

**REPORT
ON THE
COST REPORT REVIEW
PROVIDENCE TARZANA MEDICAL CENTER
TARZANA, CALIFORNIA
PROVIDER NUMBER: NPI 1821250762
PERIOD REVIEWED:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008**

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

**Section Chief: Daniel J. Giardinelli
Audit Supervisor: Celia Avina
Auditor: Alison Dowling**



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



EDMUND G. BROWN JR.
GOVERNOR

September 29, 2011

Larry Natsume
Director of Reimbursement
Providence Health and Services
501 South Buena Vista Street
Burbank, CA 91505

PROVIDER: PROVIDENCE TARZANA MEDICAL CENTER
PROVIDER NO. NPI 1821250762
PERIOD REVIEWED: SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

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 Paid Claims Summary Report, 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 Provider in the amount of \$2,439 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.

Larry Natsume
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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
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814-2825
(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 95899-7413

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 95814-5005
(916) 440-7700

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

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

Original Signed By

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

Certified

SUMMARY OF FINDINGS

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. NPI 1821250762	Reported	\$ 2,125,017	
	Net Change	\$ (2,122,578)	
	Audited Amount Due Provider (State)	\$ 2,439	
2. Subprovider I (SCHEDULE 1-1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.	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 No.	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 No.	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)		\$ 2,439	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

		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 (State) - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ 2,439	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

Provider No.
NPI 1821250762

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>2,125,017</u>	\$ <u>749,420</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>0</u>
4. Reduction for Late Billings (Adj 8)	\$ <u>0</u>	\$ <u>(6,704)</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>2,125,017</u>	\$ <u>742,716</u>
6. Interim Payments (Adj 7)	\$ <u>0</u>	\$ <u>(314,912)</u>
7. Balance Due Provider (State)	\$ <u>2,125,017</u>	\$ <u>427,804</u>
8. Duplicate Payments (Adj)	\$ <u>0</u>	\$ <u>0</u>
9. Total Noncontract AB 5 and AB 1183 Reductions (Adj 1)	\$ <u>0</u>	\$ <u>(425,365)</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>2,125,017</u></u>	\$ <u><u>2,439</u></u>
	(To Summary of Findings)	

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

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

Provider No.
NPI 1821250762

1.	10% Reduction for Noncontract Services from 07/01/08 - 09/30/08 (AB 5 Schedule A-1)	\$	<u>0</u>
2.	Reduction for Noncontract Services from 10/01/08 - 04/05/09 (AB 1183 Schedule A-2)		<u>425,365</u>
3.	10% Reduction for Noncontract Services from 04/06/09 - MM/DD/YY (AB 5 Schedule A-3)		<u>0</u>
4.	10% Reduction for HFPAs from 07/01/08 - MM/DD/YY (AB 5 Schedule A-4)		<u>0</u>
5.	10% Reduction for Rural Health Hospitals from 07/01/08 - 10/31/08 (AB 5 Schedule A-5)		<u>0</u>
6.	Total Noncontract AB 5 and AB 1183 Reductions	\$	<u><u>425,365</u></u> (To Schedule 1, Ln 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
NONCONTRACT HOSPITALS

AB 5

10% REDUCTION FOR SERVICES FROM JULY 1, 2008 THROUGH SEPTEMBER 30, 2008

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

Provider No.
NPI 1821250762

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>758,152</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$ <u><u>758,152</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)	<u><u>273</u></u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$ <u><u>2,777.11</u></u>

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

6. Audited Medi-Cal Days of Service from 07/1/08 - 09/30/08 (excludes Administrative Days)	<u>0</u>
7. Audited Medi-Cal Cost Per Day for 07/01/08 - 09/30/08 (Line 5 X Line 6)	\$ <u>0</u>
8. 10% Cost Reduction for 07/01/08 - 09/30/08 (Line 7 X 10%)	\$ <u><u>0</u></u> (To Schedule A, Ln 1)

**COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
NONCONTRACT HOSPITALS
AB 1183
REDUCTION FOR SERVICES FROM OCTOBER 1, 2008 THROUGH APRIL 5, 2009**

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

Provider No.
NPI 1821250762

Audited Medi-Cal Cost Per Day

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$ <u>758,152</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31)	<u>0</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$ <u><u>758,152</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)	<u>273</u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$ <u><u>2,777.11</u></u>

Audited Cost For Services From 10/01/08 Through 04/05/09

6. Audited Medi-Cal Days of Service from 10/01/08 - 04/05/09 (excludes Administrative Days)	<u>273</u>
7. Audited Medi-Cal Cost for 10/01/08 - 04/05/09 (Line 5 X Line 6)	\$ <u><u>758,152</u></u>
8. Audited Medi-Cal Cost for 10/01/08 - 04/05/09 with 10% Reduction (Line 7 X 90%)	\$ <u><u>682,337</u></u>

Audited Cost For Services From 10/01/08 Through 04/05/09 Using the Regional Average Per Diem Contract Rate

9. Regional Average Per Diem Contract Rate	\$ <u>1,219</u>
10. Audited Medi-Cal Days of Service from 10/01/08 - 04/05/09 (excludes Administrative Days)	<u>273</u>
11. Audited Cost Using the Regional Average per Diem Contract Rate (Line 9 X Line 10)	\$ <u><u>332,787</u></u>

Reduction For 10/01/08 Through 04/05/09

12. If Line 8 is less than Line 11, then the reduction is Line 7 X 10%	\$ <u>0</u> (To Schedule A, Ln 2)
13. If Line 11 is less than Line 8, then the reduction is Line 7 Less Line 11	\$ <u><u>425,365</u></u> (To Schedule A, Ln 2)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
PROVIDENCE TARZANA MEDICAL CENTERPeriod Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008Provider No.
NPI 1821250762

