

**REPORT
ON THE
COST REPORT REVIEW**

**REGIONAL MEDICAL CENTER OF SAN JOSE
SAN JOSE, CALIFORNIA
PROVIDER NUMBER: ZZR00125G AND
NPI NUMBER: 1821041765**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

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

**Section Chief: Louise Wong
Audit Supervisor: Marisa Ho
Auditor: Li Yun (Eileen) Kuang**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

March 8, 2011

Raju Iyer, CFO
Regional Medical Center of San Jose
225 North Jackson Avenue
San Jose, CA 95116

PROVIDER: REGIONAL MEDICAL CENTER OF SAN JOSE
PROVIDER NUMBER: ZZR00125G AND
NPI NUMBER: 1821041765
FISCAL PERIOD ENDED DECEMBER 31, 2008

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

In our opinion, the audited settlement for the fiscal period due the provider in the amount of \$2,686,753 presented in the Summary of Findings represents a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal AB 5 and AB 1183 (SCHEDULE A)
3. Computation of Audited Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
4. Audit Adjustments Schedule

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

Raju Iyler
Page 2

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 Appeals and Hearings
1029 J Street, Suite 200
MS 0017
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
P.O. 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

cc: Ralph Struve
Reimbursement Director
HCA
13760 Noel Road, Suite 430
Dallas, TX 75240

SUMMARY OF FINDINGS

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) Provider No. ZZR00125G	Reported	\$ (1,254,199)	
	Net Change	\$ 3,940,953	
	Audited Amount Due Provider (State)	\$ 2,686,753	
2. Subprovider I (SCHEDULE 1-1) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) Provider No.	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) Provider No.	Reported		\$ 0
	Net Change		\$ 0
	Audited Cost		\$ 0
	Audited Amount Due Provider (State)	\$ 0	
5. Distinct Part Nursing Facility (DPNF SCH 1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) Provider No.	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ 2,686,753	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)	Provider No.		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)	Provider No.		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)		\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)		\$ 2,686,753	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZR00125G

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>17,527,674</u>	\$ <u>23,313,282</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. Routine Services - Late Billing Penalty Adjustment (Adj 11)	\$ <u>0</u>	\$ <u>(134,418)</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>17,527,674</u>	\$ <u>23,178,864</u>
6. Interim Payments (Adj 10)	\$ <u>(18,781,873)</u>	\$ <u>(19,338,307)</u>
7. Balance Due Provider (State)	\$ <u>(1,254,199)</u>	\$ <u>3,840,557</u>
8. Duplicate Payments (Adj)	\$ <u>0</u>	\$ <u>0</u>
9. Noncontract AB 5 and AB 1183 Reduction Adjustment (Schedule A)	\$ <u>0</u>	\$ <u>(1,153,804)</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>(1,254,199)</u>	\$ <u>2,686,753</u>
		(To Summary of Findings)

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

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No.
ZZR00125G

1.	10% Reduction for Noncontract Services from 07/01/08 - 09/30/08 (AB 5 Schedule A-1)	\$	<u>538,181</u>
2.	Reduction for Noncontract Services from 10/01/08 - 04/05/09 (AB 1183 Schedule A-2)		<u>615,622</u>
3.	10% Reduction for Noncontract Services from 04/06/09 - MM/DD/YY (AB 5 Schedule A-3)		<u>0</u>
4.	10% Reduction for HFPAs from 07/01/08 - MM/DD/YY (AB 5 Schedule A-4)		<u>0</u>
5.	10% Reduction for Rural Health Hospitals from 07/01/08 - 10/31/08 (AB 5 Schedule A-5)		<u>0</u>
6.	Total Noncontract AB 5 and AB 1183 Reductions	\$	<u><u>1,153,804</u></u> (To Schedule 1, Ln 9)

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT
NONCONTRACT HOSPITALS

AB 5

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

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSEFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZR00125G**Audited Medi-Cal Cost Per Day**

1. Medi-Cal Cost of Covered Services (Schedule 3, Line 8)	\$	<u>24,411,875</u>
2. Less: Medi-Cal Administrative Day Cost (Schedule 4A, Lines 28 and 31, Schedule 4B, Line 25)		<u>152,573</u>
3. Total Medi-Cal Cost of Covered Services Subject to Reductions (Line 1 minus Line 2)	\$	<u><u>24,259,302</u></u>
4. Total Audited Medi-Cal Days (Schedules 4, 4A, and 4B, excludes Administrative Days)		<u><u>8,551</u></u>
5. Audited Medi-Cal Cost Per Day (Line 3 ÷ Line 4)	\$	<u><u>2,837.01</u></u>

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

6. Audited Medi-Cal Days of Service from 07/1/08 - 09/30/08 (excludes Administrative Days)		<u>1,897</u>
7. Audited Medi-Cal Cost Per Day for 07/01/08 - 09/30/08 (Line 5 X Line 6)	\$	<u>5,381,815</u>
8. 10% Cost Reduction for 07/01/08 - 09/30/08 (Line 7 X 10%)	\$	<u><u>538,181</u></u> (To Schedule A, Ln 1)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
REGIONAL MEDICAL CENTER OF SAN JOSEFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZR00125G

REPORTED

AUDITED

REASONABLE COST OF MEDI-CAL INPATIENT SERVICES

1. Cost of Covered Services (Schedule 3) \$ 18,455,300 \$ 24,411,875

CHARGES FOR MEDI-CAL INPATIENT SERVICES

2. Inpatient Routine Service Charges (Adj 9) \$ 1 \$ 46,031,9193. Inpatient Ancillary Service Charges (Adj 9) \$ 69,245,734 \$ 102,420,8734. Total Charges - Medi-Cal Inpatient Services \$ 69,245,735 \$ 148,452,7925. Excess of Customary Charges Over Reasonable Cost
(Line 4 minus Line 1) * \$ 50,790,435 \$ 124,040,9176. 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 SERVICESProvider Name:
REGIONAL MEDICAL CENTER OF SAN JOSEFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZR00125G

