

**REPORT  
ON THE  
COST REPORT REVIEW**

**SANTA CLARA VALLEY MEDICAL CENTER  
SAN JOSE, CALIFORNIA  
PROVIDER NUMBERS: HSC/ZZR00038W AND  
NPI NUMBERS: 1063406551 AND 1528245156**

**FISCAL PERIOD ENDED  
JUNE 30, 2008**

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

**Section Chief: Louise Wong  
Audit Supervisor: Diana Dong  
Auditors: Ken Cui and Wenli Wei**



DAVID MAXWELL-JOLLY  
*Director*

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



EDMUND G. BROWN JR.  
*Governor*

January 6, 2011

Nancy Kaatz  
Chief Financial Officer  
Finance Administration  
2325 Enborg Lane, Suite 360  
San Jose, CA 95150-5280

PROVIDER: SANTA CLARA VALLEY MEDICAL CENTER  
PROVIDER NOS. HSC/ZZR0038W AND NPI NOS. 1063406551/1528245156  
FISCAL PERIOD ENDED JUNE 30, 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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

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

This audit report includes the:

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

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

Nancy Kaatz  
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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:

John Melton, Chief  
Office of Administrative Hearing 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 95899-7413

**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—Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief  
Audits Section—Richmond  
Financial Audits Branch

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**SANTA CLARA VALLEY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2008**

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>Provider No. ZZR00038W</b>		
Reported	\$ 11,717,586	
Net Change	\$ (11,717,586)	
Audited Amount Due Provider (State)	\$ 0	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>Provider No.</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>Provider No.</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>4. Designated Public Hospital Cost (SCHEDULE 1)</b> <b>Provider No. HSC00038W</b>		
Reported		\$ 177,558,490
Net Change		\$ 3,403,174
Audited Cost		\$ 180,961,664
Audited Amount Due Provider (State)	\$ 0	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>Provider No.</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>Provider No.</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>Provider No.</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ 0	
<b>9. Total Medi-Cal Cost</b>		\$ 180,961,664

**SUMMARY OF FINDINGS**

**Provider Name:**  
**SANTA CLARA VALLEY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2008**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b>	<b>Provider No.</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b>	<b>Provider No.</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ 0	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

Provider No.  
ZZR00038W

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>17,430,816</u>	\$ <u>0</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>0</u>	\$ <u>N/A</u>
4. HBP Cost Adjustment (Adj 19)	\$ <u>70,982</u>	\$ <u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>17,501,798</u>	\$ <u>0</u>
6. Interim Payments (Adj 20)	\$ <u>(5,784,212)</u>	\$ <u>0</u>
7. Balance Due Provider (State)	\$ <u>11,717,586</u>	\$ <u>0</u>
8. Duplicate Payments (Adj )	\$ <u>0</u>	\$ <u>0</u>
9.	\$ <u>0</u>	\$ <u>0</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>11,717,586</u>	\$ <u>0</u>

(To Summary of Findings)

COMPUTATION OF LESSER OF  
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:  
SANTA CLARA VALLEY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2008Provider No.  
ZZR00038W

REPORTED

AUDITED

## REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 17,469,457 \$ 0

## CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 18) \$ 28,353,372 \$ 03. Inpatient Ancillary Service Charges (Adj 18) \$ 12,161,349 \$ 04. Total Charges - Medi-Cal Inpatient Services \$ 40,514,721 \$ 05. Excess of Customary Charges Over Reasonable Cost  
(Line 4 minus Line 1) \* \$ 23,045,264 \$ 06. 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:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

Provider No.  
ZZR00038W

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ 4,338,129	\$ 0
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ 13,131,328	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch )	\$ 0	\$ 0
4.	\$	\$ 0
5.	\$ 0	\$ 0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 17,469,457	\$ 0
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ (See Schedule 1)	\$ 0
8. SUBTOTAL	\$ 17,469,457	\$ 0
	(To Schedule 2)	
9. Coinsurance (Adj 19)	\$ (38,641)	\$ 0
10. Patient and Third Party Liability (Adj )	\$ 0	\$ 0
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 17,430,816	\$ 0
	(To Schedule 1)	



COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SANTA CLARA VALLEY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2008Provider No.  
ZZR00038W

## GENERAL SERVICE UNIT NET OF SWING-BED COSTS

## INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 13)	83,772	109,274
2. Inpatient Days (include private, exclude swing-bed)	83,772	109,274
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 13)	83,772	109,274
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 16)	7,548	0

## SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 143,638,849	\$ 184,356,039
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)	\$ 143,638,849	\$ 184,356,039

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj 15)	\$ 331,124,734	\$ 391,361,857
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj 15)	\$ 331,124,734	\$ 391,361,857
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.433791	\$ 0.471063
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)	\$ 3,952.69	\$ 3,581.47
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)	\$ 143,638,849	\$ 184,356,039

## PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,714.64	\$ 1,687.10
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 12,942,103	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 189,225	\$ 0
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 13,131,328	\$ 0

( To Schedule 3 )

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SANTA CLARA VALLEY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2008Provider No.  
ZZR00038W

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 10,347,820	\$ 10,290,999
2. Total Inpatient Days (Adj )	13,702	13,702
3. Average Per Diem Cost	\$ 755.21	\$ 751.06
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 36,146,148	\$ 35,976,016
7. Total Inpatient Days (Adj )	9,594	9,594
8. Average Per Diem Cost	\$ 3,767.58	\$ 3,749.85
9. Medi-Cal Inpatient Days (Adj 16)	39	0
10. Cost Applicable to Medi-Cal	\$ 146,936	\$ 0
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 8,619,606	\$ 8,522,932
12. Total Inpatient Days (Adj )	2,544	2,544
13. Average Per Diem Cost	\$ 3,388.21	\$ 3,350.21
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 8,848,929	\$ 8,751,932
17. Total Inpatient Days (Adj )	2,511	2,511
18. Average Per Diem Cost	\$ 3,524.07	\$ 3,485.44
19. Medi-Cal Inpatient Days (Adj 16)	12	0
20. Cost Applicable to Medi-Cal	\$ 42,289	\$ 0
<b>NEONATAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 26,004,242	\$ 25,916,791
22. Total Inpatient Days (Adj )	9,214	9,214
23. Average Per Diem Cost	\$ 2,822.25	\$ 2,812.76
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
26. Per Diem Rate (Adj )	\$	\$ 0.00
27. Medi-Cal Inpatient Days (Adj )	0	0
28. Cost Applicable to Medi-Cal	\$ 0	\$ 0
<b>ADMINISTRATIVE DAYS</b>		
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)	\$ 189,225	\$ 0

(To Schedule 4)

COMPUTATION OF  
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:  
SANTA CLARA VALLEY MEDICAL CENTERFiscal Period Ended:  
JUNE 30, 2008Provider No.  
ZZR00038W

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:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

Provider No:  
ZZR00038W

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj 14)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
37.00	Operating Room	\$ 25,706,785	\$ 58,202,181	0.441681	\$ 0	\$ 0
39.00	Delivery Room and Labor Room	20,638,194	26,951,550	0.765752	0	0
40.00	Anesthesiology	4,452,091	10,370,512	0.429303	0	0
41.00	Radiology - Diagnostic	30,272,416	141,890,486	0.213351	0	0
41.01	Ultrasound	2,198,665	12,018,578	0.182939	0	0
42.00	Radiology - Therapeutic	2,968,709	15,821,929	0.187633	0	0
43.00	Radioisotope	3,138,517	15,312,053	0.204970	0	0
44.00	Laboratory	38,822,863	166,822,310	0.232720	0	0
46.00	Whole Blood	5,962,765	8,195,361	0.727578	0	0
49.00	Respiratory Therapy	12,388,113	54,090,079	0.229027	0	0
50.00	Physical Therapy	11,565,295	20,332,515	0.568808	0	0
51.00	Occupational Therapy	5,902,054	10,028,313	0.588539	0	0
52.00	Speech Pathology	2,155,742	2,701,124	0.798091	0	0
53.00	Electrocardiology	1,043,116	3,101,660	0.336309	0	0
54.00	Electroencephalography	798,441	972,641	0.820900	0	0
55.00	Medical Supplies Charged to Patients	32,705,777	66,592,044	0.491136	0	0
56.00	Drugs Charged to Patients	99,113,218	276,470,383	0.358495	0	0
57.00	Renal Dialysis	13,131,598	29,114,991	0.451025	0	0
59.02	Cardiology	8,148,152	32,019,009	0.254479	0	0
59.03	Pulmonary Function Testomg	918,290	3,267,983	0.280996	0	0
59.04	Gastroenterology	5,066,213	6,364,835	0.795969	0	0
59.05	Psychiatric / Psychological	1,424,851	1,449,789	0.982799	0	0
59.06	Urology	1,248,124	2,080,561	0.599898	0	0
60.00	Clinic	1,678,066	936,654	1.791554	0	0
60.01	Rehabilitation Clinic	2,748,728	2,514,742	1.093046	0	0
60.02	Psychiatric ESP	14,983,168	8,465,386	1.769933	0	0
60.03	Eye Clinic	2,602,984	2,662,111	0.977789	0	0
60.04	ENT Clinic	2,109,723	3,238,188	0.651513	0	0
60.05	Orthopedic Clinic	2,615,800	2,199,919	1.189044	0	0
60.06	Surgery Clinic	2,843,969	1,107,812	2.567194	0	0
60.07	Urgent Care Clinic	6,241,634	3,457,206	1.805398	0	0
60.08	PACE Clinic	1,411,832	637,385	2.215038	0	0
60.09	Infusion Clinic	2,960,163	5,185,787	0.570822	0	0
60.10	Fair Oaks Clinic	1,033,691	631,007	1.638161	0	0
60.11	Discharge / Puentes Clinic	213,758	131,826	1.621518	0	0
60.12	MH Specialty Assessment Center	250,271	1,292	193.708461	0	0
60.13	Allergy Clinic	120,453	211,671	0.569056	0	0
60.14	Oncology Clinic	2,479,184	528,919	4.687265	0	0
61.00	Emergency	29,072,023	63,105,539	0.460689	0	0
63.60	VHC - Bascom Clinic	31,225,553	41,490,625	0.752593	0	0
63.61	VHC - San Martin Clinic	5,633,141	6,935,211	0.812252	0	0
63.62	VHC - Chaboya / Tully Clinic	15,689,575	23,141,384	0.677988	0	0
63.63	VHC - Silver Creek Clinic	1,936,187	1,181,072	1.639347	0	0
63.64	VHC - East Valley Clinic	17,674,477	27,782,448	0.636174	0	0
63.65	VHC - Moorpark Clinic	14,867,435	15,673,029	0.948600	0	0
64.00	Home Program Dialysis	1,360,399	4,233,388	0.321350	0	0
64.01		0	0	0.000000	0	0
<b>TOTAL</b>		<b>\$ 455,683,703</b>	<b>\$ 1,130,753,551</b>		<b>\$ 0</b>	<b>\$ 0</b>

(To Schedule 3)

\* From Schedule 8, Column 27

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

Provider No:  
ZZR00038W

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 17)	AUDITED
37.00	Operating Room	\$	\$	\$ 0
39.00	Delivery Room and Labor Room			0
40.00	Anesthesiology			0
41.00	Radiology - Diagnostic	695,315	(695,315)	0
41.01	Ultrasound	57,407	(57,407)	0
42.00	Radiology - Therapeutic	120,111	(120,111)	0
43.00	Radioisotope	164,343	(164,343)	0
44.00	Laboratory	2,260,894	(2,260,894)	0
46.00	Whole Blood			0
49.00	Respiratory Therapy			0
50.00	Physical Therapy	963,459	(963,459)	0
51.00	Occupational Therapy	674,460	(674,460)	0
52.00	Speech Pathology	120,986	(120,986)	0
53.00	Electrocardiology			0
54.00	Electroencephalography			0
55.00	Medical Supplies Charged to Patients			0
56.00	Drugs Charged to Patients	7,104,374	(7,104,374)	0
57.00	Renal Dialysis			0
59.02	Cardiology			0
59.03	Pulmonary Function Testomg			0
59.04	Gastroenterology			0
59.05	Psychiatric / Psychological			0
59.06	Urology			0
60.00	Clinic			0
60.01	Rehabilitation Clinic			0
60.02	Psychiatric ESP			0
60.03	Eye Clinic			0
60.04	ENT Clinic			0
60.05	Orthopedic Clinic			0
60.06	Surgery Clinic			0
60.07	Urgent Care Clinic			0
60.08	PACE Clinic			0
60.09	Infusion Clinic			0
60.10	Fair Oaks Clinic			0
60.11	Discharge / Puentes Clinic			0
60.12	MH Specialty Assessment Center			0
60.13	Allergy Clinic			0
60.14	Oncology Clinic			0
61.00	Emergency			0
63.60	VHC - Bascom Clinic			0
63.61	VHC - San Martin Clinic			0
63.62	VHC - Chaboya / Tully Clinic			0
63.63	VHC - Silver Creek Clinic			0
63.64	VHC - East Valley Clinic			0
63.65	VHC - Moorpark Clinic			0
64.00	Home Program Dialysis			0
64.01				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 12,161,349	\$ (12,161,349)	\$ 0