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 2,125,017 \$ 758,152

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 5) \$ 3,542,301 \$ 1,198,0383. Inpatient Ancillary Service Charges (Adj 5) \$ 7,059,094 \$ 2,171,4544. Total Charges - Medi-Cal Inpatient Services \$ 10,601,395 \$ 3,369,4925. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 8,476,378 \$ 2,611,3406. Excess of Reasonable Cost Over Customary Charges
(Line 1 minus Line 4) \$ 0 \$ 0
(To Schedule 1)

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

COMPUTATION OF
MEDI-CAL NET COSTS OF COVERED SERVICES

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

Provider No.
NPI 1821250762

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>931,813</u>	\$ <u>344,545</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>1,193,204</u>	\$ <u>413,607</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>2,125,017</u>	\$ <u>758,152</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>2,125,017</u>	\$ <u>758,152</u>
	(To Schedule 2)	
9. Coinsurance (Adj 6)	\$ <u>0</u>	\$ <u>(7,596)</u>
10. Patient and Third Party Liability (Adj 6)	\$ <u>0</u>	\$ <u>(1,136)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>2,125,017</u>	\$ <u>749,420</u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
PROVIDENCE TARZANA MEDICAL CENTERPeriod Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008Provider No.
NPI 1821250762

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	13,350	13,350
2. Inpatient Days (include private, exclude swing-bed)	13,350	13,350
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	13,350	13,350
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)	434	138

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)	\$ 14,387,855	\$ 16,269,734
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)	\$ 14,387,855	\$ 16,269,734

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)	\$ 36,909,898	\$ 36,909,898
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)	\$ 2,764.79	\$ 2,764.79
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)	\$ 14,387,855	\$ 16,269,734

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,077.74	\$ 1,218.71
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 467,739	\$ 168,182
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 725,465	\$ 245,425
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 1,193,204	\$ 413,607

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
PROVIDENCE TARZANA MEDICAL CENTERPeriod Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008Provider No.
NPI 1821250762

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 140,866	\$ 161,987
2. Total Inpatient Days (Adj)	1,309	1,309
3. Average Per Diem Cost	\$ 107.61	\$ 123.75
4. Medi-Cal Inpatient Days (Adj 3)	9	2
5. Cost Applicable to Medi-Cal	\$ 968	\$ 248
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 4,464,721	\$ 5,028,540
7. Total Inpatient Days (Adj)	2,111	2,111
8. Average Per Diem Cost	\$ 2,114.98	\$ 2,382.07
9. Medi-Cal Inpatient Days (Adj 3)	138	11
10. Cost Applicable to Medi-Cal	\$ 291,867	\$ 26,203
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 28, Col 27)	\$ 2,091,304	\$ 2,351,285
17. Total Inpatient Days (Adj)	1,310	1,310
18. Average Per Diem Cost	\$ 1,596.42	\$ 1,794.87
19. Medi-Cal Inpatient Days (Adj 3)	271	122
20. Cost Applicable to Medi-Cal	\$ 432,630	\$ 218,974
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)	\$ 725,465	\$ 245,425

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
PROVIDENCE TARZANA MEDICAL CENTERPeriod Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008Provider No.
NPI 1821250762

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:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

Provider No:
NPI 1821250762

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 5,887,373	\$ 23,538,826	0.250113	\$ 114,020	\$ 28,518
38.00		0	0	0.000000	0	0
39.00	Delivery Room and Labor Room	1,873,753	4,661,331	0.401978	4,119	1,656
40.00		0	0	0.000000	0	0
41.00	Radiology - Diagnostic	2,947,044	8,859,823	0.332630	64,549	21,471
41.01		0	0	0.000000	0	0
41.02		0	0	0.000000	0	0
41.03		0	0	0.000000	0	0
42.00		0	0	0.000000	0	0
43.00	Radioisotope	336,706	1,949,157	0.172745	37,189	6,424
44.00	Laboratory	3,272,718	38,055,365	0.085999	517,828	44,533
47.00	Blood Storing, Processing & Trans.	725,773	622,291	1.166292	11,222	13,088
49.00	Respiratory Therapy	1,681,596	16,053,561	0.104749	116,967	12,252
50.00	Physical Therapy	612,217	2,524,985	0.242464	18,959	4,597
51.00	Occupational Therapy	199,154	970,533	0.205201	54,334	11,149
52.00	Speech Pathology	113,318	294,686	0.384540	2,122	816
53.00	Electrocardiology	348,648	8,432,304	0.041347	143,166	5,919
53.01	Cardiac Catheterization Laboratory	1,557,436	4,807,476	0.323961	61,752	20,005
53.02	Cardiac Rehab	496,781	96,757	5.134313	0	0
54.00	Electroencephalography	65,911	504,812	0.130565	6,697	874
55.00	Medical Supplies Charged to Patients	6,857,849	28,897,616	0.237315	317,502	75,348
56.00	Drugs Charged to Patients	3,469,017	45,886,449	0.075600	422,966	31,976
57.00	Renal Dialysis	234,429	720,357	0.325434	80,039	26,047
58.01	CAT Scan	542,991	10,321,080	0.052610	102,818	5,409
58.02	Ultra Sound	213,727	1,787,704	0.119554	23,141	2,767
59.01	Litho	119,121	318,320	0.374217	0	0
59.02	Endoscopy	319,650	593,428	0.538651	0	0
59.03	Vascular Lab	213,318	1,978,915	0.107796	0	0
60.00	Clinic	0	0	0.000000	0	0
60.01	Wound Care	152,406	90,661	1.681054	0	0
60.02	Diabetes Center	333,759	403,284	0.827604	0	0
61.00	Emergency	3,065,769	6,970,404	0.439827	72,064	31,696
71.00		0	0	0.000000	0	0
82.00		0	0	0.000000	0	0
83.00		0	0	0.000000	0	0
84.00		0	0	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 35,640,465	\$ 209,340,125		\$ 2,171,454	\$ 344,545