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Schedule 5)	\$ <u>7,898,071</u>	\$ <u>11,654,502</u>
2. Medi-Cal Inpatient Routine Services (Schedule 4)	\$ <u>11,390,232</u>	\$ <u>12,757,373</u>
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ <u>0</u>	\$ <u>0</u>
4. Administrative Days Reimbursement (Adj 13)	\$ <u>131,412</u>	\$ <u>0</u>
5. 10% Cost Reduction July-December (Adj 12)	\$ <u>(964,415)</u>	\$ <u>0</u>
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ <u>18,455,300</u>	\$ <u>24,411,875</u>
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Schedule 7)	\$ <u>(See Schedule 1)</u>	\$ <u>0</u>
8. SUBTOTAL	\$ <u>18,455,300</u>	\$ <u>24,411,875</u>
	(To Schedule 2)	
9. Coinsurance (Adj 10)	\$ <u>(922,884)</u>	\$ <u>(1,097,490)</u>
10. Patient and Third Party Liability (Adj 10)	\$ <u>(4,742)</u>	\$ <u>(1,103)</u>
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ <u><u>17,527,674</u></u>	\$ <u><u>23,313,282</u></u>
	(To Schedule 1)	

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
REGIONAL MEDICAL CENTER OF SAN JOSEFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZR00125G

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

INPATIENT DAYS

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj 5)	46,472	46,638
2. Inpatient Days (include private, exclude swing-bed)	46,472	46,638
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj 5)	46,472	46,638
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 6)	6,333	6,939

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)	\$ 58,419,003	\$ 58,435,610
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)	\$ 58,419,003	\$ 58,435,610

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 176,797,058	\$ 176,797,058
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 176,797,058	\$ 176,797,058
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.330430	\$ 0.330524
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)	\$ 3,804.38	\$ 3,790.84
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)	\$ 58,419,003	\$ 58,435,610

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,257.08	\$ 1,252.96
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 7,961,088	\$ 8,694,289
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 3,429,144	\$ 3,961,539
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 101,545
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 11,390,232	\$ 12,757,373

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
REGIONAL MEDICAL CENTER OF SAN JOSEFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZR00125G

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 1,724,615	\$ 1,725,120
2. Total Inpatient Days (Adj)	1,456	1,456
3. Average Per Diem Cost	\$ 1,184.49	\$ 1,184.84
4. Medi-Cal Inpatient Days (Adj 6)	210	221
5. Cost Applicable to Medi-Cal	\$ 248,743	\$ 261,850
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 20,299,999	\$ 20,305,992
7. Total Inpatient Days (Adj)	7,917	7,917
8. Average Per Diem Cost	\$ 2,564.10	\$ 2,564.86
9. Medi-Cal Inpatient Days (Adj 6)	1,171	1,348
10. Cost Applicable to Medi-Cal	\$ 3,002,561	\$ 3,457,431
NEONATAL INTENSIVE CARE UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 26.01, Col 27)	\$ 2,067,389	\$ 2,067,956
12. Total Inpatient Days (Adj)	465	465
13. Average Per Diem Cost	\$ 4,446.00	\$ 4,447.22
14. Medi-Cal Inpatient Days (Adj 6)	40	43
15. Cost Applicable to Medi-Cal	\$ 177,840	\$ 191,230
CORONARY CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, 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
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS (January 1, 2008 through July 31, 2008)		
26. Per Diem Rate (Adj 7)	\$ 0.00	\$ 311.48
27. Medi-Cal Inpatient Days (Adj 7)	0	83
28. Cost Applicable to Medi-Cal	\$ 0	\$ 25,853
ADMINISTRATIVE DAYS (January 1, 2008 through July 31, 2008)		
29. Per Diem Rate (Adj 7)	\$ 0.00	\$ 303.31
30. Medi-Cal Inpatient Days (Adj 7)	0	83
31. Cost Applicable to Medi-Cal	\$ 0	\$ 25,175
32. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 3,429,144	\$ 3,961,539

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
REGIONAL MEDICAL CENTER OF SAN JOSEFiscal Period Ended:
DECEMBER 31, 2008Provider No.
ZZR00125G