(To Schedule 5)



## COMPUTATION OF MEDI-CAL DESIGNATED PUBLIC HOSPITAL COST

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

Provider No:  
HSC00038W

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Desig Pub Hosp Sch 3)	\$ <u>168,983,271</u>	\$ <u>181,110,972</u>
2. Excess Reasonable Cost Over Charges (Desig Pub Hosp Sch 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ _____	\$ <u>N/A</u>
4. HBP Cost Adjustment (Adj 24)	\$ <u>8,575,219</u>	\$ <u>0</u>
5. Subtotal (Sum of Lines 1 through 4)	\$ <u>177,558,490</u>	\$ <u>181,110,972</u>
6. Late Billing Penalty (Adj 32)	\$ <u>0</u>	\$ <u>(149,308)</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>177,558,490</u>	\$ <u>180,961,664</u>
	(To Summary of Findings)	
9. Interim Payments (Adjs 25,30)	\$ <u>86,605,963</u>	\$ <u>94,493,327</u>
10. Medi-Cal Credit Balances (Adj )	\$ <u>0</u>	\$ <u>0</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>0</u>	\$ <u>0</u>
	(To Summary of Findings)	

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

**Provider Name:**  
**SANTA CLARA VALLEY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2008**

**Provider No:**  
**HSC00038W**

<b>REPORTED</b>
-----------------

<b>AUDITED</b>
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**REASONABLE COST OF MEDI-CAL INPATIENT SERVICES**

1. Cost of Covered Services (Desig Pub Hosp Sch 3)	\$ <u>169,432,114</u>	\$ <u>181,717,325</u>
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**CHARGES FOR MEDI-CAL INPATIENT SERVICES**

2. Inpatient Routine Service Charges (Adjs 23,28 )	\$ <u>470,173,609</u>	\$ <u>337,772,452</u>
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3. Inpatient Ancillary Service Charges (Adjs 23,28 )	\$ <u>176,940,761</u>	\$ <u>173,886,393</u>
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4. Total Charges - Medi-Cal Inpatient Services	\$ <u>647,114,370</u>	\$ <u>511,658,845</u>
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5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>477,682,256</u>	\$ <u>329,941,520</u>
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6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u>0</u>	\$ <u>0</u>
	(To Desig Pub Hosp Sch 1)	

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



**COMPUTATION OF  
MEDI-CAL NET COST OF COVERED SERVICES**

**Provider Name:**  
**SANTA CLARA VALLEY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2008**

**Provider No:**  
**HSC00038W**

	<b>REPORTED</b>	<b>AUDITED</b>
1. Medi-Cal Inpatient Ancillary Services (Desig Pub Hosp Sch 5)	\$ <u>65,869,019</u>	\$ <u>66,762,969</u>
2. Medi-Cal Inpatient Routine Services (Desig Pub Hosp Sch 4)	\$ <u>103,563,095</u>	\$ <u>114,954,356</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>169,432,114</u>	\$ <u>181,717,325</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Desig Pub Hosp Sch 7)	( See Desig Pub \$ <u>Hosp Sch 1)</u>	\$ _____
8. SUBTOTAL	\$ <u>169,432,114</u>	\$ <u>181,717,325</u> (To Desig Pub Hosp Sch 2)
9. Coinsurance (Adjs 24,29)	\$ <u>(448,843)</u>	\$ <u>(257,183)</u>
10. Patient and Third Party Liability (Adjs 24,29)	\$ <u>0</u>	\$ <u>(349,170)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u>168,983,271</u>	\$ <u>181,110,972</u> (To Desig Pub Hosp Sch 1)

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

**Provider Name:**  
**SANTA CLARA VALLEY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2008**

**Provider No:**  
**HSC00038W**

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

	<b>REPORTED</b>	<b>AUDITED</b>
<b>INPATIENT DAYS</b>		
1. Total Inpatient Days (include private & swing-bed) (Adj 13)	83,772	109,274
2. Inpatient Days (include private, exclude swing-bed)	83,772	109,274
3. Private Room Days (exclude swing-bed private room) (Adj )	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 13)	83,772	109,274
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) (Adjs 21, 26)	32,724	39,723

**SWING-BED ADJUSTMENT**

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj )	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31(Adj )	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31(Adj )	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31(Adj )	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Part I, Line 25, Col 27)	\$ 143,638,849	\$ 184,356,039
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)	\$ 143,638,849	\$ 184,356,039

**PRIVATE ROOM DIFFERENTIAL ADJUSTMENT**

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)(Adj 15)	\$ 331,124,734	\$ 391,361,857
29. Private Room Charges (excluding swing-bed charges)(Adj )	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)(Adj 15)	\$ 331,124,734	\$ 391,361,857
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.433791	\$ 0.471063
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)	\$ 3,952.69	\$ 3,581.47
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)	\$ 143,638,849	\$ 184,356,039

**PROGRAM INPATIENT OPERATING COST**

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,714.64	\$ 1,687.10
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 56,109,879	\$ 67,016,673
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 47,453,216	\$ 47,937,683
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 103,563,095	\$ 114,954,356

(To Desig Pub Hosp Sch 3)

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

**Provider Name:**  
**SANTA CLARA VALLEY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2008**

**Provider No:**  
**HSC00038W**

<b>SPECIAL CARE AND/OR NURSERY UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
<b>NURSERY</b>		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 10,347,820	\$ 10,290,999
2. Total Inpatient Days (Adj )	13,702	13,702
3. Average Per Diem Cost	\$ 755.21	\$ 751.06
4. Medi-Cal Inpatient Days (Adj 21)	9,991	10,185
5. Cost Applicable to Medi-Cal	\$ 7,545,303	\$ 7,649,546
<b>INTENSIVE CARE UNIT</b>		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 36,146,148	\$ 35,976,016
7. Total Inpatient Days (Adj )	9,594	9,594
8. Average Per Diem Cost	\$ 3,767.58	\$ 3,749.85
9. Medi-Cal Inpatient Days (Adj 21)	3,766	3,573
10. Cost Applicable to Medi-Cal	\$ 14,188,706	\$ 13,398,214
<b>CORONARY CARE UNIT</b>		
11. Total Inpatient Routine Cost (Sch 8, Line 27, Col 27)	\$ 8,619,606	\$ 8,522,932
12. Total Inpatient Days (Adj )	2,544	2,544
13. Average Per Diem Cost	\$ 3,388.21	\$ 3,350.21
14. Medi-Cal Inpatient Days (Adj 21)	898	1,148
15. Cost Applicable to Medi-Cal	\$ 3,042,613	\$ 3,846,041
<b>BURN INTENSIVE CARE UNIT</b>		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 8,848,929	\$ 8,751,932
17. Total Inpatient Days (Adj )	2,511	2,511
18. Average Per Diem Cost	\$ 3,524.07	\$ 3,485.44
19. Medi-Cal Inpatient Days (Adj 21)	615	634
20. Cost Applicable to Medi-Cal	\$ 2,167,303	\$ 2,209,769
<b>NEONATAL INTENSIVE CARE UNIT</b>		
21. Total Inpatient Routine Cost (Sch 8, Line 30, Col 27)	\$ 26,004,242	\$ 25,916,791
22. Total Inpatient Days (Adj )	9,214	9,214
23. Average Per Diem Cost	\$ 2,822.25	\$ 2,812.76
24. Medi-Cal Inpatient Days (Adj 21)	7,267	7,407
25. Cost Applicable to Medi-Cal	\$ 20,509,291	\$ 20,834,113
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)	\$ 47,453,216	\$ 47,937,683
	(To Desig Pub Hosp Sch 4)	

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

**Provider Name:**  
**SANTA CLARA VALLEY MEDICAL CENTER**

**Fiscal Period Ended:**  
**JUNE 30, 2008**

**Provider No:**  
**HSC00038W**

<b>SPECIAL CARE UNITS</b>	<b>REPORTED</b>	<b>AUDITED</b>
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj )	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj )	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj )	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj )	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj )	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj )	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj )	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj )	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj )	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj )	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj )	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj )	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Desig Pub Hosp Sch 4)

## SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

Provider No:  
HSC00038W

		TOTAL ANCILLARY COST*	TOTAL ANCILLARY CHARGES (Adj 14)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (Desig Pub Hosp Sch 6)	MEDI-CAL COST
<b>ANCILLARY COST CENTERS</b>						
37.00	Operating Room	\$ 25,706,785	\$ 58,202,181	0.441681	\$ 11,099,049	\$ 4,902,237
39.00	Delivery Room and Labor Room	20,638,194	26,951,550	0.765752	16,281,877	12,467,874
40.00	Anesthesiology	4,452,091	10,370,512	0.429303	2,016,924	865,871
41.00	Radiology - Diagnostic	30,272,416	141,890,486	0.213351	16,157,999	3,447,318
41.01	Ultrasound	2,198,665	12,018,578	0.182939	958,210	175,294
42.00	Radiology - Therapeutic	2,968,709	15,821,929	0.187633	245,865	46,132
43.00	Radioisotope	3,138,517	15,312,053	0.204970	835,096	171,170
44.00	Laboratory	38,822,863	166,822,310	0.232720	23,469,747	5,461,876
46.00	Whole Blood	5,962,765	8,195,361	0.727578	2,796,661	2,034,789
49.00	Respiratory Therapy	12,388,113	54,090,079	0.229027	22,590,437	5,173,830
50.00	Physical Therapy	11,565,295	20,332,515	0.568808	3,312,441	1,884,143
51.00	Occupational Therapy	5,902,054	10,028,313	0.588539	2,223,435	1,308,578
52.00	Speech Pathology	2,155,742	2,701,124	0.798091	629,648	502,516
53.00	Electrocardiology	1,043,116	3,101,660	0.336309	273,704	92,049
54.00	Electroencephalography	798,441	972,641	0.820900	67,926	55,760
55.00	Medical Supplies Charged to Patients	32,705,777	66,592,044	0.491136	15,965,090	7,841,037
56.00	Drugs Charged to Patients	99,113,218	276,470,383	0.358495	40,344,067	14,463,142
57.00	Renal Dialysis	13,131,598	29,114,991	0.451025	700,465	315,927
59.02	Cardiology	8,148,152	32,019,009	0.254479	5,652,317	1,438,394
59.03	Pulmonary Function Testomg	918,290	3,267,983	0.280996	85,093	23,911
59.04	Gastroenterology	5,066,213	6,364,835	0.795969	457,986	364,543
59.05	Psychiatric / Psychological	1,424,851	1,449,789	0.982799	322,067	316,527
59.06	Urology	1,248,124	2,080,561	0.599898	5,889	3,533
60.00	Clinic	1,678,066	936,654	1.791554	0	0
60.01	Rehabilitation Clinic	2,748,728	2,514,742	1.093046	0	0
60.02	Psychiatric ESP	14,983,168	8,465,386	1.769933	0	0
60.03	Eye Clinic	2,602,984	2,662,111	0.977789	0	0
60.04	ENT Clinic	2,109,723	3,238,188	0.651513	0	0
60.05	Orthopedic Clinic	2,615,800	2,199,919	1.189044	0	0
60.06	Surgery Clinic	2,843,969	1,107,812	2.567194	0	0
60.07	Urgent Care Clinic	6,241,634	3,457,206	1.805398	0	0
60.08	PACE Clinic	1,411,832	637,385	2.215038	0	0
60.09	Infusion Clinic	2,960,163	5,185,787	0.570822	0	0
60.10	Fair Oaks Clinic	1,033,691	631,007	1.638161	0	0
60.11	Discharge / Puentes Clinic	213,758	131,826	1.621518	0	0
60.12	MH Specialty Assessment Center	250,271	1,292	193.708461	0	0
60.13	Allergy Clinic	120,453	211,671	0.569056	0	0
60.14	Oncology Clinic	2,479,184	528,919	4.687265	0	0
61.00	Emergency	29,072,023	63,105,539	0.460689	7,394,400	3,406,518
63.60	VHC - Bascom Clinic	31,225,553	41,490,625	0.752593	0	0
63.61	VHC - San Martin Clinic	5,633,141	6,935,211	0.812252	0	0
63.62	VHC - Chaboya / Tully Clinic	15,689,575	23,141,384	0.677988	0	0
63.63	VHC - Silver Creek Clinic	1,936,187	1,181,072	1.639347	0	0
63.64	VHC - East Valley Clinic	17,674,477	27,782,448	0.636174	0	0
63.65	VHC - Moorpark Clinic	14,867,435	15,673,029	0.948600	0	0
64.00	Home Program Dialysis	1,360,399	4,233,388	0.321350	0	0
64.01		0	0	0.000000	0	0
	<b>TOTAL</b>	<b>\$ 455,683,703</b>	<b>\$ 1,130,753,551</b>		<b>\$ 173,886,393</b>	<b>\$ 66,762,969</b>