(To Schedule 3)

* From Schedule 8, Column 27

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

	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	245,225	0	0	0	0	0	0	0	0	3,772,274	1,286,518
38.00		0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	0	97,386	0	0	0	0	0	0	0	0	1,259,224	429,453
40.00		0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	0	66,859	0	0	0	0	0	0	0	0	2,013,710	686,767
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
41.03		0	0	0	0	0	0	0	0	0	0	0	0
42.00		0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	0	14,920	0	0	0	0	0	0	0	0	231,823	79,062
44.00	Laboratory	0	120,760	0	0	0	0	0	0	0	0	2,197,662	749,503
47.00	Blood Storing, Processing & Trans.	0	0	0	0	0	0	0	0	0	0	535,614	182,669
49.00	Respiratory Therapy	0	79,907	0	0	0	0	0	0	0	0	1,131,786	385,991
50.00	Physical Therapy	0	32,422	0	0	0	0	0	0	0	0	416,897	142,181
51.00	Occupational Therapy	0	12,100	0	0	0	0	0	0	0	0	140,392	47,880
52.00	Speech Pathology	0	4,704	0	0	0	0	0	0	0	0	68,487	23,357
53.00	Electrocardiology	0	17,243	0	0	0	0	0	0	0	0	220,547	75,217
53.01	Cardiac Catheterization Laboratory	0	44,651	0	0	0	0	0	0	0	0	1,084,881	369,994
53.02	Cardiac Rehab	0	0	0	0	0	0	0	0	0	0	321,761	109,735
54.00	Electroencephalography	0	2,629	0	0	0	0	0	0	0	0	45,109	15,384
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	4,737,150	1,615,585
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	2,444,150	833,567
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	168,560	57,487
58.01	CAT Scan	0	20,355	0	0	0	0	0	0	0	0	355,051	121,089
58.02	Ultra Sound	0	10,608	0	0	0	0	0	0	0	0	145,984	49,787
59.01	Litho	0	3,933	0	0	0	0	0	0	0	0	69,140	23,580
59.02	Endoscopy	0	11,660	0	0	0	0	0	0	0	0	205,574	70,110
59.03	Vascular Lab	0	9,245	0	0	0	0	0	0	0	0	136,191	46,447
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	Wound Care	0	8,604	0	0	0	0	0	0	0	0	109,656	37,398
60.02	Diabetes Center	0	15,920	0	0	0	0	0	0	0	0	214,038	72,997
61.00	Emergency	0	103,600	0	0	0	0	0	0	0	0	1,831,111	624,493
71.00		0	0	0	0	0	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
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE													
96.00	Gift, Flower, Coffee Shop & 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
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Foundation	0	1,505	0	0	0	0	0	0	0	0	605,884	206,634
100.01	Visitor Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.02	MOB	0	0	0	0	0	0	0	0	0	0	73,730	25,145
100.03	Business Development	0	0	0	0	0	0	0	0	0	0	228,108	77,795
100.04		0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	2,523,906	0	0	0	0	0	0	0	0	61,410,626	15,617,538

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

SEPTMBER 19, 2008 THROUGH DECEMBER 31, 2008
Period Reviewed:

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
GENERAL SERVICE COST CENTER													
1.00	Old Cap Rel Costs-Bldg & Fixtures												
2.00	Old Cap Rel Costs-Movable Equipmer												
3.00	New Cap Rel Costs-Bldg & Fixtures												
4.00	New Cap Rel Costs-Movable Equipme												
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	4,127											
9.00	Laundry and Linen Service	448	11,973										
10.00	Housekeeping	45	1,197										
11.00	Dietary	56	1,497		406								
12.00	Cafeteria	3,116	83,315		22,592	0							
13.00		0	0		0								
14.00	Nursing Administration	319	8,541		2,316		8,600						
15.00	Central Services & Supply	1,127	30,133		8,171	0	7,616	0	6,061				
16.00	Pharmacy	1,239	33,127		8,983	0	27,055	0	30,578				
17.00	Medical Records and Library	1,045	27,938		7,576	0	19,840	0	804		0		
18.00	Social Service	537	14,368		3,896	0	3,820	0	4,309		0	0	0
19.00		0	0		0	0	0	0	0		0	0	0
19.02		0	0		0	0	0	0	0		0	0	0
19.03		0	0		0	0	0	0	0		0	0	0
20.00		0	0		0	0	0	0	0		0	0	0
21.00		0	0		0	0	0	0	0		0	0	0
22.00		0	0		0	0	0	0	0		0	0	0
23.00		0	0		0	0	0	0	0		0	0	0
24.00		0	0		0	0	0	0	0		0	0	0
INPATIENT ROUTINE COST CENTE													
25.00	Adults & Pediatrics (Gen Routine)	35,347	945,136	231,869	256,282	363,423	218,511		244,802	0	835,997	153,877	57,256
26.00	Intensive Care Unit	7,287	194,848	36,665	52,835	58,989	58,046		67,314	0	266,270	54,401	89,531
27.00		0	0	0	0	0	0		0	0	0	0	0
30.00	Neonatal Intensive Care Unit	2,668	71,342	22,753	19,345	0	27,753		29,929	0	75,721	28,527	55,559
30.01		0	0	0	0	0	0		0	0	0	0	0
30.02		0	0	0	0	0	0		0	0	0	0	0
31.00		0	0	0	0	0	0		0	0	0	0	0
32.00		0	0	0	0	0	0		0	0	0	0	0
33.00	Nursery	695	18,589	22,736	5,041	0	0		0	0	0	5,908	55,517
34.00	Medicare Certified Nursing Facility	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
36.00	Adult Subacute Care Unit	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
36.02	Transitional Care Unit	0	0	0	0	0	0		0	0	0	0	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.2