SPECIAL CARE UNITS	REPORTED	AUDITED
ADMINISTRATIVE DAYS (January 1, 2008 through July 31, 2008)		
1. Per Diem Rate (Adj 7)	\$ 0.00	318.19
2. Medi-Cal Inpatient Days (Adj 7)	0.00	\$ 53
3. Cost Applicable to Medi-Cal	\$ 0	16,864
ADMINISTRATIVE DAYS (January 1, 2008 through July 31, 2008)		
4. Per Diem Rate (Adj 7)	\$ 0.00	\$ 316.46
5. Medi-Cal Inpatient Days (Adj 7)	0	92
6. Cost Applicable to Medi-Cal	\$ 0	\$ 29,114
ADMINISTRATIVE DAYS (January 1, 2008 through July 31, 2008)		
7. Per Diem Rate (Adj 7)	\$ 0.00	\$ 310.24
8. Medi-Cal Inpatient Days (Adj 7)	0	20
9. Cost Applicable to Medi-Cal	\$ 0	\$ 6,205
ADMINISTRATIVE DAYS (August 1, 2008 through December 31, 2008)		
10. Per Diem Rate (Adj 7)	\$ 0.00	\$ 311.13
11. Medi-Cal Inpatient Days (Adj 7)	0	26
12. Cost Applicable to Medi-Cal	\$ 0	\$ 8,089
ADMINISTRATIVE DAYS (August 1, 2008 through December 31, 2008)		
13. Per Diem Rate (Adj 7)	\$ 0.00	\$ 351.26
14. Medi-Cal Inpatient Days (Adj 7)	0	21
15. Cost Applicable to Medi-Cal	\$ 0	\$ 7,376
ADMINISTRATIVE DAYS (August 1, 2008 through December 31, 2008)		
16. Per Diem Rate (Adj 7)	\$ 0.00	\$ 260.94
17. Medi-Cal Inpatient Days (Adj 7)	0	35
18. Cost Applicable to Medi-Cal	\$ 0	\$ 9,133
ADMINISTRATIVE DAYS (August 1, 2008 through December 31, 2008)		
19. Per Diem Rate (Adj 7)	\$ 0.00	\$ 334.65
20. Medi-Cal Inpatient Days (Adj 7)	0	74
21. Cost Applicable to Medi-Cal	\$ 0	\$ 24,764
ADMINISTRATIVE DAYS		
22. Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
23. Medi-Cal Inpatient Days (Adj)	0	0
24. Cost Applicable to Medi-Cal	\$ 0	\$ 0
25. Medi-Cal Routine Cost (Sum of Lines 3,6,9,12,15,18,21,24)	\$ 0	\$ 101,545

(To Schedule 4)

SCHEDULE OF MEDI-CAL ANCILLARY COSTS

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

Provider No:
ZZR00125G

		TOTAL ANCILLARY COST *	TOTAL ANCILLARY CHARGES (Adj)	RATIO COST TO CHARGES	MEDI-CAL CHARGES (From Schedule 6)	MEDI-CAL COST
ANCILLARY COST CENTERS						
37.00	Operating Room	\$ 17,819,265	\$ 81,119,649	0.219666	\$ 4,903,487	\$ 1,077,132
38.00	Recovery Room	5,312,888	28,315,269	0.187633	1,354,251	254,103
39.00	Delivery Room and Labor Room	4,798,908	11,203,794	0.428329	1,340,395	574,130
40.00	Anesthesiology	345,002	30,226,184	0.011414	1,368,513	15,620
41.00	Radiology - Diagnostic	8,980,423	44,776,349	0.200562	2,676,681	536,840
41.01	Ultra Sound	1,262,137	10,464,389	0.120613	726,968	87,682
41.02	MRI	785,058	13,336,192	0.058867	1,340,316	78,900
41.03	CAT Scan	2,411,757	138,620,227	0.017398	9,630,540	167,555
43.00	Radioisotope	1,073,481	13,463,862	0.079731	1,311,290	104,550
44.00	Laboratory	11,853,835	134,675,244	0.088018	15,527,747	1,366,720
44.01	Pathological Lab	0	0	0.000000	0	0
46.00	Whole Blood	2,045,917	1,614,000	1.267606	798,077	1,011,647
47.00	Blood Storing and Processing	0	0	0.000000	0	0
48.00	Intravenous Therapy	0	0	0.000000	0	0
49.00	Respiratory Therapy	5,949,445	58,506,415	0.101689	9,089,327	924,282
50.00	Physical Therapy	1,683,235	7,886,097	0.213443	1,050,381	224,197
51.00	Occupational Therapy	884,830	4,445,883	0.199022	699,153	139,147
52.00	Speech Pathology	570,939	2,156,838	0.264711	318,342	84,269
53.00	Electrocardiology	1,511,844	32,253,751	0.046873	1,259,548	59,039
53.01	Cardiac Cath Lab	3,427,425	29,567,267	0.115920	4,453,480	516,246
54.00	Electroencephalography	588,155	1,892,808	0.310731	237,072	73,666
55.00	Medical Supplies Charged to Patients	16,162,736	115,658,729	0.139745	10,906,927	1,524,189
56.00	Drugs Charged to Patients	11,803,090	204,010,462	0.057855	27,731,705	1,604,427
57.00	Renal Dialysis	2,021,957	7,745,831	0.261038	904,165	236,022
58.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0
59.00	Wound Care	924,423	1,428,735	0.647022	0	0
59.02		0	0	0.000000	0	0
59.03		0	0	0.000000	0	0
60.00	Clinic	0	0	0.000000	0	0
61.00	Emergency	20,613,015	99,370,428	0.207436	4,792,508	994,139
60.02	Out-Patient Psychiatry	0	0	0.000000	0	0
60.03	Clinic-USF/OCC Med Clinic	0	0	0.000000	0	0
60.04	Pros Clinic	0	0	0.000000	0	0
60.05	Melanoma Center	0	0	0.000000	0	0
61.00	Emergency	0	0	0.000000	0	0
62.00	Observation Beds	0	12,208,444	0.000000	0	0
85.00		0	0	0.000000	0	0
86.00		0	0	0.000000	0	0
TOTAL		\$ 122,829,764	\$ 1,084,946,847		\$ 102,420,873	\$ 11,654,502

(To Schedule 3)