\* From Schedule 8, Column 27

## ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

Provider No:  
HSC00038W

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adjs 22,27,31)	AUDITED
37.00	Operating Room	\$ 11,465,266	(366,217)	\$ 11,099,049
39.00	Delivery Room and Labor Room	22,023,118	(5,741,241)	16,281,877
40.00	Anesthesiology	2,100,033	(83,109)	2,016,924
41.00	Radiology - Diagnostic	16,923,141	(765,142)	16,157,999
41.01	Ultrasound	967,385	(9,175)	958,210
42.00	Radiology - Therapeutic	222,920	22,945	245,865
43.00	Radioisotope	819,700	15,396	835,096
44.00	Laboratory	21,737,510	1,732,237	23,469,747
46.00	Whole Blood	2,527,645	269,016	2,796,661
49.00	Respiratory Therapy	24,485,766	(1,895,329)	22,590,437
50.00	Physical Therapy	2,585,868	726,573	3,312,441
51.00	Occupational Therapy	1,705,055	518,380	2,223,435
52.00	Speech Pathology	549,641	80,007	629,648
53.00	Electrocardiology	360,551	(86,847)	273,704
54.00	Electroencephalography	113,548	(45,622)	67,926
55.00	Medical Supplies Charged to Patients	16,445,978	(480,888)	15,965,090
56.00	Drugs Charged to Patients	35,864,680	4,479,387	40,344,067
57.00	Renal Dialysis	1,069,065	(368,600)	700,465
59.02	Cardiology	6,286,692	(634,375)	5,652,317
59.03	Pulmonary Function Testomg	95,770	(10,677)	85,093
59.04	Gastroenterology	478,603	(20,617)	457,986
59.05	Psychiatric / Psychological	344,452	(22,385)	322,067
59.06	Urology	9,647	(3,758)	5,889
60.00	Clinic	1,534	(1,534)	0
60.01	Rehabilitation Clinic	1,189	(1,189)	0
60.02	Psychiatric ESP	0		0
60.03	Eye Clinic	3,088	(3,088)	0
60.04	ENT Clinic	3,974	(3,974)	0
60.05	Orthopedic Clinic	6,388	(6,388)	0
60.06	Surgery Clinic	162	(162)	0
60.07	Urgent Care Clinic	1,661	(1,661)	0
60.08	PACE Clinic	225	(225)	0
60.09	Infusion Clinic	0		0
60.10	Fair Oaks Clinic	167	(167)	0
60.11	Discharge / Puentes Clinic	47	(47)	0
60.12	MH Specialty Assessment Center	0		0
60.13	Allergy Clinic	0		0
60.14	Oncology Clinic	450	(450)	0
61.00	Emergency	7,739,834	(345,434)	7,394,400
63.60	VHC - Bascom Clinic	0		0
63.61	VHC - San Martin Clinic	0		0
63.62	VHC - Chaboya / Tully Clinic	0		0
63.63	VHC - Silver Creek Clinic	0		0
63.64	VHC - East Valley Clinic	0		0
63.65	VHC - Moorpark Clinic	0		0
64.00	Home Program Dialysis	8	(8)	0
64.01				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 176,940,753	\$ (3,054,368)	\$ 173,886,393

(To Desig Pub Hosp Sch











STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	NON PATIENT TELEPHONE 6.01	DATA PROCESSING 6.02	PURCHASING & RECEIVING 6.03	INPATIENT ADMITTING 6.04	OUTPATIENT ADMITTING 6.05	PATIENT ACCOUNTING 6.06	ALLOC COST	ALLOC COST	ACCUMULATE COST	OTHER ADMIN & GENERAL 6.07
<b>ANCILLARY COST CENTERS</b>												
37.00 Operating Room	0	177,479	15,623	508,357	25,665	95,764	0	450,449	0	0	19,203,477	1,044,571
39.00 Delivery Room and Labor Room	0	165,162	8,912	235,404	23,395	57,733	0	208,588	0	0	17,195,656	935,356
40.00 Anesthesiology	0	119,401	4,928	90,579	4,124	17,645	0	80,261	0	0	3,089,361	168,046
41.00 Radiology - Diagnostic	0	207,933	25,898	1,239,318	30,644	143,331	0	1,098,144	0	0	23,517,602	1,279,238
41.01 Ultrasound	0	17,200	839	104,974	2,444	6,680	0	93,016	0	0	1,877,355	102,119
42.00 Radiology - Therapeutic	0	19,941	6,501	138,194	3,092	1,609	0	122,452	0	0	2,371,977	129,023
43.00 Radioisotope	0	13,536	3,879	133,740	3,047	8,257	0	118,500	0	0	2,343,062	127,451
44.00 Laboratory	0	248,864	16,881	1,457,081	44,944	166,211	0	1,291,100	0	0	34,123,956	1,856,169
46.00 Whole Blood	0	15,954	1,887	71,581	7,434	15,533	0	63,427	0	0	5,491,519	298,711
49.00 Respiratory Therapy	0	81,483	1,992	472,440	14,697	137,624	0	418,623	0	0	11,243,119	611,568
50.00 Physical Therapy	0	93,900	19,817	177,591	13,537	26,857	0	157,361	0	0	10,012,791	544,645
51.00 Occupational Therapy	0	46,839	10,171	87,591	6,891	19,258	0	77,613	0	0	5,105,164	277,695
52.00 Speech Pathology	0	18,738	4,089	23,593	2,601	5,518	0	20,905	0	0	1,917,878	104,323
53.00 Electrocardiology	0	5,507	1,468	27,091	1,199	2,808	0	24,005	0	0	897,987	48,846
54.00 Electroencephalography	0	4,296	1,573	8,495	891	654	0	7,528	0	0	655,969	35,681
55.00 Medical Supplies Charged to Patients	0	0	0	581,637	20,659	135,610	0	515,381	0	0	15,501,328	843,193
56.00 Drugs Charged to Patients	0	0	0	2,414,783	104,401	262,403	0	2,139,708	0	0	78,471,123	4,268,429
57.00 Renal Dialysis	0	94,001	6,710	254,300	13,922	6,253	0	225,332	0	0	10,355,160	563,268
59.02 Cardiology	0	31,062	5,033	279,665	9,365	51,747	0	247,807	0	0	7,117,618	387,162
59.03 Pulmonary Function Testomg	0	4,318	1,678	28,544	1,050	585	0	25,292	0	0	789,743	42,968
59.04 Gastroenterology	0	35,785	15,308	55,593	5,869	3,294	0	49,260	0	0	4,318,273	234,892
59.05 Psychiatric / Psychological	0	12,021	2,412	12,663	1,697	3,017	0	11,220	0	0	1,247,059	67,834
59.06 Urology	0	7,022	2,202	18,172	1,181	1,111	0	16,102	0	0	875,327	47,613
60.00 Clinic	0	11,903	5,872	8,181	349	11	0	7,249	0	0	224,279	12,200
60.01 Rehabilitation Clinic	0	20,639	6,186	21,965	2,568	29	0	19,463	0	0	1,884,445	102,504
60.02 Psychiatric ESP	0	120,284	8,074	73,939	14,784	56	0	65,517	0	0	10,817,733	588,430
60.03 Eye Clinic	0	14,391	6,081	23,252	2,619	20	0	20,603	0	0	1,923,261	104,616
60.04 ENT Clinic	0	10,577	2,412	28,283	2,035	36	0	25,062	0	0	1,504,612	81,843
60.05 Orthopedic Clinic	0	22,075	6,186	19,215	2,627	78	0	17,026	0	0	1,924,494	104,693
60.06 Surgery Clinic	0	23,881	5,452	9,676	3,185	3	0	8,574	0	0	2,321,204	126,262
60.07 Urgent Care Clinic	0	43,582	6,710	30,196	7,437	16	0	26,757	0	0	5,435,535	295,665
60.08 PACE Clinic	0	4,103	2,097	5,567	2,287	4	0	4,933	0	0	955,460	51,972
60.09 Infusion Clinic	0	27,167	419	45,294	3,446	27	0	40,135	0	0	2,545,220	138,447
60.10 Fair Oaks Clinic	0	8,464	2,726	5,511	1,249	0	0	4,884	0	0	908,599	49,423
60.11 Discharge / Puentes Clinic	0	1,819	0	1,151	273	0	0	1,020	0	0	199,752	10,866
60.12 MH Specialty Assessment Center	0	2,193	0	11	325	0	0	10	0	0	235,238	12,796
60.13 Allergy Clinic	0	644	0	1,849	108	5	0	4,094	0	0	79,200	4,308
60.14 Oncology Clinic	0	10,504	4,613	4,620	1,675	5	0	4,994	0	0	1,221,635	66,451
61.00 Emergency	0	220,293	20,656	551,184	32,024	73,346	0	488,397	0	0	23,845,757	1,297,088
63.60 VHC - Bascom Clinic	0	246,277	48,232	70,900	34,694	14	0	62,824	0	0	25,260,868	1,374,062
63.61 VHC - San Martin Clinic	0	65,842	14,889	15,780	6,716	1	0	13,982	0	0	4,892,445	266,124
63.62 VHC - Chaboya / Tully Clinic	0	156,466	35,964	90,179	18,408	27	0	79,907	0	0	13,459,066	732,105
63.63 VHC - Silver Creek Clinic	0	22,470	6,501	2,947	2,247	0	0	2,612	0	0	1,635,597	88,968
63.64 VHC - East Valley Clinic	0	193,798	40,368	59,005	21,220	10	0	52,283	0	0	15,468,530	841,409
63.65 VHC - Moorpark Clinic	0	108,209	15,308	20,435	16,911	12	0	18,107	0	0	12,309,817	669,591
64.00 Home Program Dialysis	0	6,092	315	36,976	1,561	14	0	32,764	0	0	1,168,106	63,539
64.01	0	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00 Gift, Flower and Coffee Shop	0	0	0	0	11	0	0	0	0	0	8,351	454
100.00 Other Nonreimbursable Cost	0	19,570	7,969	200	8,514	0	0	0	0	0	7,293,180	396,712
100.01 Park Alameda	0	6,053	944	0	931	0	0	177	0	0	688,180	37,433
100.08 Fair Oaks Clinic	0	16,446	5,452	22,783	2,143	2	0	20,188	0	0	1,586,420	86,293
100.09 Children Shelter	0	0	0	0	373	0	0	0	0	0	271,860	14,788
TOTAL	0	7,187,568	831,575	15,716,316	1,065,942	3,074,435	0	13,926,024	0	0	772,886,303	39,872,230