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008
Period Reviewed:

	TRIAL BALANCE EXPENSES	MAINT & REPAIRS	OPER PLANT	LAUNDRY & LINEN	HOUSEKEEP	DIETARY	CAFE	MAINT OF PERSONNEL	NURSING ADMIN	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00
ANCILLARY COST CENTERS													
37.00	Operating Room	9,780	261,501	0	70,908	0	64,653	0	62,520	0	261,086	98,133	0
38.00		0	0	0	0	0	0	0	0	0	0	0	0
39.00	Delivery Room and Labor Room	1,093	29,235	0	7,927	0	27,251	0	25,905	0	74,231	19,433	0
40.00		0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology - Diagnostic	4,213	112,640	0	30,543	0	24,968	0	17,121	0	20,145	36,936	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
41.03		0	0	0	0	0	0	0	0	0	0	0	0
42.00		0	0	0	0	0	0	0	0	0	0	0	0
43.00	Radioisotope	289	7,733	0	2,097	0	3,637	0	3,939	0	0	8,126	0
44.00	Laboratory	2,314	61,863	0	16,775	0	41,077	0	44,873	0	0	158,652	0
47.00	Blood Storing, Processing & Trans.	140	3,742	0	1,015	0	0	0	0	0	6,082	2,594	0
49.00	Respiratory Therapy	863	23,089	0	6,261	0	28,528	0	32,069	0	0	66,927	0
50.00	Physical Therapy	556	14,867	0	4,031	0	10,679	0	12,479	0	0	10,527	0
51.00	Occupational Therapy	20	539	0	146	0	2,776	0	3,355	0	0	4,046	0
52.00	Speech Pathology	497	13,301	0	3,607	0	1,309	0	1,531	0	0	1,229	0
53.00	Electrocardiology	129	3,442	0	933	0	6,065	0	5,446	0	1,714	35,154	0
53.01	Cardiac Catheterization Laboratory	1,158	30,951	0	8,393	0	6,454	0	6,765	0	28,799	20,042	0
53.02	Cardiac Rehab	1,374	36,749	0	9,965	0	5,132	0	11,661	0	0	403	0
54.00	Electroencephalography	40	1,078	0	292	0	845	0	1,058	0	0	2,105	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	384,641	0	120,474	0
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	191,300	0
57.00	Renal Dialysis	154	4,111	0	1,115	0	0	0	0	0	0	3,003	0
58.01	CAT Scan	366	9,778	0	2,651	0	5,362	0	5,666	0	0	43,028	0
58.02	Ultra Sound	131	3,492	0	947	0	2,760	0	3,173	0	0	7,453	0
59.01	Litho	517	13,829	0	3,750	0	1,188	0	1,401	0	4,388	1,327	0
59.02	Endoscopy	485	12,971	0	3,517	0	3,337	0	3,956	0	17,226	2,474	0
59.03	Vascular Lab	485	12,971	0	3,517	0	2,758	0	2,689	0	0	8,250	0
60.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.01	Wound Care	0	0	0	0	0	2,259	0	2,716	0	0	378	0
60.02	Diabetes Center	1,010	27,000	0	7,321	0	4,973	0	4,739	0	0	1,681	0
61.00	Emergency	2,388	63,859	0	17,316	0	37,716	0	39,767	0	420,060	29,060	0
71.00		0	0	0	0	0	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
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTE													
96.00	Gift, Flower, Coffee Shop & 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
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00	Foundation	18,951	506,737	0	137,406	0	199	0	254	0	0	0	0
100.01	Visitor Meals	0	0	0	0	0	72,547	0	0	0	0	0	0
100.02	MOB	0	0	0	0	0	0	0	0	0	0	0	0
100.03	Business Development	149	3,991	0	1,082	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL													
		<u>105,158</u>	<u>2,701,475</u>	<u>314,022</u>	<u>728,958</u>	<u>422,412</u>	<u>727,714</u>	<u>0</u>	<u>676,889</u>	<u>384,641</u>	<u>2,011,719</u>	<u>1,115,449</u>	<u>257,862</u>

Provider Name:
 PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
 SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