* From Schedule 8, Column 27

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.1

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 4.08	EMPLOYEE BENEFITS 5.00	ALLOC COST 6.01	ALLOC COST 6.02	ALLOC COST 6.03	ALLOC COST 6.04	ALLOC COST 6.05	ALLOC COST 6.06	ALLOC COST 6.07	ALLOC COST 6.08	ACCUMULATE COST	ADMINIS-TRATIVE & GENERAL 6.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	1,909,929	0	0	0	0	0	0	0	0	12,569,013	2,193,404
38.00 Recovery Room	0	784,882	0	0	0	0	0	0	0	0	4,057,944	708,147
39.00 Delivery Room and Labor Room	0	673,728	0	0	0	0	0	0	0	0	3,659,270	638,575
40.00 Anesthesiology	0	0	0	0	0	0	0	0	0	0	217,057	37,878
41.00 Radiology - Diagnostic	0	987,279	0	0	0	0	0	0	0	0	6,702,337	1,169,617
41.01 Ultra Sound	0	184,071	0	0	0	0	0	0	0	0	994,463	173,543
41.02 MRI	0	85,012	0	0	0	0	0	0	0	0	571,047	99,653
41.03 CAT Scan	0	286,106	0	0	0	0	0	0	0	0	1,644,105	286,911
43.00 Radioisotope	0	99,449	0	0	0	0	0	0	0	0	774,051	135,079
44.00 Laboratory	0	1,273,030	0	0	0	0	0	0	0	0	8,951,052	1,562,038
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	0	0	1,729,030	301,731
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	852,289	0	0	0	0	0	0	0	0	4,642,233	810,111
50.00 Physical Therapy	0	232,277	0	0	0	0	0	0	0	0	1,316,143	229,679
51.00 Occupational Therapy	0	114,856	0	0	0	0	0	0	0	0	642,016	112,037
52.00 Speech Pathology	0	75,536	0	0	0	0	0	0	0	0	415,904	72,579
53.00 Electrocardiology	0	215,027	0	0	0	0	0	0	0	0	1,161,590	202,708
53.01 Cardiac Cath Lab	0	464,539	0	0	0	0	0	0	0	0	2,654,886	463,301
54.00 Electroencephalography	0	66,666	0	0	0	0	0	0	0	0	410,405	71,619
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	12,664,206	2,210,016
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	5,733,574	1,000,559
57.00 Renal Dialysis	0	282,593	0	0	0	0	0	0	0	0	1,537,712	268,344
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Wound Care	0	59,265	0	0	0	0	0	0	0	0	679,951	118,657
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
60.02 Out-Patient Psychiatry	0	2,729,527	0	0	0	0	0	0	0	0	15,648,505	2,730,803
60.03 Clinic-USF/OCC Med Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.04 Pros Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.05 Melanoma Center	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	0	0	30,786	5,372
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Satellite Clinic - Airport	0	0	0	0	0	0	0	0	0	0	0	0
99.02 HIV Services	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Marketing/Public Relations	0	118,889	0	0	0	0	0	0	0	0	1,036,256	180,836
100.01 Guest Meals	0	0	0	0	0	0	0	0	0	0	0	0
100.02 Physician Recruitments	0	13,828	0	0	0	0	0	0	0	0	124,850	21,787
100.03 Cancer Care	0	0	0	0	0	0	0	0	0	0	0	0
100.04 OB Clinic	0	0	0	0	0	0	0	0	0	0	946	165
100.05 FPRP	0	0	0	0	0	0	0	0	0	0	0	0
100.06 Center of Advance Imaging	0	0	0	0	0	0	0	0	0	0	0	0
100.07 San Jose Medical Center - Closure	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	27,505,680	0	0	0	0	0	0	0	0	207,508,187	30,831,624

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	MAINT & REPAIRS 7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFE 12.00	MAINT OF PERSONNEL 13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	SOCIAL SERVICE 18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	1,451,681	52,771	608,584	0	272,072	0	398,517	38,680	0	234,543	0
38.00 Recovery Room	0	96,911	76,720	40,628	0	100,332	0	145,911	4,428	0	81,869	0
39.00 Delivery Room and Labor Room	0	172,654	18,058	72,381	0	82,053	0	119,290	4,233	0	32,394	0
40.00 Anesthesiology	0	0	0	0	0	0	0	0	2,673	0	87,394	0
41.00 Radiology - Diagnostic	0	526,941	50,409	220,908	0	155,842	0	21,962	2,945	0	129,463	0
41.01 Ultra Sound	0	29,239	0	12,258	0	22,231	0	0	148	0	30,256	0
41.02 MRI	0	47,573	0	19,944	0	8,264	0	0	17	0	38,559	0
41.03 CAT Scan	0	22,985	0	9,636	0	47,291	0	0	33	0	400,796	0
43.00 Radioisotope	0	79,689	2,014	33,412	0	10,105	0	0	194	0	38,928	0
44.00 Laboratory	0	473,488	0	198,499	0	261,563	0	0	17,806	0	389,389	0
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	7,270	0	3,048	0	0	0	0	172	0	4,667	0
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	130,586	0	54,745	0	140,752	0	0	1,858	0	169,161	0
50.00 Physical Therapy	0	45,489	910	19,070	0	49,133	0	0	10	0	22,801	0
51.00 Occupational Therapy	0	65,747	0	27,563	0	24,611	0	0	0	0	12,854	0
52.00 Speech Pathology	0	43,832	0	18,375	0	14,012	0	0	0	0	6,236	0
53.00 Electrocardiology	0	0	2,401	0	0	14,012	0	0	601	0	93,256	0
53.01 Cardiac Cath Lab	0	76,438	9,073	32,045	0	41,498	0	60,343	4,353	0	85,488	0
54.00 Electroencephalography	0	64,465	125	27,025	0	9,027	0	0	15	0	5,473	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	954,108	0	334,407	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	4,479,096	0	589,860	0
57.00 Renal Dialysis	0	78,416	3,135	32,874	0	31,707	0	46,097	1,275	0	22,396	0
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0	0
59.00 Wound Care	0	75,743	381	31,754	0	13,518	0	0	288	0	4,131	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.00 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
60.02 Out-Patient Psychiatry	0	553,775	161,867	232,157	0	386,191	0	566,199	46,207	0	287,312	0
60.03 Clinic-USF/OCC Med Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.04 Pros Clinic	0	0	0	0	0	0	0	0	0	0	0	0
60.05 Melanoma Center	0	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS												
96.00 Gift, Flower, Coffee Shop and Canteen	0	31,324	0	13,132	0	0	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0	0
99.01 Satellite Clinic - Airport	0	0	0	0	0	0	0	0	0	0	0	0
99.02 HIV Services	0	0	0	0	0	0	0	0	0	0	0	0
100.00 Marketing/Public Relations	0	35,226	0	14,768	0	13,204	0	0	0	0	0	0
100.01 Guest Meals	0	0	0	0	631,349	0	0	0	0	0	0	0
100.02 Physician Recruitments	0	0	0	0	0	2,380	0	0	0	0	0	0
100.03 Cancer Care	0	0	0	0	0	0	0	0	0	0	0	0
100.04 OB Clinic	0	962	0	403	0	0	0	0	0	0	0	0
100.05 FRRP	0	0	0	0	0	0	0	0	0	0	0	0
100.06 Center of Advance Imaging	0	0	0	0	0	0	0	0	0	0	0	0
100.07 San Jose Medical Center - Closure	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	9,239,595	1,105,595	3,795,725	5,618,203	3,485,151	0	3,590,176	1,154,456	4,479,096	3,901,810	0