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

	PSYCH ADMIN 6.08	OPERATION OF PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFETERIA 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
<b>GENERAL SERVICE COST CENTER</b>												
1.00 Old Capital Related Costs - Building and Fixtures												
2.00 Old Capital Related Costs - Movable Equipment												
3.00 New Capital Related Costs - Building and Fixtures												
4.00 New Capital Related Costs - Movable Equipment												
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00 Employee Benefits												
6.01 Nonpatient Telephones												
6.02 Data Processing												
6.03 Purchasing / Receiving												
6.04 Inpatient Admitting												
6.05 Outpatient Admitting												
6.06 Patient Accounting												
6.07 Other Administrative & General												
6.08 Psychiatric Administration												
8.00 Operation of Plant												
9.00 Laundry and Linen Service												
10.00 Housekeeping		198,671										
11.00 Dietary		214,926		13,656								
12.00 Cafeteria		294,053	813	241,900								
13.00 Maintenance of Personnel		0	0	0		65,104						
14.00 Nursing Administration		417,063		58,524		56,679	5,809					
15.00 Central Services and Supply		899,952	10,612	291,646		163,303			13,355			
16.00 Pharmacy		823,607	287	74,131		66,366			346			
17.00 Medical Records and Library		634,747		143,710		15,270			0			
18.00 Social Service		260,103		39,016					0			
19.00		0		0					0			
19.01		0		0					0			
19.02		0		0					0			
19.03		0		0					0			
20.00		0		0					0			
22.00 Interns and Residents Service - Salary and Fringes		0		0					0			
23.00 Interns and Residents Other Program		1,762,439		163,543		265,559			304			
24.00		0		0		0			0			
25.00 Adults and Pediatrics (Gen Routine)		4,057,409	1,128,525	1,292,410	2,875,486	425,026		6,685,374	699,048	20,687	2,156,676	1,213,001
26.00 Intensive Care Unit		1,023,767	140,726	69,904	77,430	97,257		1,464,242	336,327	6,841	600,600	239,266
27.00 Coronary Care Unit		107,829	65,583	13,656	23,681	22,251		356,636	24,148	1,268	151,625	23,343
28.00 Burn Intensive Care Unit		231,620	74,406	5,852	88,842	22,297		355,932	71,205	720	200,432	23,343
30.00 Neonatal Intensive Care Unit		549,519	56,838	13,656		68,457		1,060,642	65,545	2,038	809,745	85,035
31.00 Subprovider		387,263	102,786	70,554	304,539	52,301		781,544	66,715	10,309	204,733	562,732
31.01 Subprovider 2 - Psych	2,104,906	716,266	130,786	1,239,088	754,870	107,320		1,206,445	21,805	1,322	176,946	0
32.00	0	0	0	0	0	0		0	0	0	0	0
33.00 Nursery		320,681	101,751	36,415		30,024		452,946	9,699	382	157,706	0
34.00 Skilled Nursing Facility		0	0	0	0	0		0	0	0	0	0
35.00		0	0	0	0	0		0	0	0	0	0
36.00		0	0	0	0	0		0	0	0	0	0
36.01		0	0	0	0	0		0	0	0	0	0
36.02		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:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

TRIAL BALANCE EXPENSES

ANCILLARY COST CENTERS

	PSYCH ADMIN 6.08	OPERATION OF PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFETERIA 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
37.00 Operating Room	0	1,219,339	186,708	1,734,268	0	66,380	0	861,618	19,485	707	368,785	0
39.00 Delivery Room and Labor Room	0	772,670	215,966	163,868	73,022	62,534	0	833,740	28,516	2,521	170,773	0
40.00 Anesthesiology	0	98,189	0	13,656	0	22,404	0	58	17,585	69,061	65,710	0
41.00 Radiology - Diagnostic	0	1,356,554	186,578	158,991	0	74,330	0	89,976	21,852	5,149	899,058	0
41.01 Ultrasound	0	92,843	21,081	23,410	0	5,668	0	37	8,491	0	76,153	0
42.00 Radiology - Therapeutic	0	172,824	13,654	28,287	0	6,507	0	13,251	8,491	16,267	100,252	0
43.00 Radioisotope	0	374,132	32,401	159,316	0	4,340	0	0	501	293	97,021	0
44.00 Laboratory	0	1,330,146	6,871	309,528	0	124,961	0	0	14,040	159	1,057,033	0
46.00 Whole Blood	0	84,155	246	27,962	0	7,753	0	0	492	0	51,928	0
49.00 Respiratory Therapy	0	130,088	0	13,656	0	39,831	0	0	6,869	252	342,730	0
50.00 Physical Therapy	0	561,991	57,549	21,459	0	54,975	0	163,761	18,176	1,117	128,832	0
51.00 Occupational Therapy	0	325,611	28,384	23,410	0	26,598	0	42,128	8,971	551	63,542	0
52.00 Speech Pathology	0	74,660	7,645	20,483	0	10,190	0	26	3,299	148	17,115	0
53.00 Electrocardiology	0	46,373	1,542	20,158	0	4,604	0	0	3,927	0	19,653	0
54.00 Electroencephalography	0	48,447	0	21,134	0	2,581	0	0	2,102	26,363	6,163	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	15,939,310	14,621,872	421,946	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	1,751,793	0
57.00 Renal Dialysis	0	370,275	7,955	40,967	0	39,555	0	378,693	10,042	594,293	184,481	586,909
59.02 Cardiology	0	184,711	9,011	140,133	0	8,791	0	52,132	22,060	23,653	202,881	0
59.03 Pulmonary Function Testing	0	41,467	1,424	18,208	0	2,300	0	0	1,195	290	20,707	0
59.04 Gastroenterology	0	242,652	20,604	14,956	0	16,761	0	121,511	15,860	40,374	40,329	0
59.05 Psychiatric / Psychological	0	75,563	4,104	14,306	0	5,418	0	0	1,301	80	9,186	0
59.06 Urology	0	103,045	7,993	14,306	0	3,084	0	21,865	7,305	6,890	13,183	0
60.00 Clinic	0	57,673	0	14,306	0	5,796	0	602	1,457	7,590	5,935	682,782
60.01 Rehabilitation Clinic	1,110,498	171,458	5,212	51,696	0	9,383	0	628	8,279	27,148	15,934	0
60.02 Psychiatric ESP	0	428,339	71,150	727,326	547,286	53,579	0	572,734	11,504	948	53,639	0
60.03 Eye Clinic	0	135,458	0	40,967	0	9,002	0	1,460	5,350	5,417	16,868	0
60.04 ENT Clinic	0	126,720	0	39,992	0	6,533	0	698	520	481	20,518	0
60.05 Orthopedic Clinic	0	144,415	0	14,956	0	11,787	0	1,031	5,694	1,435	13,939	0
60.06 Surgery Clinic	0	153,201	19,561	15,281	0	12,728	0	1,127	6,741	550	7,019	0
60.07 Urgent Care Clinic	0	311,870	5,552	43,568	0	21,848	0	2,997	9,820	7,644	21,906	0
60.08 PACE Clinic	0	152,103	3,350	1,301	0	2,420	0	5,662	12	8,759	4,039	130,054
60.09 Infusion Clinic	0	78,370	11,848	39,666	0	10,076	0	493	16,228	86	32,859	0
60.10 Fair Oaks Clinic	0	39,002	669	30,238	0	0	0	1,697	592	2,472	998	0
60.11 Discharge / Puentes Clinic	0	1,269	0	0	0	898	0	115	3	20	835	0
60.12 MH Specialty Assessment Center	0	683	0	0	0	1,470	0	64	1	11	8	0
60.13 Allergy Clinic	0	20,380	0	0	0	334	0	115	3	20	1,341	0
60.14 Oncology Clinic	0	95,455	0	39,341	0	6,399	0	320	6,094	910,655	3,351	0
61.00 Emergency	0	501,608	133,595	1,338,254	229,749	97,733	0	777,778	117,223	8,855	399,854	0
63.60 VHC - Bascom Clinic	0	1,526,620	70,312	397,315	0	125,016	0	50,767	13,389	354,487	51,434	0
63.61 VHC - San Martin Clinic	0	382,723	2,244	8,128	0	5,294	0	11,016	14,306	5,365	5,365	0
63.62 VHC - Chaboya / Tully Clinic	0	1,391,870	561	19,183	0	12,810	0	24,920	3,502	27,756	17,801	0
63.63 VHC - Silver Creek Clinic	0	199,526	0	1,301	0	921	0	1,979	1,170	5,825	900	0
63.64 VHC - East Valley Clinic	0	1,196,445	415	26,661	0	17,134	0	36,031	820	45,826	21,535	0
63.65 VHC - Moorpark Clinic	0	823,607	27,277	99,166	0	59,486	0	24,593	3,831	55,065	14,824	0
64.00 Home Program Dialysis	0	52,645	0	0	0	2,294	0	10,945	932	35,113	26,824	0
64.01	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower and Coffee Shop	0	15,694	0	0	0	0	0	0	0	0	0	0
100.00 Other Nonreimbursable Cost	0	118,617	0	43,893	0	6,242	0	0	69	0	0	0
100.01 Park Alameda	0	29,727	0	5,202	0	0	0	7,070	36	287	145	0
100.08 Fair Oaks Clinic	0	77,077	1,323	59,500	0	3,289	0	3,350	1,169	4,884	1,996	0
100.09 Children Shelter	0	0	0	0	0	1,558	0	0	0	0	0	0
TOTAL	3,215,404	29,343,014	2,977,208	9,807,361	4,974,905	2,530,812	0	16,486,868	17,675,598	16,979,259	11,307,590	3,546,465



STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (WS B)

SCHEDULE 8.3

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.01	ALLOC COST 19.02	ALLOC COST 19.03	ALLOC COST 20.00	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	ALLOC COST 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT (Adj's 1,2) 26.00	TOTAL COST 27.00
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	0	0	0	0	0	223,172	778,274	0	25,706,785	0	25,706,785
39.00 Delivery Room and Labor Room	0	0	0	0	0	40,909	142,662	0	20,638,194	0	20,638,194
40.00 Anesthesiology	0	0	0	0	0	202,352	705,669	0	4,452,091	0	4,452,091
41.00 Radiology - Diagnostic	0	0	0	0	0	597,926	2,085,163	0	30,272,416	0	30,272,416
41.01 Ultrasound	0	0	0	0	0	0	0	0	2,198,665	0	2,198,665
42.00 Radiology - Therapeutic	0	0	0	0	0	24,107	84,069	0	2,968,709	0	2,968,709
43.00 Radioisotope	0	0	0	0	0	0	0	0	3,138,517	0	3,138,517
44.00 Laboratory	0	0	0	0	0	0	0	0	38,822,863	0	38,822,863
46.00 Whole Blood	0	0	0	0	0	0	0	0	5,962,765	0	5,962,765
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	12,388,113	0	12,388,113
50.00 Physical Therapy	0	0	0	0	0	0	0	0	11,565,295	0	11,565,295
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	5,902,054	0	5,902,054
52.00 Speech Pathology	0	0	0	0	0	0	0	0	2,155,742	0	2,155,742
53.00 Electrocardiology	0	0	0	0	0	0	0	0	1,043,116	0	1,043,116
54.00 Electroencephalography	0	0	0	0	0	0	0	0	798,441	0	798,441
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	32,705,777	0	32,705,777
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	99,113,218	0	99,113,218
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	13,131,598	0	13,131,598
59.02 Cardiology	0	0	0	0	0	0	0	0	8,148,152	0	8,148,152
59.03 Pulmonary Function Testing	0	0	0	0	0	0	0	0	918,290	0	918,290
59.04 Gastroenterology	0	0	0	0	0	0	0	0	5,066,213	0	5,066,213
59.05 Psychiatric / Psychological	0	0	0	0	0	0	0	0	1,424,851	0	1,424,851
59.06 Urology	0	0	0	0	0	32,873	114,639	0	1,248,124	0	1,248,124
60.00 Clinic	0	0	0	0	0	148,294	517,151	0	1,678,066	0	1,678,066
60.01 Rehabilitation Clinic	0	0	0	0	0	105,194	366,846	0	2,748,728	0	2,748,728
60.02 Psychiatric ESP	0	0	0	0	0	0	0	0	14,983,168	0	14,983,168
60.03 Eye Clinic	0	0	0	0	0	80,357	280,230	0	2,602,984	0	2,602,984
60.04 ENT Clinic	0	0	0	0	0	73,051	254,754	0	2,109,723	0	2,109,723
60.05 Orthopedic Clinic	0	0	0	0	0	87,662	305,705	0	2,615,800	0	2,615,800
60.06 Surgery Clinic	0	0	0	0	0	40,178	140,115	0	2,843,969	0	2,843,969
60.07 Urgent Care Clinic	0	0	0	0	0	18,993	66,236	0	6,241,634	0	6,241,634
60.08 PACE Clinic	0	0	0	0	0	21,550	75,152	0	1,411,832	0	1,411,832
60.09 Infusion Clinic	0	0	0	0	0	19,359	67,510	0	2,960,163	0	2,960,163
60.10 Fair Oaks Clinic	0	0	0	0	0	0	0	0	1,033,691	0	1,033,691
60.11 Discharge / Puentes Clinic	0	0	0	0	0	0	0	0	213,758	0	213,758
60.12 MH Specialty Assessment Center	0	0	0	0	0	0	0	0	250,271	0	250,271
60.13 Allergy Clinic	0	0	0	0	0	3,287	11,464	0	120,453	0	120,453
60.14 Oncology Clinic	0	0	0	0	0	28,855	100,628	0	2,479,184	0	2,479,184
61.00 Emergency	0	0	0	0	0	72,321	252,207	0	29,072,023	0	29,072,023
63.60 VHC - Bascom Clinic	0	0	0	0	0	445,979	1,555,274	0	31,225,553	0	31,225,553
63.61 VHC - San Martin Clinic	0	0	0	0	0	9,862	34,392	0	5,633,141	0	5,633,141
63.62 VHC - Chaboya / Tully Clinic	0	0	0	0	0	0	0	0	15,689,575	0	15,689,575
63.63 VHC - Silver Creek Clinic	0	0	0	0	0	0	0	0	1,936,187	0	1,936,187
63.64 VHC - East Valley Clinic	0	0	0	0	0	4,383	15,285	0	17,674,477	0	17,674,477
63.65 VHC - Moorpark Clinic	0	0	0	0	0	173,862	606,315	0	14,867,435	0	14,867,435
64.00 Home Program Dialysis	0	0	0	0	0	0	0	0	1,360,399	0	1,360,399
64.01	0	0	0	0	0	0	0	0	0	0	0
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00 Gift, Flower and Coffee Shop	0	0	0	0	0	0	0	0	24,499	0	24,499
100.00 Other Nonreimbursable Cost	0	0	0	0	0	0	0	0	7,852,472	0	7,852,472
100.01 Park Alameda	0	0	0	0	0	0	0	0	774,324	0	774,324
100.08 Fair Oaks Clinic	0	0	0	0	0	0	0	0	1,825,300	0	1,825,300
100.09 Children Shelter	0	0	0	0	0	0	0	0	288,206	0	288,206
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,895,250</b>	<b>20,558,662</b>	<b>0</b>	<b>776,101,707</b>	<b>0</b>	<b>776,101,707</b>