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	STEP-DOWN ADJUSTMENT	TOTAL COST
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	5,887,373	0	5,887,373
38.00	0	0	0	0	0	0	0	0	0	0	0
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	1,873,753	0	1,873,753
40.00	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	2,947,044	0	2,947,044
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
41.03	0	0	0	0	0	0	0	0	0	0	0
42.00	0	0	0	0	0	0	0	0	0	0	0
43.00 Radioisotope	0	0	0	0	0	0	0	0	336,706	0	336,706
44.00 Laboratory	0	0	0	0	0	0	0	0	3,272,718	0	3,272,718
47.00 Blood Storing, Processing & Trans.	0	0	0	0	0	0	0	0	725,773	0	725,773
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	1,681,596	0	1,681,596
50.00 Physical Therapy	0	0	0	0	0	0	0	0	612,217	0	612,217
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	199,154	0	199,154
52.00 Speech Pathology	0	0	0	0	0	0	0	0	113,318	0	113,318
53.00 Electrocardiology	0	0	0	0	0	0	0	0	348,648	0	348,648
53.01 Cardiac Catheterization Laboratory	0	0	0	0	0	0	0	0	1,557,436	0	1,557,436
53.02 Cardiac Rehab	0	0	0	0	0	0	0	0	496,781	0	496,781
54.00 Electroencephalography	0	0	0	0	0	0	0	0	65,911	0	65,911
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	6,857,849	0	6,857,849
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	3,469,017	0	3,469,017
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	234,429	0	234,429
58.01 CAT Scan	0	0	0	0	0	0	0	0	542,991	0	542,991
58.02 Ultra Sound	0	0	0	0	0	0	0	0	213,727	0	213,727
59.01 Litho	0	0	0	0	0	0	0	0	119,121	0	119,121
59.02 Endoscopy	0	0	0	0	0	0	0	0	319,650	0	319,650
59.03 Vascular Lab	0	0	0	0	0	0	0	0	213,318	0	213,318
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
60.01 Wound Care	0	0	0	0	0	0	0	0	152,406	0	152,406
60.02 Diabetes Center	0	0	0	0	0	0	0	0	333,759	0	333,759
61.00 Emergency	0	0	0	0	0	0	0	0	3,065,769	0	3,065,769
71.00	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00	0	0	0	0	0	0	0	0	0	0	0
84.00	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER:											
96.00 Gift, Flower, Coffee Shop & 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
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00 Foundation	0	0	0	0	0	0	0	0	1,476,065	0	1,476,065
100.01 Visitor Meals	0	0	0	0	0	0	0	0	72,547	0	72,547
100.02 MOB	0	0	0	0	0	0	0	0	98,875	0	98,875
100.03 Business Development	0	0	0	0	0	0	0	0	311,126	0	311,126
100.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	61,410,626	0	61,410,626

STATE OF CALIFORNIA

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

SCHEDULE 9

Provider Name:
 PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
 SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

	OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQIP (SQ FT)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQIP (SQ FT)	STAT	STAT	STAT	STAT	STAT
1.00	(Adj)	2.00	3.00	4.00	4.01	4.02	4.03	4.04	4.05
(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)	(Adj)
1,004	1,004	1,004	1,004	1,004					

GENERAL SERVICE COST CENTERS

- Old Cap Rel Costs-Bldg & Fixtures
- Old Cap Rel Costs-Movable Equipment
- New Cap Rel Costs-Bldg & Fixtures
- New Cap Rel Costs-Movable Equipment

2.00									
3.00									
4.00									
4.01									
4.02									
4.03									
4.04									
4.05									
4.06									
4.07									
4.08									
5.00	1,004	1,004	1,004	1,004					
6.01									
6.02									
6.03									
6.04									
6.05									
6.06									
6.07									
6.08									
6.00	21,136	21,136	21,136	21,136					
7.00	800	800	800	800					
8.00	11,059	11,059	11,059	11,059					
9.00	1,200	1,200	1,200	1,200					
10.00	120	120	120	120					
11.00	150	150	150	150					
12.00	8,350	8,350	8,350	8,350					
13.00									
14.00	856	856	856	856					
15.00	3,020	3,020	3,020	3,020					
16.00	3,320	3,320	3,320	3,320					
17.00	2,800	2,800	2,800	2,800					
18.00	1,440	1,440	1,440	1,440					
19.00									
19.02									
19.03									
20.00									
21.00									
22.00									
23.00									
24.00									

Employee Benefits

- Administrative and General
- Maintenance and Repairs
- Operation of Plant
- Laundry and Linen Service
- Housekeeping
- Dietery
- Cafeteria
- Nursing Administration
- Central Services & Supply
- Pharmacy
- Medical Records and Library
- Social Service

INPATIENT ROUTINE COST CENTERS

- Adults & Pediatrics (Gen Routine)
- Intensive Care Unit
- Neonatal Intensive Care Unit
- Nursery
- Medicare Certified Nursing Facility
- Distinct Part Nursing Facility
- Adult Subacute Care Unit
- Subacute Care Unit II
- Transitional Care Unit

25.00	94,723	94,723	94,723	94,723					
26.00	19,528	19,528	19,528	19,528					
27.00									
30.00	7,150	7,150	7,150	7,150					
30.01									
30.02									
31.00									
32.00									
33.00	1,863	1,863	1,863	1,863					
34.00									
35.00									
36.00									
36.01									
36.02									

4.08

4.07

4.06

4.05

4.04

4.03

4.02

4.01

STAT

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STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9.2

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:

SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

	OPER PLANT (SQ FT) (Adj)	LAUNDRY & LINEN (LB LNDRY) (Adj)	HOUSE-KEEPING (SQ FT) (Adj)	DIETARY (MEALS SERVED) (Adj)	CAFETERIA (FTE's) (Adj)	MAINT OF PERSONNEL (# HOUSED) (Adj)	NURSING ADMIN (NURSE FTEs) (Adj)	CENT SERV & SUPPLY (CST REQ) (Adj)	PHARMACY (COSTS REQUIS) (Adj)	MED REC (GROSS CHARGES) (Adj)	SOC SERV (TIME SPENT) (Adj)	STAT
ANCILLARY COST CENTERS												
37.00	26,208		26,208		24,102		18,207		12,792	23,538,826		
38.00												
39.00	2,930		2,930		10,159		7,544		3,637	4,661,331		
40.00												
41.00	11,289		11,289		9,308		4,986		987	8,859,823		
41.01												
41.02												
41.03												
42.00												
43.00	775		775		1,356		1,147			1,949,157		
44.00	6,200		6,200		15,313		13,068			38,055,365		
47.00	375		375							622,291		
49.00	2,314		2,314		10,635		9,339		298	16,053,561		
50.00	1,490		1,490		3,981		3,634			2,524,985		
51.00	54		54		1,035		977			970,533		
52.00	1,333		1,333		488		446			294,686		
53.00	345		345		2,261		1,586		84	8,432,304		
53.01	3,102		3,102		2,406		1,970		1,411	4,807,476		
53.02	3,683		3,683		1,913		3,396			96,757		
54.00	108		108		315		308			504,812		
55.00								100		28,897,616		
56.00										45,886,449		
57.00	412		412							720,357		
58.01	980		980		1,999		1,650			10,321,080		
58.02	350		350		1,029		924			1,787,704		
59.01	1,386		1,386		443		408		215	318,320		
59.02	1,300		1,300		1,244		1,152		844	593,428		
59.03	1,300		1,300		1,028		786			1,978,915		
60.00												
60.01	2,706		2,706		842		791			90,661		
60.02	6,400		6,400		1,854		1,380			403,284		
61.00					14,060		11,581		20,581	6,970,404		
71.00												
82.00												
83.00												
84.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00												
97.00												
98.00												
99.00												
99.01												
99.02												
99.03												
99.04												
99.05												
100.00	50,786		50,786		74		74					
100.01					27,045							
100.02												
100.03	400		400									
100.04												
TOTAL	270,746	371,843	269,426	62,221	271,285	0	197,123	100	98,565	267,558,907	6,080	0
COST TO BE ALLOCATED	2,701,475	314,022	728,958	422,412	727,714	0	676,889	384,641	2,011,719	1,115,449	257,862	0
UNIT COST MULTIPLIER - SCH 8	9.977695	0.844501	2.705595	6.788896	2.682471	0.000000	3.433842	3846.405719	20.410071	0.004169	42.411521	0.000000

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

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 (Adj)	19.03 (Adj)	20.00 (Adj)	21.00 (Adj)	22.00 (Adj)	23.00 (Adj)	24.00 (Adj)

GENERAL SERVICE COST CENTERS

- Old Cap Rel Costs-Bldg & Fixtures
- Old Cap Rel Costs-Movable Equipment
- New Cap Rel Costs-Bldg & Fixtures
- New Cap Rel Costs-Movable Equipment

1.00
2.00
3.00
4.00
4.01
4.02
4.03
4.04
4.05
4.06
4.07
4.08

Employee Benefits

5.00
6.01
6.02
6.03
6.04
6.05
6.06
6.07
6.08

- Administrative and General
- Maintenance and Repairs
- Operation of Plant
- Laundry and Linen Service
- Housekeeping
- Dietary
- Cafeteria

7.00
8.00
9.00
10.00
11.00
12.00
13.00

- Nursing Administration
- Central Services & Supply
- Pharmacy
- Medical Records and Library
- Social Service

14.00
15.00
16.00
17.00
18.00
19.00

19.02
19.03
20.00
21.00
22.00
23.00
24.00

INPATIENT ROUTINE COST CENTERS

- Adults & Pediatrics (Gen Routine)
- Intensive Care Unit

25.00
26.00
27.00

- Neonatal Intensive Care Unit

30.00
30.01
31.00
32.00

- Nursery
- Medicare Certified Nursing Facility
- Distinct Part Nursing Facility
- Adult Subacute Care Unit
- Subacute Care Unit II
- Transitional Care Unit

33.00
34.00
35.00
36.00
36.01
36.02

TRIAL BALANCE OF EXPENSES

Provider Name:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs-Bldg & Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs-Movable Equipment		0	0
3.00	New Cap Rel Costs-Bldg & Fixtures	1,976,233	0	1,976,233
4.00	New Cap Rel Costs-Movable Equipment	526,912	452,250	979,162
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	2,513,753	416	2,514,169
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	8,694,472	6,444,827	15,139,299
7.00	Maintenance and Repairs	65,439	0	65,439
8.00	Operation of Plant	1,862,833	0	1,862,833
9.00	Laundry and Linen Service	213,262	0	213,262
10.00	Housekeeping	541,484	0	541,484
11.00	Dietary	265,388	0	265,388
12.00	Cafeteria	380,372	0	380,372
13.00			0	0
14.00	Nursing Administration	447,885	0	447,885
15.00	Central Services & Supply	206,027	0	206,027
16.00	Pharmacy	1,289,703	0	1,289,703
17.00	Medical Records and Library	724,632	0	724,632
18.00	Social Service	144,662	0	144,662
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00			0	0
22.00			0	0
23.00			0	0
24.00			0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults & Pediatrics (Gen Routine)	8,031,272	0	8,031,272
26.00	Intensive Care Unit	2,674,049	0	2,674,049
27.00			0	0
30.00	Neonatal Intensive Care Unit	1,316,798	0	1,316,798
30.01			0	0
30.02			0	0
31.00			0	0
32.00			0	0
33.00	Nursery	21,829	0	21,829
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:
PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 3,272,886	\$ 0	\$ 3,272,886
38.00			0	0
39.00	Delivery Room and Labor Room	1,133,423	0	1,133,423
40.00			0	0
41.00	Radiology - Diagnostic	1,837,371	0	1,837,371
41.01			0	0
41.02			0	0
41.03			0	0
42.00			0	0
43.00	Radioisotope	209,387	0	209,387
44.00	Laboratory	2,016,775	0	2,016,775
47.00	Blood Storing, Processing & Trans.	531,977	0	531,977
49.00	Respiratory Therapy	1,029,438	0	1,029,438
50.00	Physical Therapy	370,026	0	370,026
51.00	Occupational Therapy	127,768	0	127,768
52.00	Speech Pathology	50,856	0	50,856
53.00	Electrocardiology	199,959	0	199,959
53.01	Cardiac Catheterization Laboratory	1,010,147	0	1,010,147
53.02	Cardiac Rehab	286,044	0	286,044
54.00	Electroencephalography	41,433	0	41,433
55.00	Medical Supplies Charged to Patients	4,737,150	0	4,737,150
56.00	Drugs Charged to Patients	2,444,150	0	2,444,150
57.00	Renal Dialysis	164,564	0	164,564
58.01	CAT Scan	325,192	0	325,192
58.02	Ultra Sound	131,982	0	131,982
59.01	Litho	51,765	0	51,765
59.02	Endoscopy	181,307	0	181,307
59.03	Vascular Lab	114,338	0	114,338
60.00	Clinic		0	0
60.01	Wound Care	101,052	0	101,052
60.02	Diabetes Center	171,875	0	171,875
61.00	Emergency	1,665,444	0	1,665,444
71.00			0	0
82.00			0	0
83.00			0	0
84.00			0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 54,103,314	\$ 6,897,493	\$ 61,000,807
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop & 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
99.05			0	0
100.00	Foundation	111,860	0	111,860
100.01	Visitor Meals	0	0	0
100.02	MOB	73,730	0	73,730
100.03	Business Development	224,229	0	224,229
100.04			0	0
100.99	SUBTOTAL	\$ 409,819	\$ 0	\$ 409,819
101	TOTAL	\$ 54,513,133	\$ 6,897,493	\$ 61,410,626