STATE OF CALIFORNIA

COMPUTATION OF COST ALLOCATION (W/S B)

SCHEDULE 8.3

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

TRIAL BALANCE EXPENSES	ALLOC COST 19.00	ALLOC COST 19.02	ALLOC COST 19.03	NON-PHYSICIAN ANESTH 21.00	NURSING SCHOOL 21.01	INT & RES SALARY & FRINGES 22.00	INT & RES PROGRAM 23.00	PARAMED EDUCAT 24.00	SUBTOTAL 25.00	POST STEP-DOWN ADJUSTMENT 26.00	TOTAL COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	0	0	0	17,819,265	0	17,819,265
38.00 Recovery Room	0	0	0	0	0	0	0	0	5,312,888	0	5,312,888
39.00 Delivery Room and Labor Room	0	0	0	0	0	0	0	0	4,798,908	0	4,798,908
40.00 Anesthesiology	0	0	0	0	0	0	0	0	345,002	0	345,002
41.00 Radiology - Diagnostic	0	0	0	0	0	0	0	0	8,980,423	0	8,980,423
41.01 Ultra Sound	0	0	0	0	0	0	0	0	1,262,137	0	1,262,137
41.02 MRI	0	0	0	0	0	0	0	0	785,058	0	785,058
41.03 CAT Scan	0	0	0	0	0	0	0	0	2,411,757	0	2,411,757
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,073,481	0	1,073,481
44.00 Laboratory	0	0	0	0	0	0	0	0	11,853,835	0	11,853,835
44.01 Pathological Lab	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood	0	0	0	0	0	0	0	0	2,045,917	0	2,045,917
47.00 Blood Storing and Processing	0	0	0	0	0	0	0	0	0	0	0
48.00 Intravenous Therapy	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	0	0	0	5,949,445	0	5,949,445
50.00 Physical Therapy	0	0	0	0	0	0	0	0	1,683,235	0	1,683,235
51.00 Occupational Therapy	0	0	0	0	0	0	0	0	884,830	0	884,830
52.00 Speech Pathology	0	0	0	0	0	0	0	0	570,939	0	570,939
53.00 Electrocardiology	0	0	0	0	0	0	0	0	1,511,844	0	1,511,844
54.01 Cardiac Cath Lab	0	0	0	0	0	0	0	0	3,427,425	0	3,427,425
54.00 Electroencephalography	0	0	0	0	0	0	0	0	588,155	0	588,155
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	16,162,736	0	16,162,736
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	11,803,090	0	11,803,090
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	2,021,957	0	2,021,957
58.00 ASC (Non-Distinct Part)	0	0	0	0	0	0	0	0	0	0	0
59.00 Wound Care	0	0	0	0	0	0	0	0	924,423	0	924,423
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00 Clinic	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0
60.02 Out-Patient Psychiatry	0	0	0	0	0	0	0	0	20,613,015	0	20,613,015
60.03 Clinic-USF/OCC Med Clinic	0	0	0	0	0	0	0	0	0	0	0
60.04 Pros Clinic	0	0	0	0	0	0	0	0	0	0	0
60.05 Melanoma Center	0	0	0	0	0	0	0	0	0	0	0
61.00 Emergency	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
85.00	0	0	0	0	0	0	0	0	0	0	0
86.00	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTERS											
96.00 Gift, Flower, Coffee Shop and Canteen	0	0	0	0	0	0	0	0	80,614	0	80,614
97.00 Research	0	0	0	0	0	0	0	0	0	0	0
98.00 Physicians' Private Office	0	0	0	0	0	0	0	0	0	0	0
99.00 Nonpaid Workers	0	0	0	0	0	0	0	0	0	0	0
99.01 Satellite Clinic - Airport	0	0	0	0	0	0	0	0	0	0	0
99.02 HIV Services	0	0	0	0	0	0	0	0	0	0	0
100.00 Marketing/Public Relations	0	0	0	0	0	0	0	0	1,280,289	0	1,280,289
100.01 Guest Meals	0	0	0	0	0	0	0	0	631,349	0	631,349
100.02 Physician Recruitments	0	0	0	0	0	0	0	0	149,017	0	149,017
100.03 Cancer Care	0	0	0	0	0	0	0	0	0	0	0
100.04 OB Clinic	0	0	0	0	0	0	0	0	2,476	0	2,476
100.05 FPRP	0	0	0	0	0	0	0	0	0	0	0
100.06 Center of Advance Imaging	0	0	0	0	0	0	0	0	0	0	0
100.07 San Jose Medical Center - Closure	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	207,508,187	0	207,508,187