STATE OF CALIFORNIA

STATISTICS FOR COST ALLOCATION (WS B-1)

SCHEDULE 9

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

**GENERAL SERVICE COST CENTERS**  
 1.00 Old Capital Related Costs - Building and Fixtures  
 2.00 Old Capital Related Costs - Moveable Equipment  
 3.00 New Capital Related Costs - Building and Fixtures  
 4.00 New Capital Related Costs - Moveable Equipment  
 4.01  
 4.02  
 4.03  
 4.04  
 4.05  
 4.06  
 4.07  
 4.08

Employee Benefits  
 Nonpatient Telephones  
 Data Processing  
 Purchasing / Receiving  
 Inpatient Admitting  
 Outpatient Admitting  
 Patient Accounting

**Other Administrative & General**  
 Psychiatric Administration  
 Operation of Plant  
 Laundry and Linen Service  
 Housekeeping  
 Dietary  
 Cafeteria  
 Maintenance of Personnel  
 Nursing Administration  
 Central Services and Supply  
 Pharmacy  
 Medical Records and Library  
 Social Service

Interns and Residents Service - Salary and Fringes  
 Interns and Residents Other Program

**INPATIENT ROUTINE COST CENTERS**

Adults and Pediatrics (Gen Routine)  
 Intensive Care Unit  
 Coronary Care Unit  
 Burn Intensive Care Unit  
 Neonatal Intensive Care Unit  
 Subprovider  
 Subprovider 2 - Psych  
 Nursery  
 Skilled Nursing Facility

	OLD BLDG & FIXTURES (SQ FT)	OLD MOVBLE EQUIP (SQ FT)	NEW BLDG & FIXTURES (SQ FT)	NEW MOVBLE EQUIP (SQ FT)	STAT	STAT	STAT	STAT	STAT	STAT		
	1.00	2.00	3.00	4.00	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08
10,437	509	10,437	12,948									
33,137	15,239	33,137	1,312,036									
15,239	5,695	15,239	359									
5,695		5,695	1,288									
31,859		31,859	53,793									
193,190		193,190	156,794									
205,369	8,140	205,369	77,806									
8,806	8,806	8,806	15,866									
12,048	12,048	12,048	11,569									
20,683	20,683	20,683	16,313									
17,088		17,088	63,200									
36,873		36,873	421,787									
30,495		30,495	223,516									
26,007		26,007	60,302									
2,412		2,412										
72,211		72,211	6,769									
166,241		166,241	217,910									
41,946		41,946	87,387									
4,418		4,418	10,092									
9,490		9,490	26,534									
22,515		22,515	44,710									
15,688		15,688	19,693									
13,139		13,139	21,356									











STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (HR SERV) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (PRODUCTIVE HOURS) 12.00 (Adj 12)	MAINT OF PERSONNEL 13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS REVENUE) 17.00 (Adj 12)	SOC SERV (ASSIGN TIME) 18.00	STAT 19.00
<b>ANCILLARY COST CENTERS</b>												
37.00	49,959	196,964	5,334		181,829		134,535	15,201	3,533	58,202,181		
39.00	31,658	227,830	504	5,202	171,294		130,182	22,247	12,591	26,951,550		
40.00	4,023		42		61,368		9	13,719	344,927	10,370,512		
41.00	55,581	196,827	489		203,605		14,049	17,048	25,716	141,890,486		
41.01	3,804	22,239	72		15,525		29			12,018,578		
42.00	17,081	14,404	87		17,825		2,069	6,624	81,244	15,821,929		
43.00	15,329	34,181	490		11,888		391		1,462	15,312,053		
44.00	54,499	7,248	952		342,294		10,953		796	166,822,310		
46.00	3,448	259	86		21,238		384			8,195,361		
49.00	5,330		42		109,106		5,359		1,257	54,090,079		
50.00	23,026	60,710	66		150,586		25,570	14,180	5,577	20,332,515		
51.00	13,341	29,943	72		72,856		6,578	6,999	2,751	10,028,313		
52.00	3,059	8,065	63		27,912		2,574		741	2,701,124		
53.00	1,900	1,627	62		12,612		4	3,064		3,101,660		
54.00	1,985		65		7,069			1,640	131,671	972,641		
55.00							12,434,976			66,592,044		
56.00										276,470,383		
57.00	15,171	8,392	126		108,348		59,130	7,834	2,968,196	29,114,991	704	
59.02	7,568	9,506	431		24,081		8,140	17,210	118,133	32,019,009		
59.03	1,699	1,502	56		6,299		932		1,449	3,267,983		
59.04	9,942	21,736	46		45,911		18,973	12,373	201,648	6,364,835		
59.05	3,096	4,329	44		14,842			1,015	398	1,448,789		
59.06	2,363	8,432	44		8,449		3,414	5,699	34,412	2,080,561		
60.00	2,363		44		15,876		94	1,137	37,910	936,654	819	
60.01	7,025	5,498	159		25,702		98	6,459	135,592	2,514,742		
60.02	17,550	75,059	2,237	38,988	146,764		89,428	8,975	4,174	8,466,386		
60.03	5,550		126		24,657		228	4,174	27,053	2,662,111		
60.04	5,192		123		17,895		109	406	2,402	3,238,188		
60.05	5,917		46		32,287		161	4,442	7,165	2,199,919		
60.06	6,277	20,636	176		34,864		176	5,259	2,748	1,107,812		
60.07	12,778	5,857	134		59,846		468	7,661	38,176	6,537,206		
60.08	6,232	3,534	4		6,628		884	9	43,745	637,385	156	
60.09	3,211	12,499	122		27,600		77	12,660	432	5,185,787		
60.10	1,598	706	93				265	462	12,348	157,507		
60.11	52				2,460		18	2	100	131,826		
60.12	28				4,026		10	1	54	1,292		
60.13	835				915		18	2	101	211,671		
60.14	3,911		121		17,527		50	4,754	4,548,265	528,919		
61.00	20,552	140,934	4,116	16,367	267,711		121,444	91,451	44,226	63,105,539		
63.60	62,549	74,174	1,222		342,444		7,930	10,445	1,770,535	8,117,434		
63.61	15,681	2,367	25		14,500		969	1,720	71,450	846,784		
63.62	57,028	592	59		35,090		3,891	2,732	138,628	2,809,431		
63.63	8,175		4		2,522		309	913	29,093	142,049		
63.64	49,021	438	82		46,934		5,626	640	228,879	3,398,739		
63.65	33,745	28,775	305		162,944		3,840	2,989	275,022	2,339,581		
64.00	2,157				6,283		1,709	727	175,373	4,233,388		
64.01												
<b>NONREIMBURSABLE COST CENTERS</b>												
96.00	643							54				
100.00	4,860		135		17,099		1,104	28	1,433	22,915		
100.01	1,218		16		9,009		523	912	24,394	315,015		
100.08	3,158	1,396	183		4,267							
100.09												
100.04												
TOTAL	1,202,248	3,140,756	30,164	354,406	6,932,391	0	2,574,299	13,789,532	84,802,885	1,784,578,993	4,254	0
COST TO BE ALLOCATED	29,343,014	2,977,208	9,807,361	4,974,905	2,530,812	0	16,486,888	17,675,598	16,979,259	11,307,590	3,546,465	0
UNIT COST MULTIPLIER - SCH 8	24,406,790	0,947,927	325,134,639	14,037,304	0,365,071	0,000,000	6,404,419	1,281,813	0,200,220	0,006,336	833,677,747	0,000,000

Provider Name:  
 SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
 JUNE 30, 2008

**GENERAL SERVICE COST CENTERS**  
 Old Capital Related Costs - Building and Fixtures  
 Old Capital Related Costs - Movable Equipment  
 New Capital Related Costs - Building and Fixtures  
 New Capital Related Costs - Movable Equipment

STAT	STAT	STAT	STAT	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	STAT
19.01	19.02	19.03	20.00	22.00	23.00	24.00

- 1.00
- 2.00
- 3.00
- 4.00
- 4.01
- 4.02
- 4.03
- 4.04
- 4.05
- 4.06
- 4.07
- 4.08
- 5.00
- 6.01
- 6.02
- 6.03
- 6.04
- 6.05
- 6.06

- Employee Benefits
- Nonpatient Telephones
- Data Processing
- Purchasing / Receiving
- Inpatient Admitting
- Outpatient Admitting
- Patient Accounting

- 6.07 Other Administrative & General
- 6.08 Psychiatric Administration
- 8.00 Operation of Plant
- 9.00 Laundry and Linen Service
- 10.00 Housekeeping
- 11.00 Dietary
- 12.00 Cafeteria
- 13.00 Maintenance of Personnel
- 14.00 Nursing Administration
- 15.00 Central Services and Supply
- 16.00 Pharmacy
- 17.00 Medical Records and Library
- 18.00 Social Service
- 19.00
- 19.01
- 19.02
- 19.03
- 20.00
- 22.00
- 23.00
- 24.00

- Interns and Residents Service - Salary and Fringes
- Interns and Residents Other Program

**INPATIENT ROUTINE COST CENTERS**

- Adults and Pediatrics (Gen Routine)
- Intensive Care Unit
- Coronary Care Unit
- Burn Intensive Care Unit
- Neonatal Intensive Care Unit
- Subprovider
- Subprovider 2 - Psych
- Nursery
- Skilled Nursing Facility

6.518	6.518	6.518	6.518	6.518	6.518
631	631	631	631	631	631
504	504	504	504	504	504
498	498	498	498	498	498
218	218	218	218	218	218
727	727	727	727	727	727
324	324	324	324	324	324

- 25.00
- 26.00
- 27.00
- 28.00
- 30.00
- 31.00
- 31.01
- 32.00
- 33.00
- 34.00
- 35.00
- 36.00
- 36.01
- 36.02

Provider Name:  
**SANTA CLARA VALLEY MEDICAL CENTER**

Fiscal Period Ended:  
**JUNE 30, 2008**

	19.01	19.02	19.03	STAT	STAT	STAT	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	STAT	
<b>ANCILLARY COST CENTERS</b>										
37.00										
39.00							611	611		
40.00							112	112		
41.00							554	554		
41.01							1,637	1,637		
42.00										
43.00							66	66		
44.00										
46.00										
49.00										
50.00										
51.00										
52.00										
53.00										
54.00										
55.00										
56.00										
57.00										
59.02										
59.03										
59.04										
59.05										
59.06										
60.00							90	90		
60.01							406	406		
60.02							288	288		
60.03										
60.04							220	220		
60.05							200	200		
60.06							240	240		
60.07							110	110		
60.08							52	52		
60.09							59	59		
60.10							53	53		
60.11										
60.12										
60.13							9	9		
60.14							79	79		
61.00							198	198		
63.60							1,221	1,221		
63.61							27	27		
63.62										
63.63										
63.64							12	12		
63.65							476	476		
64.00										
64.01										
<b>NONREIMBURSABLE COST CENTERS</b>										
96.00										
100.00										
100.01										
100.08										
100.09										
100.04										
TOTAL	0	0	0	0	0	0	16,140	16,140	0	0
COST TO BE ALLOCATED	0	0	0	0	0	0	5,895,250	20,568,662	0	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	365.257145	1273.770852	0.000000	0.000000

