	9

Report References										
		Cost Report								
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
							MEMORANDUM ADJUSTMENT			
1							The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5 and AB 1183. These limitations are addressed on Noncontract Schedule A et seq. and are incorporated in Noncontract Schedule 1, Line 9. W&I Code, Sections 14105.19 and 14166.245			

Provider Name	Fiscal Period	Provider NPI	Adjustments
KAISER FOUNDATION HOSPITALS—SUNSET	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1821143777	9

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 TOTAL RVU'S			
2	5	C	I	XIX	48.00	8	Intravenous Therapy	134,685	(134,685)	0
	5	C	I	XIX	55.00	8	Medical Supplies Charged to Patients	134,685	(134,685)	0
	5	C	I	XIX	56.00	8	Drugs Charged to Patients	134,685	(134,685)	0
	5	C	I	XIX	103.00	8	Total	18,565,640	(404,055)	18,161,585

To eliminate RVU's determined by total patients days which are not an appropriate determination of ancillary usage.
42 CFR 413.20, 413.24, 413.50, 413.53, and 413.60
CMS Pub. 15-1, Sections 2304, 2404, and 2408

Provider Name	Fiscal Period	Provider NPI	Adjustments
KAISER FOUNDATION HOSPITALS—SUNSET	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1821143777	9

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			
3	4	D-1	I	XIX	9.00	1	Adults and Pediatrics	315	251	566
	4A	D-1	II	XIX	42.00	4	Nursery	4	848	852
	4A	D-1	II	XIX	43.00	4	Intensive Care Unit	109	179	288
	4A	D-1	II	XIX	44.00	4	Coronary Care Unit	42	52	94
	4A	D-1	II	XIX	47.01	4	Neonatal Intensive Care Unit	448	(417)	31
4	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Services Charges	$5,320,823	$1,862,888	$7,183,711
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Services Charges	81,088	(81,088)	0
5	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	$0	$11,594	$11,594
	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	9,790	4,480	14,270
6	1	E-3	III	XIX	57.00	1	Interim Payments	$2,392,559	$2,608,635	$5,001,194

To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data:
NPI 1821143777
Service Period: January 1, 2009 through December 31, 2009
Payment Period: January 1, 2009 through May 31, 2011
Reports Dated: June 27, 2011
42 CFR 413.20, 413.24, 413.53, and 433.139
CMS Pub. 15-1, Sections 2205, 2300, and 2304
W&I Code, Section 14105.191
CCR, Title 22, Section 51541

Provider Name	Fiscal Period	Provider NPI	Adjustments
KAISER FOUNDATION HOSPITALS—SUNSET	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1821143777	9

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 OTHER MATTERS			
7	6	D-4		XIX	37.00	2	Medi-Cal Ancillary RVU—Operating Room	11,743	(11,743)	0
	6	D-4		XIX	38.00	2	Medi-Cal Ancillary RVU—Recovery Room	10,271	(10,271)	0
	6	D-4		XIX	39.00	2	Medi-Cal Ancillary RVU—Delivery and Labor Room	7	(7)	0
	6	D-4		XIX	40.00	2	Medi-Cal Ancillary RVU—Anesthesiology	11,233	(11,233)	0
	6	D-4		XIX	41.00	2	Medi-Cal Ancillary RVU—Radiology-Diagnostic	4,278	(4,278)	0
	6	D-4		XIX	42.01	2	Medi-Cal Ancillary RVU—Nuclear Medicine	131	(131)	0
	6	D-4		XIX	44.00	2	Medi-Cal Ancillary RVU—Laboratory	12,473	(12,473)	0
	6	D-4		XIX	44.03	2	Medi-Cal Ancillary RVU—Cardiac Cath Lab	48	(48)	0
	6	D-4		XIX	47.00	2	Medi-Cal Ancillary RVU—Blood Storing, Processing, and Transfusion	156	(156)	0
	6	D-4		XIX	48.00	2	Medi-Cal Ancillary RVU—Intravenous Therapy	918	(918)	0
	6	D-4		XIX	49.00	2	Medi-Cal Ancillary RVU—Respiratory Therapy	25,544	(25,544)	0
	6	D-4		XIX	50.00	2	Medi-Cal Ancillary RVU—Physical Therapy	1,632	(1,632)	0
	6	D-4		XIX	51.00	2	Medi-Cal Ancillary RVU—Occupational Therapy	549	(549)	0
	6	D-4		XIX	52.00	2	Medi-Cal Ancillary RVU—Speech Pathology	30	(30)	0
	6	D-4		XIX	53.00	2	Medi-Cal Ancillary RVU—Electrocardiology	173	(173)	0
	6	D-4		XIX	55.00	2	Medi-Cal Ancillary RVU—Medical Supplies Charged to Patients	918	(918)	0
	6	D-4		XIX	56.00	2	Medi-Cal Ancillary RVU—Drugs Charged to Patients	918	(918)	0
	6	D-4		XIX	61.00	2	Medi-Cal Ancillary RVU—Emergency	66	(66)	0
	6	D-4		XIX	101.00	2	Medi-Cal Ancillary RVU—Total	81,088	(81,088)	0
							To eliminate Medi-Cal Ancillary Charges calculated by the provider due to the provider's methodology not being supported. 42 CFR 413.20, 413.24, 413.50, 413.53, and 413.60 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408			
8	1	Not Reported					Routine Services—Late Billing Reduction	$0	$56,782	$56,782 *
							To reduce Medi-Cal routine service cost by 25% for claims billed during the 7th through 9th month after the month of service. 42 CFR 413.24 and 431.107 CMS Pub. 15-1, Sections 2304 and 2408 W&I Code, Section 14115 CCR, Title 22, Sections 51458.1 and 51476			

*Balance carried forward from prior/to subsequent adjustments

Provider Name	Fiscal Period	Provider NPI	Adjustments
KAISER FOUNDATION HOSPITALS—SUNSET	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1821143777	9

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 OTHER MATTERS				
9	1	Not Reported					Routine Services—Late Billing Reduction To reduce Medi-Cal routine service cost by 50% for claims billed during the 10th through 12th month after the month of service. 42 CFR 413.24 and 431.107 CMS Pub. 15-1, Sections 2304 and 2408 W&I Code, Section 14115 CCR, Title 22, Sections 51458.1 and 51476	*	$56,782	$8,869	$65,651

*Balance carried forward from prior/to subsequent adjustments