STATE OF CALIFORNIA

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

SCHEDULE 9.1

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

	EMP BENE (GROSS SALARIES)	STAT	STAT	STAT	STAT	STAT	STAT	STAT	STAT	ADM & GEN (ACCUM COST)	MAINT & REPAIRS (SQ FT)
	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08		7.00
ANCILLARY COST CENTERS											
37.00	Operating Room	7,004,520								12,569,013	
38.00	Recovery Room	2,878,495								4,057,944	
39.00	Delivery Room and Labor Room	2,470,845								3,659,270	
40.00	Anesthesiology									217,057	
41.00	Radiology - Diagnostic	3,620,770								6,702,337	
41.01	Ultra Sound	675,066								994,463	
41.02	MRI	311,776								571,047	
41.03	CAT Scan	1,049,273								1,644,105	
43.00	Radioisotope Laboratory	364,723								774,051	
44.00	Pathological Lab	4,668,739								8,951,052	
44.01	Whole Blood									1,729,030	
46.00	Blood Storing and Processing									0	
47.00	Intravenous Therapy									0	
48.00	Respiratory Therapy	3,125,704								4,642,233	
49.00	Physical Therapy	851,857								1,316,143	
50.00	Occupational Therapy	421,224								642,016	
51.00	Speech Pathology	277,021								415,904	
52.00	Electrocardiology	788,595								1,161,590	
53.00	Cardiac Cath Lab	1,703,661								2,654,886	
54.00	Electroencephalography	244,491								410,405	
55.00	Medical Supplies Charged to Patients									12,664,206	
56.00	Drugs Charged to Patients	1,036,388								5,733,574	
57.00	Renal Dialysis									1,537,712	
58.00	ASC (Non-Distinct Part)									0	
59.00	Wound Care	217,351								679,951	
59.02										0	
59.03										0	
60.00	Clinic									0	
61.00	Emergency									0	
60.02	Out-Patient Psychiatry	10,010,334								15,648,505	
60.03	Clinic-USF/OCC Med Clinic									0	
60.04	Pros Clinic									0	
60.05	Melanoma Center									0	
61.00	Emergency									0	
62.00	Observation Beds									0	
85.00										0	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop and Canteen									30,786	
97.00	Research									0	
98.00	Physicians' Private Office									0	
99.00	Nonpaid Workers									0	
99.01	Satellite Clinic - Airport									0	
99.02	HIV Services									0	
100.00	Marketing/Public Relations	436,017								1,036,256	
100.01	Guest Meals									0	
100.02	Physician Recruitments	50,712								124,850	
100.03	Cancer Care									0	
100.04	OB Clinic									946	
100.05	FPRP									0	
100.06	Center of Advance Imaging									0	
100.07	San Jose Medical Center - Closure									0	
TOTAL	100,874,989	0	0	0	0	0	0	0	0	176,676,563	0
COST TO BE ALLOCATED	27,505,680	0	0	0	0	0	0	0	0	30,831,624	0
UNIT COST MULTIPLIER - SCH 8	0.272671	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.174509	0.000000

STATE OF CALIFORNIA

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

SCHEDULE 9.2

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

	OPER PLANT (SQ FT)	LAUNDRY & LINEN (LB LNDRY)	HOUSE-KEEPING (HR SERV)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINT OF PERSONNEL (# HOUSED)	NURSING ADMIN (NURSE HR)	CENT SERV & SUPPLY (CST REQ)	PHARMACY (COSTS REQUIS)	MED REC (GROSS CHARGES)	SOC SERV (TIME SPENT)	STAT
	8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	19.00
		(Adj 4)	(Adj 4)	(Adj 4)	(Adj 4)	(Adj 4)	(Adj 4)	(Adj 4)	(Adj 4)	(Adj 4)	(Adj 4)	(Adj 4)
ANCILLARY COST CENTERS												
37.00	27,158	57,749	27,158	6,058	127,620	513,413	81,119,649					
38.00	1,813	83,958	1,813	2,234	46,726	58,774	28,315,269					
39.00	3,230	19,762	3,230	1,827	38,201	56,181	11,203,794					
40.00						35,485	30,226,184					
41.00	9,858	55,164	9,858	3,470	7,033	39,086	44,776,349					
41.01	547		547	495		1,965	10,464,389					
41.02	890		890	184		232	13,336,192					
41.03	430		430	1,053		440	138,620,227					
43.00	1,491	2,204	1,491	225		2,573	13,463,862					
44.00	8,858		8,858	5,824		236,345	134,675,244					
44.01												
46.00	136		136			2,281	1,614,000					
47.00												
48.00												
49.00	2,443		2,443	3,134		24,662	58,506,415					
50.00	851	996	851	1,094		139	7,886,097					
51.00	1,230		1,230	548			4,445,883					
52.00	820		820	312		7,977	2,156,838					
53.00		2,627		1,142			32,253,751					
53.01	1,430	9,929	1,430	924		57,782	29,567,267					
54.00	1,206	137	1,206	201		205	1,892,808					
55.00						12,664,207	115,658,729					
56.00	1,467	3,431	1,467	706		16,925	204,010,462					
57.00												
58.00	1,417	417	1,417	301		3,818	7,745,831					
59.00												
59.02												
59.03												
60.00												
61.00	10,360	177,137	10,360	8,599		613,317	99,370,428					
60.02												
60.03												
60.04												
60.05												
61.00												
62.00												
85.00												
86.00												
NONREIMBURSABLE COST CENTERS												
96.00	586		586									
97.00												
98.00												
99.00												
99.01												
99.02												
100.00	659		659	294								
100.01												
100.02												
100.03												
100.04												
100.05												
100.06												
100.07												
TOTAL	172,854	1,209,893	169,384	482,000	77,601	0	1,149,708	15,323,504	5,722,371	#####	0	0
COST TO BE ALLOCATED	9,239,595	1,105,595	3,795,725	5,618,203	3,485,151	0	3,590,176	1,154,456	4,479,096	3,901,810	0	0
UNIT COST MULTIPLIER - SCH 8	53.453173	0.913795	22.408997	11.656023	44.911161	0.000000	3.122685	0.075339	0.782734	0.002891	0.000000	0.000000