## TRIAL BALANCE OF EXPENSES

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Old Capital Related Costs - Building and Fixtures	\$ 2,788,889	\$ 0	\$ 2,788,889
2.00	Old Capital Related Costs - Movable Equipment		0	0
3.00	New Capital Related Costs - Building and Fixtures	15,152,661	(55,807)	15,096,854
4.00	New Capital Related Costs - Movable Equipment	48,089	0	48,089
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	7,061,270	(9,162)	7,052,108
6.01	Nonpatient Telephones	820,702	(2,052)	818,650
6.02	Data Processing	15,165,268	(29,614)	15,135,654
6.03	Purchasing / Receiving	867,670	(436)	867,234
6.04	Inpatient Admitting	2,974,062	(13,284)	2,960,778
6.05	Outpatient Admitting		0	0
6.06	Patient Accounting	13,400,022	(59,221)	13,340,801
			0	0
			0	0
6.07	Other Administrative & General	37,112,720	(71,266)	37,041,454
6.08	Psychiatric Administration	3,215,404	0	3,215,404
8.00	Operation of Plant	24,983,082	(43,140)	24,939,942
9.00	Laundry and Linen Service	2,522,387	(4,486)	2,517,901
10.00	Housekeeping	8,933,749	(35,302)	8,898,447
11.00	Dietary	4,245,100	(16,856)	4,228,244
12.00	Cafeteria	1,408,575	(3,404)	1,405,171
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	14,752,634	(43,422)	14,709,212
15.00	Central Services and Supply	14,814,420	164,676	14,979,096
16.00	Pharmacy	14,391,706	(91,347)	14,300,359
17.00	Medical Records and Library	9,511,673	(34,324)	9,477,349
18.00	Social Service	3,002,557	(7,797)	2,994,760
19.00			0	0
19.01			0	0
19.02			0	0
19.03			0	0
20.00			0	0
22.00	Interns and Residents Service - Salary and Fringes	4,841,424	(146,256)	4,695,168
23.00	Interns and Residents Other Program	18,757,428	(2,354,588)	16,402,840
24.00			0	0
	<b>INPATIENT ROUTINE COST CENTERS</b>			
25.00	Adults and Pediatrics (Gen Routine)	95,874,354	(215,700)	95,658,654
26.00	Intensive Care Unit	26,654,804	(53,434)	26,601,370
27.00	Coronary Care Unit	5,963,931	(10,785)	5,953,146
28.00	Burn Intensive Care Unit	5,718,176	(11,226)	5,706,950
30.00	Neonatal Intensive Care Unit	18,730,773	(36,685)	18,694,088
31.00	Subprovider	10,267,167	(45,555)	10,221,612
31.01	Subprovider 2 - Psych	18,092,823	(61,955)	18,030,868
32.00			0	0
33.00	Nursery	7,466,590	0	7,466,590
34.00	Skilled Nursing Facility		0	0
35.00			0	0
36.00			0	0
36.01			0	0
36.02			0	0



## TRIAL BALANCE OF EXPENSES

Provider Name:  
SANTA CLARA VALLEY MEDICAL CENTER

Fiscal Period Ended:  
JUNE 30, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	<b>ANCILLARY COST CENTERS</b>			
37.00	Operating Room	\$ 17,321,424	\$ (40,125)	\$ 17,281,299
39.00	Delivery Room and Labor Room	16,119,194	(34,939)	16,084,255
40.00	Anesthesiology	2,732,887	(12,771)	2,720,116
41.00	Radiology - Diagnostic	20,090,242	(47,581)	20,042,661
41.01	Ultrasound	1,604,525	(2,484)	1,602,041
42.00	Radiology - Therapeutic	1,991,423	(4,165)	1,987,258
43.00	Radioisotope	1,865,937	(2,650)	1,863,287
44.00	Laboratory	30,267,051	(76,819)	30,190,232
46.00	Whole Blood	5,274,557	(3,792)	5,270,765
49.00	Respiratory Therapy	10,066,036	(20,944)	10,045,092
50.00	Physical Therapy	9,353,866	(33,873)	9,319,993
51.00	Occupational Therapy	4,743,005	(12,413)	4,730,592
52.00	Speech Pathology	1,818,810	(3,438)	1,815,372
53.00	Electrocardiology	813,785	(2,650)	811,135
54.00	Electroencephalography	608,265	(1,619)	606,646
55.00	Medical Supplies Charged to Patients	14,449,813	(201,771)	14,248,042
56.00	Drugs Charged to Patients	73,549,828	0	73,549,828
57.00	Renal Dialysis	9,576,639	(19,557)	9,557,082
59.02	Cardiology	6,398,658	(5,109)	6,393,549
59.03	Pulmonary Function Testomg	707,228	(1,190)	706,038
59.04	Gastroenterology	4,035,067	(9,962)	4,025,105
59.05	Psychiatric / Psychological	1,173,974	(3,332)	1,170,642
59.06	Urology	777,682	(1,017)	776,665
60.00	Clinic	198,873	(37,044)	161,829
60.01	Rehabilitation Clinic	1,809,887	(6,019)	1,803,868
60.02	Psychiatric ESP	10,555,157	(20,078)	10,535,079
60.03	Eye Clinic	1,792,313	(5,442)	1,786,871
60.04	ENT Clinic	1,372,721	(2,903)	1,369,818
60.05	Orthopedic Clinic	1,788,706	(6,321)	1,782,385
60.06	Surgery Clinic	2,198,765	(7,721)	2,191,044
60.07	Urgent Care Clinic	5,169,735	(9,279)	5,160,456
60.08	PACE Clinic	1,650,005	(715,652)	934,353
60.09	Infusion Clinic	2,393,306	(5,338)	2,387,968
60.10	Fair Oaks Clinic	891,781	(6,037)	885,744
60.11	Discharge / Puentes Clinic	195,021	0	195,021
60.12	MH Specialty Assessment Center	234,023	(1,571)	232,452
60.13	Allergy Clinic	65,270	(931)	64,339
60.14	Oncology Clinic	1,149,076	(3,121)	1,145,955
61.00	Emergency	22,241,385	(48,242)	22,193,143
63.60	VHC - Bascom Clinic	24,878,565	(80,948)	24,797,617
63.61	VHC - San Martin Clinic	4,789,488	(14,737)	4,774,751
63.62	VHC - Chaboya / Tully Clinic	13,110,119	(33,726)	13,076,393
63.63	VHC - Silver Creek Clinic	1,603,401	(4,587)	1,598,814
63.64	VHC - East Valley Clinic	15,146,876	(45,441)	15,101,435
63.65	VHC - Moorpark Clinic	12,161,114	(30,412)	12,130,702
64.00	Home Program Dialysis	1,064,102	(1,806)	1,062,296
64.01			0	0
	<b>NONREIMBURSABLE COST CENTERS</b>			
96.00	Gift, Flower and Coffee Shop		0	0
100.00	Other Nonreimbursable Cost	6,139,861	1,073,418	7,213,279
100.01	Park Alameda	669,896	9,972	679,868
100.08	Fair Oaks Clinic	1,514,640	4,723	1,519,363
100.09	Children Shelter	271,487	0	271,487
100.04			0	0
101.00			0	0
101	<b>TOTAL</b>	<b>\$ 779,935,579</b>	<b>\$ (3,833,872)</b>	<b>\$ 776,101,707</b>

(To Schedule 8)



	TOTAL ADJ (Page 1)	AUDIT ADJ 3	AUDIT ADJ 4	AUDIT ADJ 5	AUDIT ADJ 6	AUDIT ADJ 7	AUDIT ADJ 8	AUDIT ADJ 9	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
<b>ANCILLARY COST CENTERS</b>											
37.00 Operating Room	(40,125)		(40,125)								
39.00 Delivery Room and Labor Room	(34,939)		(34,939)								
40.00 Anesthesiology	(12,771)		(12,771)								
41.00 Radiology - Diagnostic	(47,581)		(47,581)								
41.01 Ultrasound	(2,484)		(2,484)								
42.00 Radiology - Therapeutic	(4,165)		(4,165)								
43.00 Radioisotope	(2,650)		(2,650)								
44.00 Laboratory	(76,819)		(76,819)								
46.00 Whole Blood	(3,792)		(3,792)								
49.00 Respiratory Therapy	(20,944)		(20,944)								
50.00 Physical Therapy	(33,873)		(33,873)								
51.00 Occupational Therapy	(12,413)		(12,413)								
52.00 Speech Pathology	(3,438)		(3,438)								
53.00 Electrocardiology	(2,650)		(2,650)								
54.00 Electroencephalography	(1,619)		(1,619)								
55.00 Medical Supplies Charged to Patients	(201,771)	(201,771)									
56.00 Drugs Charged to Patients	0										
57.00 Renal Dialysis	(19,557)		(19,557)								
59.02 Cardiology	(5,109)		(5,109)								
59.03 Pulmonary Function Testomg	(1,190)		(1,190)								
59.04 Gastroenterology	(9,962)		(9,962)								
59.05 Psychiatric / Psychological	(3,332)		(3,332)								
59.06 Urology	(1,017)		(1,017)								
60.00 Clinic	(37,044)		(37,044)								
60.01 Rehabilitation Clinic	(6,019)		(6,019)								
60.02 Psychiatric ESP	(20,078)		(20,078)								
60.03 Eye Clinic	(5,442)		(5,442)								
60.04 ENT Clinic	(2,903)		(2,903)								
60.05 Orthopedic Clinic	(6,321)		(6,321)								
60.06 Surgery Clinic	(7,721)		(7,721)								
60.07 Urgent Care Clinic	(9,279)		(9,279)								
60.08 PACE Clinic	(715,652)		(715,652)								
60.09 Infusion Clinic	(5,338)		(5,338)								
60.10 Fair Oaks Clinic	(6,037)		(6,037)								
60.11 Discharge / Puentes Clinic	0										
60.12 MH Specialty Assessment Center	(1,571)		(1,571)								
60.13 Allergy Clinic	(931)		(931)								
60.14 Oncology Clinic	(3,121)		(3,121)								
61.00 Emergency	(48,242)		(48,242)								
63.60 VHC - Bascom Clinic	(80,948)		(80,948)								
63.61 VHC - San Martin Clinic	(14,737)		(14,737)								
63.62 VHC - Chaboya / Tully Clinic	(33,726)		(33,726)								
63.63 VHC - Silver Creek Clinic	(4,587)		(4,587)								
63.64 VHC - East Valley Clinic	(45,441)		(45,441)								
63.65 VHC - Moorpark Clinic	(30,412)		(30,412)								
64.00 Home Program Dialysis	(1,806)		(1,806)								
64.01	0										
<b>NONREIMBURSABLE COST CENTERS</b>											
96.00 Gift, Flower and Coffee Shop	0										
100.00 Other Nonreimbursable Cost	1,073,418		(4,539)				1,077,957				
100.01 Park Alameda	9,972				9,972						
100.08 Fair Oaks Clinic	4,723				4,723						
100.09 Children Shelter	0										
101.00 TOTAL	(\$3,833,872)	0	(1,800,477)	(2,354,588)	14,695	(715,652)	1,077,957	(55,807)	0	0	0

(To Sch 10)





Provider Name		Fiscal Period		Provider Number		Adjustments			
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
1			<p><b>Explanation of Audit Adjustments</b>  <b>MEMORANDUM ADJUSTMENTS</b></p> <p>The Rehabilitation cost reported on Subprovider, Line 31.00 will be combined with Adults and Pediatrics, Line 25.00, after step-down. This is done in accordance with CMS Pub. 15-1, Sections 2202.7, 2300, 2336, and 2304</p>						
2			<p>The Psychiatric cost reported on Subprovider 2, Line 31.01, will be combined with Adults and Pediatrics, Line 25.00, after step-down. This is done in accordance with CMS Pub. 15-1, Sections 2202.7, 2300, 2336, and 2304</p> <p>No additional adjustments will be made to reclassify these costs and statistics in the reported cost report format. However, the total Rehabilitation and Psychiatric days will be reclassified to Adults and Pediatrics.</p>						

Provider Name		Fiscal Period		Provider Number		Adjustments		
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
3	10A	A		15.00	7	\$14,814,420	\$201,771	\$15,016,191 *
	10A	A		55.00	7	14,449,813	(201,771)	14,248,042
<p style="text-align: center;"><b>RECLASSIFICATION OF REPORTED COSTS</b></p> <p>Central Services and Supply                      Medical Supplies Charged To Patient                      To revise the reported Medical Supply reclassification to agree with the provider's record.                      CMS Pub. 15-1, Sections 2300 and 2304</p>								