(To Schedule 8)

Provider Name: PROVIDENCE TARZANA MEDICAL CENTER

Period Reviewed: SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

	TOTAL 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	0											
39.00 Delivery Room and Labor Room	0											
40.00	0											
41.00 Radiology - Diagnostic	0											
41.01	0											
41.02	0											
41.03	0											
42.00	0											
43.00 Radiology	0											
44.00 Laboratory	0											
47.00 Blood Storing, Processing & Trans.	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											
53.01 Cardiac Catheterization Laboratory	0											
53.02 Cardiac Rehab	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											
58.01 CAT Scan	0											
58.02 Ultra Sound	0											
59.01 Litho	0											
59.02 Endoscopy	0											
59.03 Vascular Lab	0											
60.00 Clinic	0											
60.01 Wound Care	0											
60.02 Diabetes Center	0											
61.00 Emergency	0											
71.00	0											
82.00	0											
83.00	0											
84.00	0											
85.00	0											
86.00	0											
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop & 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											
99.05	0											
100.00 Foundation	0											
100.01 Visitor Meals	0											
100.02 MOB	0											
100.03 Business Development	0											
100.04	0											
101.00 TOTAL	\$6,897,493	6,897,493	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name:

PROVIDENCE TARZANA MEDICAL CENTER

Page 2

Period Reviewed:
SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008

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 Old Cap Rel Costs-Bldg & Fixtures
- 2.00 Old Cap Rel Costs-Movable Equipment
- 3.00 New Cap Rel Costs-Bldg & 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

Employee Benefits

- 5.00
- 6.01
- 6.02
- 6.03
- 6.04
- 6.05
- 6.06
- 6.07
- 6.08

Administrative and General Maintenance and Repairs

- 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

Nursing Administration Central Services & Supply Pharmacy

- 14.00 Nursing Administration
- 15.00 Central Services & Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.02
- 19.03
- 20.00
- 21.00
- 22.00
- 23.00
- 24.00

INPATIENT ROUTINE COST CENTERS

- 25.00 Adults & Pediatrics (Gen Routine)
- 26.00 Intensive Care Unit
- 27.00
- 30.00 Neonatal Intensive Care Unit
- 30.01
- 30.02
- 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

	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	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
ANCILLARY COST CENTERS																	
37.00 Operating Room																	
38.00																	
39.00 Delivery Room and Labor Room																	
40.00																	
41.00 Radiology - Diagnostic																	
41.01																	
41.02																	
41.03																	
42.00																	
43.00 Radioisotope																	
44.00 Laboratory																	
47.00 Blood Storing, Processing & Trans.																	
49.00 Respiratory Therapy																	
50.00 Physical Therapy																	
51.00 Occupational Therapy																	
52.00 Speech Pathology																	
53.00 Electrocardiography																	
53.01 Cardiac Catheterization Laboratory																	
53.02 Cardiac Rehab																	
54.00 Electroencephalography																	
55.00 Medical Supplies Charged to Patients																	
56.00 Drugs Charged to Patients																	
57.00 Renal Dialysis																	
58.01 CAT Scan																	
58.02 Ultra Sound																	
59.01 Litho																	
59.02 Endoscopy																	
59.03 Vascular Lab																	
60.00 Clinic																	
60.01 Wound Care																	
60.02 Diabetes Center																	
61.00 Emergency																	
71.00																	
82.00																	
83.00																	
84.00																	
85.00																	
86.00																	
NONREIMBURSABLE COST CENTERS																	
96.00 Gift, Flower, Coffee Shop & Canteen																	
97.00 Research																	
98.00 Physicians' Private Office																	
99.00 Nonpaid Workers																	
99.01																	
99.02																	
99.03																	
99.04																	
99.05																	
100.00 Foundation																	
100.01 Visitor Meals																	
100.02 MOB																	
100.03 Business Development																	
100.04																	
101.00 TOTAL																	

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Provider Name		Period Reviewed		Provider Number		Adjustments	
PROVIDENCE TARZANA MEDICAL CENTER		SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008		NPI 1821250762		8	
Report References							
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)
			Part	Title	Line		

Explanation of Audit Adjustments
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 and are incorporated on Noncontract Schedule 1, Line 9. W&I Code, Sections 14105.19 and 14166.245