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

	STAT	STAT	NONPHY ANESTH (ASG TIME)	NURSE SCHOOL (ASG TIME)	I&R-SAL & FRINGES (ASG TIME)	I&R-PRG COST (ASG TIME)	PARAMED EDUCAT (ASG TIME)
	19.02	19.03	21.00	21.01	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
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							
6.07							
6.08							
6.00							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
21.00							
21.01							
22.00							
23.00							
24.00							
25.00							
26.00							
26.01							
28.00							
29.00							
31.00							
31.01							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

TRIAL BALANCE OF EXPENSES

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Rel Costs - Buildings and Fixtures	\$	\$ 0	\$ 0
2.00	Old Cap Rel Costs - Movable Equipment		0	0
3.00	New Cap Rel Costs - Buildings and Fixtures	5,403,443	0	5,403,443
4.00	New Cap Rel Costs - Movable Equipment	7,169,142	0	7,169,142
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	27,409,276	0	27,409,276
6.01	Non-Patient Telephones		0	0
6.02	Data Processing		0	0
6.03	Purchasing/Receiving		0	0
6.04	Patient Admitting		0	0
6.05	Patient Business Office		0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	26,374,081	59,129	26,433,210
7.00	Maintenance and Repairs		0	0
8.00	Operation of Plant	6,164,992	0	6,164,992
9.00	Laundry and Linen Service	754,128	0	754,128
10.00	Housekeeping	2,588,150	0	2,588,150
11.00	Dietary	2,916,090	0	2,916,090
12.00	Cafeteria		0	0
13.00	Maintenance of Personnel		0	0
14.00	Nursing Administration	2,125,840	0	2,125,840
15.00	Central Services and Supply	541,805	19,817	561,622
16.00	Pharmacy	2,649,046	0	2,649,046
17.00	Medical Records and Library	2,319,010	0	2,319,010
18.00	Social Service		0	0
19.00			0	0
19.02			0	0
19.03			0	0
21.00	Nursing School		0	0
21.01	Clinical Pastoral Education		0	0
22.00	Intern and Res Service - Salary and Fringes		0	0
23.00	Intern and Res - Other Program		0	0
24.00	Paramedical Ed Program		0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics (Gen Routine)	31,961,668	0	31,961,668
26.00	Intensive Care Unit	11,904,666	0	11,904,666
26.01	Neonatal Intensive Care Unit	1,241,519	0	1,241,519
28.00			0	0
29.00	Surgical Intensive Care		0	0
31.00	Subprovider		0	0
31.01	Subprovider 2 Psych		0	0
32.00			0	0
33.00	Nursery	885,754	0	885,754
34.00	Medicare Certified Nursing Facility		0	0
35.00	Distinct Part Nursing Facility		0	0
36.00	Adult Subacute Care Unit		0	0
36.01	Subacute Care Unit II		0	0
36.02	Transitional Care Unit		0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Fiscal Period Ended:
DECEMBER 31, 2008

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 9,232,307	\$ 0	\$ 9,232,307
38.00	Recovery Room	3,177,814	0	3,177,814
39.00	Delivery Room and Labor Room	2,815,851	0	2,815,851
40.00	Anesthesiology	217,057	0	217,057
41.00	Radiology - Diagnostic	5,197,157	0	5,197,157
41.01	Ultra Sound	781,655	0	781,655
41.02	MRI	439,278	0	439,278
41.03	CAT Scan	1,335,408	0	1,335,408
43.00	Radioisotope	596,270	0	596,270
44.00	Laboratory	7,212,657	0	7,212,657
44.01	Pathological Lab		0	0
46.00	Whole Blood	1,721,885	0	1,721,885
47.00	Blood Storing and Processing		0	0
48.00	Intravenous Therapy		0	0
49.00	Respiratory Therapy	3,661,598	0	3,661,598
50.00	Physical Therapy	1,039,158	0	1,039,158
51.00	Occupational Therapy	462,541	0	462,541
52.00	Speech Pathology	297,289	0	297,289
53.00	Electrocardiology	946,563	0	946,563
53.01	Cardiac Cath Lab	2,115,220	0	2,115,220
54.00	Electroencephalography	280,381	0	280,381
55.00	Medical Supplies Charged to Patients	12,692,117	(27,911)	12,664,206
56.00	Drugs Charged to Patients	5,705,663	27,911	5,733,574
57.00	Renal Dialysis	1,178,049	0	1,178,049
58.00	ASC (Non-Distinct Part)		0	0
59.00	Wound Care	546,242	0	546,242
59.02			0	0
59.03			0	0
60.00	Clinic		0	0
61.00	Emergency	12,374,703	0	12,374,703
60.02	Out-Patient Psychiatry		0	0
60.03	Clinic-USF/OCC Med Clinic		0	0
60.04	Pros Clinic		0	0
60.05	Melanoma Center		0	0
61.00	Emergency		0	0
62.00	Observation Beds		0	0
85.00			0	0
86.00			0	0
	SUBTOTAL	\$ 206,435,473	\$ 78,946	\$ 206,514,419
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop and Canteen		0	0
97.00	Research		0	0
98.00	Physicians' Private Office		0	0
99.00	Nonpaid Workers		0	0
99.01	Satelite Clinic - Airport		0	0
99.02	HIV Serviceis		0	0
100.00	Marketing/Public Relations	882,746	0	882,746
100.01	Guest Meals		0	0
100.02	Physician Recruitments	111,022	0	111,022
100.03	Cancer Care		0	0
100.04	OB Clinic		0	0
100.05	FPRP		0	0
100.06	Center of Advance Imaging		0	0
100.07	San Jose Medical Center - Closure		0	0
100.99	SUBTOTAL	\$ 993,768	\$ 0	\$ 993,768
101	TOTAL	\$ 207,429,241	\$ 78,946	\$ 207,508,187