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments	
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
		Line	Col.	Explanation of Audit Adjustments			
<b>ADJUSTMENTS TO REPORTED COSTS</b>							
4	10A	A	5.00	7	\$7,061,270	(\$9,162)	\$7,052,108
	10A	A	6.01	7	820,702	(2,052)	818,650
	10A	A	6.02	7	15,165,268	(29,614)	15,135,654
	10A	A	6.03	7	867,670	(436)	867,234
	10A	A	6.04	7	2,974,062	(13,284)	2,960,778
	10A	A	6.06	7	13,400,022	(59,221)	13,340,801
	10A	A	6.07	7	37,112,720	(71,266)	37,041,454
	10A	A	8.00	7	24,983,082	(43,140)	24,939,942
	10A	A	9.00	7	2,522,387	(4,486)	2,517,901
	10A	A	10.00	7	8,933,749	(35,302)	8,898,447
	10A	A	11.00	7	4,245,100	(16,856)	4,228,244
	10A	A	12.00	7	1,408,575	(3,404)	1,405,171
	10A	5	14.00	7	14,752,634	(43,422)	14,709,212
	10A	A	15.00	7	15,016,191	(37,095)	14,979,096
	10A	A	16.00	7	14,391,706	(91,347)	14,300,359
	10A	A	17.00	7	9,511,673	(34,324)	9,477,349
	10A	A	18.00	7	3,002,557	(7,797)	2,994,760
	10A	A	22.00	7	4,841,424	(146,256)	4,695,168
	10A	A	25.00	7	95,874,354	(215,700)	95,658,654
	10A	A	26.00	7	26,654,804	(53,434)	26,601,370
	10A	A	27.00	7	5,963,931	(10,785)	5,953,146
	10A	A	28.00	7	5,718,176	(11,226)	5,706,950
	10A	A	30.00	7	18,730,773	(36,685)	18,694,088
	10A	A	31.00	7	10,267,167	(45,555)	10,221,612
	10A	A	31.01	7	18,092,823	(61,955)	18,030,868
	10A	A	37.00	7	17,321,424	(40,125)	17,281,299
	10A	A	39.00	7	16,119,194	(34,939)	16,084,255
	10A	A	40.00	7	2,732,887	(12,771)	2,720,116
	10A	A	41.00	7	20,090,242	(47,581)	20,042,661
	10A	A	41.01	7	1,604,525	(2,484)	1,602,041
	10A	A	42.00	7	1,991,423	(4,165)	1,987,258
	10A	A	43.00	7	1,865,937	(2,650)	1,863,287

-Continued on Next Page-

\*Balance carried forward from prior/to subsequent adjustments



Provider Name		Fiscal Period		Provider Number		Adjustments					
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32					
Report References				Explanation of Audit Adjustments							
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted			
			Part	Title	Line				Col.		
<b>ADJUSTMENTS TO REPORTED COSTS</b>											
-Continued from Previous Page											
4	10A	A			44.00	7	Laboratory	\$30,267,051			\$30,190,232
	10A	A			46.00	7	Whole Blood and Packed Red Blood Cells	5,274,557			5,270,765
	10A	A			49.00	7	Respiratory Therapy	10,066,036			10,045,092
	10A	A			50.00	7	Physical Therapy	9,353,866			9,319,993
	10A	A			51.00	7	Occupational Therapy	4,743,005			4,730,592
	10A	A			52.00	7	Speech Pathology	1,818,810			1,815,372
	10A	A			53.00	7	Electrocardiology	813,785			811,135
	10A	A			54.00	7	Electroencephalography	608,265			606,646
	10A	A			57.00	7	Renal Dialysis	9,576,639			9,557,082
	10A	A			59.02	7	Cardiology	6,398,658			6,393,549
	10A	A			59.03	7	Pulmonary Function Testing	707,228			706,038
	10A	A			59.04	7	Gastroenterology	4,035,067			4,025,105
	10A	A			59.05	7	Psychiatric/Psychological Services	1,173,974			1,170,642
	10A	A			59.06	7	Urology	777,682			776,665
	10A	A			60.00	7	Clinic	198,873			161,829
	10A	A			60.01	7	Rehabilitation Clinic	1,809,887			1,803,868
	10A	A			60.02	7	Psychiatric EPS	10,555,157			10,535,079
	10A	A			60.03	7	Eye Clinic	1,792,313			1,786,871
	10A	A			60.04	7	ENT Clinic	1,372,721			1,369,818
	10A	A			60.05	7	Orthopedic Clinic	1,788,706			1,782,385
	10A	A			60.06	7	Surgery Clinic	2,198,765			2,191,044
	10A	A			60.07	7	Urgent Care Clinic	5,169,735			5,160,456
	10A	A			60.09	7	Infusion Clinic	2,393,306			2,387,968
	10A	A			60.10	7	Fair Oaks Clinic	891,781			885,744
	10A	A			60.12	7	MH Specialty Assessment Center	234,023			232,452
	10A	A			60.13	7	Allergy Clinic	65,270			64,339
	10A	A			60.14	7	Oncology Clinic	1,149,076			1,145,955
	10A	A			61.00	7	Emergency	22,241,385			22,193,143
	10A	A			63.60	7	Valley Health Center	24,878,565			24,797,617
	10A	A			63.61	7	San Martin Clinic	4,789,488			4,774,751
	10A	A			63.62	7	Tully Clinic	13,110,119			13,076,393
	10A	A			63.63	7	Silver Creek Clinic	1,603,401			1,598,814

-Continued on Next Page-

Provider Name		Fiscal Period		Provider Number		Adjustments		
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32		
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED COSTS</b>								
-Continued from Previous Page								
4	10A	A	63.64	7	East Valley Clinic	\$15,146,876	(\$45,441)	\$15,101,435
	10A	A	63.65	7	Moorpark Clinic	12,161,114	(30,412)	12,130,702
	10A	A	64.00	7	Home Program Dialysis	1,064,102	(1,806)	1,062,296
	10A	A	100.00	7	Other Nonreimbursable Cost Centers To adjust health insurance overpayments to agree with the CPS's year end adjustment. CMS Pub. 15-1, Section 2300	6,139,861	(4,539)	6,135,322 *
5	10A	A	23.00	7	Interns and Resident Services - Other Program Costs Approved To eliminate APD outside cost that was reimbursed by patients. CMS Pub. 15-1, Sections 2300 and 2304	\$18,757,428	(\$2,354,588)	\$16,402,840
6	10A	A	100.01	7	Park Alameda/Lenzen Clinic	\$669,896	\$9,972	\$679,868
	10A	A	100.08	7	Fair Oaks Clinic To reverse the provider's abatement of revenue against a nonreimbursable cost center. CMS Pub. 15-1, Section 2300, 2304, and 2328	1,514,640	4,723	1,519,363
7	10A	A	60.08	7	PACE Clinic To adjust reported PACE Clinic costs to agree with the provider's records. CMS Pub. 15-1, Sections 606, 2300, and 2304	\$1,650,005	(\$715,652)	\$934,353
8	10A	A	100.00	7	Other Nonreimbursable Cost Centers To include research related costs to the nonreimbursable cost center. CMS Pub. 15-1, Section 2328	\$6,135,322	\$1,077,957	\$7,213,279
9	10A	A	3.00	7	New Capital Related Cost - Building and Fixtures To adjust depreciation to agree with the prior year's audited depreciation expense. CMS Pub. 15-1, Sections 102 and 2304	\$15,152,661	(\$55,807)	\$15,096,854

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED STATISTICS</b>								
10	9	B-1	100.00	5	Other Nonreimbursable Cost Centers (Gross Salaries)	210,115	1,077,957	1,288,072
	9	B-1	5.00	5	Total Gross Salaries	471,995,743	1,077,957	473,073,700
To include research related salary and benefits statistic on a nonreimbursable cost center in conjunction with Adjustment 8.								
CMS Pub. 15-1, Section 2328								
11	9	B-1	25.00	6.02	Adults and Pediatrics (Gross Revenue)	331,124,734	9,244,786	340,369,520
	9	B-1	39.00	6.02	Delivery Room and Labor Room	36,196,336	(9,244,786)	26,951,550
9	9	B-1	25.00	6.04	Adults and Pediatrics (Inpatient Revenue)	329,222,431	9,244,786	338,467,217
	9	B-1	39.00	6.04	Delivery Room and Labor Room	31,321,555	(9,244,786)	22,076,769
9	9	B-1	25.00	6.06	Adults and Pediatrics (Gross Revenue)	331,124,734	9,244,786	340,369,520
	9	B-1	39.00	6.06	Delivery Room and Labor Room	36,196,336	(9,244,786)	26,951,550
9	9	B-1	25.00	17	Adults and Pediatrics (Gross Revenue)	331,124,734	9,244,786	340,369,520
	9	B-1	39.00	17	Delivery Room and Labor Room	36,196,336	(9,244,786)	26,951,550
To adjust gross revenue statistics to agree with Adjustment 14.								
CMS Pub. 15-1, Sections 2304 and 2306								
12	9	B-1	60.10	12	Fair Oaks Clinic (FTEs)	2,160	(2,160)	0
	9	B-1	12.00	12	Total FTEs	6,934,551	(2,160)	6,932,391
To adjust cafeteria statistics to agree with the provider's records.								
CMS Pub. 15-1, Sections 2304 and 2306								

Provider Name		Fiscal Period		Provider Number		Adjustments		
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
13	4	S-3	I	1,00,4,00	1	83,772	25,502	109,274
	DPH 4	S-3	I	1,00,4,00	1	83,772	25,502	109,274
	N/A	S-3	I	14.00	1	7,464	(7,464)	0
	N/A	S-3	I	14.01	1	18,038	(18,038)	0
<p style="text-align: center;"><b><u>ADJUSTMENT TO REPORTED PATIENT DAYS</u></b></p> <p>Adults and Pediatrics                      Adults and Pediatrics                      Subprovider                      Subprovider 2 - Psych                      To reclassify Rehabilitation and Psychiatric days in conjunction with Adjustments 1 and 2.                      CMS Pub. 15-1, Sections 2336.1 and 2304</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments				
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W						
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
14	5 DPH 5	C C	I I		39.00 39.00	8 8	Delivery Room and Labor Room Delivery Room and Labor Room	\$36,196,336 36,196,336	(\$9,244,786) (9,244,786)	\$26,951,550 26,951,550
<p>To reclassify the routine charges out of the Delivery Room and Labor Room cost center.                      CMS Pub. 15-1, Sections 2200.1B, 2300, and 2304</p>										
15	4 DPH 4 N/A N/A	D-1 D-1 D-1 D-1	I I I I	V V XIX XIX	28.00 28.00 28.00 28.00	1 1 1 1	General Inpatient Routine Service Charges General Inpatient Routine Service Charges General Inpatient Routine Service Charges (Subprovider I) General Inpatient Routine Service Charges (Subprovider II) To combine Subprovider I (Rehabilitation) and Subprovider II (Psychiatric) routine charges with Adults and Pediatrics, in conjunction with Adjustments 1 and 2. CMS Pub. 15-1, Sections 2304, 2404, and 2408	\$331,124,734 331,124,734 32,311,203 27,925,920	\$363,435,937 60,237,123 (32,311,203) (27,925,920)	\$694,560,671 391,361,857 0 0
<p><b>ADJUSTMENTS TO REPORTED TOTAL CHARGES</b></p>										

Provider Name		Fiscal Period			Provider Number		Adjustments			
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008			HSC/ZZR00038W		32			
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - NONCONTRACT</b>										
16	4 4A 4A	D-1 D-1 D-1	I II II	XIX XIX XIX	9.00 43.00 45.00	1 4 4	Medi-Cal Days - Adults and Pediatrics Medi-Cal Days - Intensive Care Unit Medi-Cal Days - Burn Intensive Care Unit	7,548 39 12	(7,548) (39) (12)	0 0 0
17	6 6 6 6 6 6 6 6 6 6 6	D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4 D-4	XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX XIX	41.00 41.01 42.00 43.00 44.00 50.00 51.00 52.00 56.00 101.00	2 2 2 2 2 2 2 2 2 2 2	Medi-Cal Ancillary Charges - Radiology - Diagnostic Medi-Cal Ancillary Charges - Radiology - Ultrasound Medi-Cal Ancillary Charges - Radiology - Therapeutic Medi-Cal Ancillary Charges - Radioisotope Medi-Cal Ancillary Charges - Laboratory Medi-Cal Ancillary Charges - Physical Therapy Medi-Cal Ancillary Charges - Occupational Therapy Medi-Cal Ancillary Charges - Speech Therapy Medi-Cal Ancillary Charges - Drugs Charged to Patients Medi-Cal Ancillary Charges - Total	\$695,315 57,407 120,111 164,343 2,260,894 963,459 674,460 120,986 7,104,374 12,161,349	(\$695,315) (57,407) (120,111) (164,343) (2,260,894) (963,459) (674,460) (120,986) (7,104,374) (12,161,349)	\$0 0 0 0 0 0 0 0 0 0	
18	2 2 N/A	E-3 E-3	III III	XIX XIX	10.00 11.00	1 1	Medi-Cal Routine Charges - Total Medi-Cal Ancillary Charges - Total	\$28,353,372 12,161,349	(\$28,353,372) (12,161,349)	\$0 0
							Medi-Cal Routine Charges - Total (Subprovider I)	137,143	(137,143)	0
19	3 1	E-3 E-3	III III	XIX XIX	36.00 50.00	1 1	Coinsurance HBP Cost Adjustment	\$38,641 70,982	(\$38,641) (70,982)	\$0 0
20	1	E-3	III	XIX	57.00	1	Interim Payments	\$5,784,212	(\$5,784,212)	\$0
<p>To eliminate the reported Medi-Cal Settlement Data related to the reported noncontract services. In accordance with the Section 1115 Waiver, the noncontract services will be combined with the Designated Public Hospital Settlement. CMS Pub. 15-1, Sections 2304, 2404, and 2408</p>										