Provider Name		Period Reviewed		Provider Number		Adjustments		
PROVIDENCE TARZANA MEDICAL CENTER		SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008		NPI 1821250762		8		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
2	10A	A		4.00	7	\$526,912	\$452,250	\$979,162
	10A	A		5.00	7	2,513,753	416	2,514,169
	10A	A		6.00	7	8,694,472	6,444,827	15,139,299
<p style="text-align: center;">ADJUSTMENT TO REPORTED COSTS</p> <p> New Cap Rel Costs-Movable Equipment Employee Benefits Administrative and General To adjust the reported expenses to agree with the Providence Health and Services (Corporate Office and Southern California) home office audit reports for the fiscal year ended December 31, 2008 and to account for the Worker's Compensation paid claims. 42 CFR 413.17, 413.20, and 413.24 CMS Pub. 15-1, Sections 2150.2 , 2300, and 2304 </p>								

Provider Name		Period Reviewed				Provider Number		Adjustments		
PROVIDENCE TARZANA MEDICAL CENTER		SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008				NPI 1821250762		8		
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA - NON CONTRACT										
3	4A	D-1	I	XIX	9.00	1	Medi-Cal Days - Adults and Pediatrics	434	(296)	138
	4A	D-1	II	XIX	42.00	4	Medi-Cal Days - Nursery	9	(7)	2
	4A	D-1	II	XIX	43.00	4	Medi-Cal Days - Intensive Care Unit	138	(127)	11
	4A	D-1	II	XIX	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	271	(149)	122
4	6	D-4	XIX	XIX	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$345,528	(\$231,508)	\$114,020
	6	D-4	XIX	XIX	39.00	2	Medi-Cal Ancillary Charges - Delivery Room & Labor Room	45,726	(41,607)	4,119
	6	D-4	XIX	XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	212,363	(147,814)	64,549
	6	D-4	XIX	XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	78,013	(40,824)	37,189
	6	D-4	XIX	XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	1,387,986	(870,158)	517,828
	6	D-4	XIX	XIX	47.00	2	Medi-Cal Ancillary Charges - Blood Storing, Processing, and Trans.	21,606	(10,384)	11,222
	6	D-4	XIX	XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	1,013,940	(896,973)	116,967
	6	D-4	XIX	XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	61,386	(42,427)	18,959
	6	D-4	XIX	XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	122,189	(67,855)	54,334
	6	D-4	XIX	XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	4,684	(2,562)	2,122
	6	D-4	XIX	XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	380,798	(237,632)	143,166
	6	D-4	XIX	XIX	53.01	2	Medi-Cal Ancillary Charges - Cardiac Catheterization Laboratory	253,655	(191,903)	61,752
	6	D-4	XIX	XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	15,625	(8,928)	6,697
	6	D-4	XIX	XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	953,341	(635,839)	317,502
	6	D-4	XIX	XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	1,612,772	(1,189,806)	422,966
	6	D-4	XIX	XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	29,822	50,217	80,039
	6	D-4	XIX	XIX	58.01	2	Medi-Cal Ancillary Charges - Cat Scan	237,965	(135,147)	102,818
	6	D-4	XIX	XIX	58.02	2	Medi-Cal Ancillary Charges - Ultrasound	54,601	(31,460)	23,141
	6	D-4	XIX	XIX	59.01	2	Medi-Cal Ancillary Charges - Litho	5,974	(5,974)	0
	6	D-4	XIX	XIX	59.02	2	Medi-Cal Ancillary Charges - Endoscopy	5,099	(5,099)	0
	6	D-4	XIX	XIX	59.03	2	Medi-Cal Ancillary Charges - Vascular Lab	50,085	(50,085)	0
	6	D-4	XIX	XIX	60.02	2	Medi-Cal Ancillary Charges - Diabetes Center	6,421	(6,421)	0
	6	D-4	XIX	XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	159,515	(87,451)	72,064
	6	D-4	XIX	XIX	101.00	2	Medi-Cal Ancillary Charges - Total Ancillary Charges	7,059,094	(4,887,640)	2,171,454

-Continued on next page-

Provider Name		Period Reviewed		Provider Number		Adjustments				
PROVIDENCE TARZANA MEDICAL CENTER		SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008		NPI 1821250762		8				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
-Continued from previous page-										
5	2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$3,542,301	(\$2,344,263)	\$1,198,038
	2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	7,059,094	(4,887,640)	2,171,454
6	3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$0	\$1,136	\$1,136
	3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	0	7,596	7,596
7	1	E-3	III	XIX	57.00	1	Medi-Cal Interim Payments	\$0	\$314,912	\$314,912
<p style="text-align: center;">ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NON CONTRACT</p> <p>To adjust Medi-Cal Settlement Data to agree with the following HP Enterprise Services Paid Claims Summary: Report Date: July 26, 2011 Payment Period: September 19, 2008 through July 22, 2011 Service Period: September 19, 2008 through December 31, 2008 42 CFR 413.20, 413.24, 413.50, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Section 51541</p>										

Provider Name		Period Reviewed				Provider Number		Adjustments	
PROVIDENCE TARZANA MEDICAL CENTER		SEPTEMBER 19, 2008 THROUGH DECEMBER 31, 2008				NPI 1821250762		8	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
8	1	Not Reported				\$0	\$6,704	\$6,704	
<p>Reduction for Late Billings To reduce net reimbursable costs for late billing penalties. Welfare and Institutions Code, Section 14115 CCR, Title 22, Section 51458.1 CMS Pub 15-1, Sections 2304 and 2408</p> <p>ADJUSTMENT TO OTHER MATTERS</p>									