Provider Name		Fiscal Period		Provider Number		Adjustments				
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32				
Report References										
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted		
			Part	Title	Line				Col.	
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DESIGNATED PUBLIC HOSPITAL</b>										
21	DPH 4	D-1	I	V	9.00	4	Medi-Cal Days - Adults and Pediatrics	32,724	735	33,459 *
	DPH 4 A	D-1	I	V	42.00	4	Medi-Cal Days - Nursery	9,991	194	10,185
	DPH 4 A	D-1	I	V	43.00	4	Medi-Cal Days - Intensive Care Unit	3,766	(193)	3,573
	DPH 4 A	D-1	I	V	44.00	4	Medi-Cal Days - Coronary Care Unit	898	250	1,148
	DPH 4 A	D-1	I	V	45.00	4	Medi-Cal Days - Burn Intensive Care	615	19	634
	DPH 4 A	D-1	I	V	47.00	4	Medi-Cal Days - Neonatal Intensive Care Unit	7,267	140	7,407
22	DPH 6	D-4	V	V	37.00	2	Medi-Cal Ancillary Charges - Operating Room	\$11,465,266	(\$333,747)	\$11,131,519 *
	DPH 6	D-4	V	V	39.00	2	Medi-Cal Ancillary Charges - Delivery Room and Labor Room	22,023,118	(7,768,738)	14,254,380 *
	DPH 6	D-4	V	V	40.00	2	Medi-Cal Ancillary Charges - Anesthesiology	2,100,033	675,665	2,775,698 *
	DPH 6	D-4	V	V	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	16,923,141	(3,082,628)	13,840,513 *
	DPH 6	D-4	V	V	41.01	2	Medi-Cal Ancillary Charges - Ultrasound	967,385	676,915	1,644,300 *
	DPH 6	D-4	V	V	42.00	2	Medi-Cal Ancillary Charges - Radiology - Therapeutic	222,920	(55,685)	167,235 *
	DPH 6	D-4	V	V	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	819,700	(170,120)	649,580 *
	DPH 6	D-4	V	V	44.00	2	Medi-Cal Ancillary Charges - Laboratory	21,737,510	1,186,236	22,923,746 *
	DPH 6	D-4	V	V	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	2,527,645	(994,040)	1,533,605 *
	DPH 6	D-4	V	V	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	24,485,766	(11,992,288)	12,493,478 *
	DPH 6	D-4	V	V	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	2,585,868	143,791	2,729,659 *
	DPH 6	D-4	V	V	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	1,705,055	97,767	1,802,822 *
	DPH 6	D-4	V	V	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	549,641	11,166	560,807 *
	DPH 6	D-4	V	V	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	360,551	9,166	369,717 *
	DPH 6	D-4	V	V	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	113,548	(48,510)	65,038 *
	DPH 6	D-4	V	V	55.00	2	Medi-Cal Ancillary Charges - Medical Supplies Charged to Patients	16,445,978	3,308,415	19,754,393 *
	DPH 6	D-4	V	V	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	35,864,680	6,174,162	42,038,842 *
	DPH 6	D-4	V	V	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	1,069,065	(410,881)	658,184 *
	DPH 6	D-4	V	V	59.02	2	Medi-Cal Ancillary Charges - Cardiology	6,286,692	(1,760,874)	4,525,818 *
	DPH 6	D-4	V	V	59.03	2	Medi-Cal Ancillary Charges - Pulmonary	95,770	3,996,636	4,092,406 *
	DPH 6	D-4	V	V	59.04	2	Medi-Cal Ancillary Charges - Gastroenterology	478,603	484,504	963,107 *
	DPH 6	D-4	V	V	59.05	2	Medi-Cal Ancillary Charges - Psychiatric/Psychological	344,452	(324,388)	20,064 *
	DPH 6	D-4	V	V	59.06	2	Medi-Cal Ancillary Charges - Urology	9,647	(9,647)	0 *
	DPH 6	D-4	V	V	60.00	2	Medi-Cal Ancillary Charges - Clinic	1,534	(1,534)	0

-Continued on next page -

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period			Provider Number		Adjustments	
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008			HSC/ZZR00038W		32	
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
-Continued from previous page -								
22	DPH 6	D-4	V	60.01	2	\$1,189	(\$1,189)	\$0
	DPH 6	D-4	V	60.03	2	3,088	(3,088)	0
	DPH 6	D-4	V	60.04	2	3,974	(3,974)	0
	DPH 6	D-4	V	60.05	2	6,388	(6,388)	0
	DPH 6	D-4	V	60.06	2	162	(162)	0
	DPH 6	D-4	V	60.07	2	1,661	(1,661)	0
	DPH 6	D-4	V	60.08	2	225	(225)	0
	DPH 6	D-4	V	60.10	2	167	(167)	0
	DPH 6	D-4	V	60.11	2	47	(47)	0
	DPH 6	D-4	V	60.14	2	450	(450)	0
	DPH 6	D-4	V	61.00	2	7,739,834	(516,193)	7,223,641 *
	DPH 6	D-4	V	64.00	2	8	(8)	0
	DPH 6	D-4	V	101.00	2	176,940,761	(10,722,209)	166,218,552 *
23	DPH 2	E-3	V	10.00	1	\$470,173,609	(\$164,406,807)	\$305,766,802 *
	DPH 2	E-3	V	11.00	1	176,940,761	(10,722,209)	166,218,552 *
24	DPH 3	E-3	V	33.00	1	\$0	\$330,632	\$330,632 *
	DPH 3	E-3	V	36.00	1	448,843	(226,122)	222,722 *
	DPH 1	E-3	V	50.00	1	8,575,219	(8,575,219)	0
25	DPH 1	E-3	V	57.00	1	\$86,605,963	\$3,226,179	\$89,832,142 *
<p>To adjust Medi-Cal Settlement Data to agree with the following                      EDS Paid Claims Summary:                      Report Date: May 11, 2010                      Payment Period: July 1, 2007 through April 30, 2010                      Service Period: July 1, 2007 through June 30, 2008                      CMS Pub. 15-1, Sections 2304, 2404, and 2408                      CCR, Title 22, Section 51541</p>								

\*Balance carried forward from prior/to subsequent adjustments



Provider Name		Fiscal Period			Provider Number		Adjustments		
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008			HSC/ZZR00038W		32		
Report References		Explanation of Audit Adjustments							
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DESIGNATED PUBLIC HOSPITAL</b>									
26	DPH 4 A	Not Reported				33,459	6,264	39,723	
27	DPH 6	D-4	XIX	41.00	2	\$13,840,513	\$848,575	\$14,689,088 *	
	DPH 6	D-4	XIX	41.01	2	1,644,300	38,375	1,682,675 *	
	DPH 6	D-4	XIX	42.00	2	167,235	75,077	242,312 *	
	DPH 6	D-4	XIX	43.00	2	649,580	137,378	786,958 *	
	DPH 6	D-4	XIX	44.00	2	22,923,746	1,759,696	24,683,442 *	
	DPH 6	D-4	XIX	46.00	2	1,533,605	1,480	1,535,085 *	
	DPH 6	D-4	XIX	50.00	2	2,729,659	576,881	3,306,540 *	
	DPH 6	D-4	XIX	51.00	2	1,802,822	416,587	2,219,409 *	
	DPH 6	D-4	XIX	52.00	2	560,807	67,604	628,411 *	
	DPH 6	D-4	XIX	56.00	2	42,038,842	3,746,188	45,785,030 *	
	DPH 6	D-4	XIX	101.00	2	166,218,552	7,667,841	173,886,393	
28	DPH 2	E-3	III	V	10.00	1	\$305,766,802	\$337,772,452	
	DPH 2	E-3	III	V	11.00	1	166,218,552	7,667,841	173,886,393
29	DPH 3	E-3	V	33.00	1	\$330,632	\$18,538	\$349,170	
	DPH 3	E-3	V	36.00	1	222,722	34,462	257,184	
30	DPH 1	E-3	V	57.00	1	\$89,832,142	\$4,661,185	\$94,493,327	
<p>To adjust Medi-Cal Settlement Data to agree with the following                      EDS Paid Claims Summary:                      Report Date: May 11, 2010                      Payment Period: July 1, 2007 through April 30, 2010                      Service Period: July 1, 2007 through June 30, 2008                      CMS Pub. 15-1, Sections 2304, 2404, and 2408                      CCR, Title 22, Section 51541</p>									

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments		
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA - DESIGNATED PUBLIC HOSPITAL</b>								
31	DPH 6	D-4	V	37.00	2	\$11,131,519	(\$32,470)	\$11,099,049
	DPH 6	D-4	V	39.00	2	14,254,380	2,027,497	16,281,877
	DPH 6	D-4	V	40.00	2	2,775,698	(758,774)	2,016,924
	DPH 6	D-4	V	41.00	2	14,689,088	1,468,911	16,157,999
	DPH 6	D-4	V	41.01	2	1,682,675	(724,465)	958,210
	DPH 6	D-4	V	42.00	2	242,312	3,553	245,865
	DPH 6	D-4	V	43.00	2	786,958	48,138	835,096
	DPH 6	D-4	V	44.00	2	24,683,442	(1,213,695)	23,469,747
	DPH 6	D-4	V	46.00	2	1,535,085	1,261,576	2,796,661
	DPH 6	D-4	V	49.00	2	12,493,478	10,096,959	22,590,437
	DPH 6	D-4	V	50.00	2	3,306,540	5,901	3,312,441
	DPH 6	D-4	V	51.00	2	2,219,409	4,026	2,223,435
	DPH 6	D-4	V	52.00	2	628,411	1,237	629,648
	DPH 6	D-4	V	53.00	2	369,717	(96,013)	273,704
	DPH 6	D-4	V	54.00	2	65,038	2,888	67,926
	DPH 6	D-4	V	55.00	2	19,754,393	(3,789,303)	15,965,090
	DPH 6	D-4	V	56.00	2	45,785,030	(5,440,963)	40,344,067
	DPH 6	D-4	V	57.00	2	658,184	42,281	700,465
	DPH 6	D-4	V	59.02	2	4,525,818	1,126,499	5,652,317
	DPH 6	D-4	V	59.03	2	4,092,406	(4,007,313)	85,093
	DPH 6	D-4	V	59.04	2	963,107	(505,121)	457,986
	DPH 6	D-4	V	59.05	2	20,064	302,003	322,067
	DPH 6	D-4	V	59.06	2	0	5,889	5,889
	DPH 6	D-4	V	61.00	2	7,223,641	170,759	7,394,400
To reclassify the audited Medi-Cal Ancillary Charges based on the Provider's crosswalk of ancillary charges. CMS Pub. 15-1, Sections 2304, 2404, and 2408								

\*Balance carried forward from prior/to subsequent adjustments

Provider Name		Fiscal Period		Provider Number		Adjustments	
SANTA CLARA VALLEY MEDICAL CENTER		JULY 1, 2007 THROUGH JUNE 30, 2008		HSC/ZZR00038W		32	
Adj. No.	Audit Report	Report References			As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title			
Cost Report							
32	DPH 1	Not Reported			\$0	\$149,308	\$149,308
<p><b>Explanation of Audit Adjustments</b></p> <p><u>ADJUSTMENTS TO OTHER MATTERS</u></p> <p>Routine Services - Late Billing Penalty Adjustment                      To include an adjustment for late billing penalties applicable to late billed routine services.                      CCR, Title 22, Section 51458.1                      CMS Pub. 15-1, Sections 2304 and 2408</p>							