(To Schedule 8)

Provider Name:
REGIONAL MEDICAL CENTER OF SAN JOSE

Page 1
Fiscal Period Ended:
DECEMBER 31, 2008

	TOTAL ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ	AUDIT ADJ
	(Page 1 & 2)	2	3																
ANCILLARY COST CENTERS																			
37.00	Operating Room	0																	
38.00	Recovery Room	0																	
39.00	Delivery Room and Labor Room	0																	
40.00	Anesthesiology	0																	
41.00	Radiology - Diagnostic	0																	
41.01	Ultra Sound	0																	
41.02	MRI	0																	
41.03	CAT Scan	0																	
43.00	Radioisotope	0																	
44.00	Laboratory	0																	
44.01	Pathological Lab	0																	
46.00	Whole Blood	0																	
47.00	Blood Storing and Processing	0																	
48.00	Intravenous Therapy	0																	
49.00	Respiratory Therapy	0																	
50.00	Physical Therapy	0																	
51.00	Occupational Therapy	0																	
52.00	Speech Pathology	0																	
53.00	Electrocardiology	0																	
53.01	Cardiac Cath Lab	0																	
54.00	Electroencephalography	0																	
55.00	Medical Supplies Charged to Patients	(27,911)																	
56.00	Drugs Charged to Patients	27,911																	
57.00	Renal Dialysis	0																	
58.00	ASC (Non-Distinct Part)	0																	
59.00	Wound Care	0																	
59.02		0																	
59.03		0																	
60.00	Clinic	0																	
61.00	Emergency	0																	
60.02	Out-Patient Psychiatry	0																	
60.03	Clinic-USF/OCC Med Clinic	0																	
60.04	Pros Clinic	0																	
60.05	Melanoma Center	0																	
61.00	Emergency	0																	
62.00	Observation Beds	0																	
85.00		0																	
86.00		0																	
NONREIMBURSABLE COST CENTERS																			
96.00	Gift, Flower, Coffee Shop and Canteen	0																	
97.00	Research	0																	
98.00	Physicians' Private Office	0																	
99.00	Nonpaid Workers	0																	
99.01	Satellite Clinic - Airport	0																	
99.02	HIV Services	0																	
100.00	Marketing/Public Relations	0																	
100.01	Guest Meals	0																	
100.02	Physician Recruitments	0																	
100.03	Cancer Care	0																	
100.04	OB Clinic	0																	
100.05	FPRP	0																	
100.06	Center of Advance Imaging	0																	
100.07	San Jose Medical Center - Closure	0																	
101.00	TOTAL	\$78,946	0	78,946	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name		Fiscal Period		Provider Number		Adjustments			
REGIONAL MEDICAL CENTER OF SAN JOSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZR00125G		13			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				Col.
1			<p>Explanation of Audit Adjustments MEMORANDUM ADJUSTMENT</p> <p>The services provided to Medi-Cal inpatients in Noncontract acute hospitals are subject to various reimbursement limitations identified in AB 5 and AB 1183. These limitations are addressed on Noncontract Schedule A and are incorporated on Noncontract Schedule 1, Line 9. W&I Code, Section 14105.19 and 14166.245</p>						

Provider Name		Fiscal Period		Provider Number		Adjustments		
REGIONAL MEDICAL CENTER OF SAN JOSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZR00125G		13		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
2	10A	A		55.00	7	\$12,692,117	(\$27,911)	\$12,664,206
	10A	A		56.00	7	5,705,663	27,911	5,733,574
<p>RECLASSIFICATION OF REPORTED COSTS</p> <p>Medical Supplies Charged to Patients Drugs Charged to Patients To adjust the provider's Medical Supplies reclassification pertaining to chargeable drugs to their proper cost center. CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2307</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments		
REGIONAL MEDICAL CENTER OF SAN JOSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZR00125G		13		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
3	10A	A		6.00	7	\$26,374,081	\$59,129	\$26,433,210
	10A	A		15.00	7	541,805	19,817	561,622
<p>Administrative and General Central Services and Supply To adjust the reported home office costs to agree with the filed HCA Home Office Cost Reports and Cost Allocation Statements. CMS Pub. 15-1, Sections 2150.2 and 2304</p>								

Provider Name		Fiscal Period		Provider Number		Adjustments			
REGIONAL MEDICAL CENTER OF SAN JOSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZR00125G		13			
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report				As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line	Col.			
ADJUSTMENT TO REPORTED STATISTICS									
4	9	B-1		55.00	15	Medical Supplies Charged to Patients (Costed Requisition)	12,692,118	(27,911)	12,664,207
	9	B-1		15.00	15	Total - Costed Requisition	15,351,415	(27,911)	15,323,504
	9	B-1		56.00	16	Drugs Charged to Patients	5,694,460	27,911	5,722,371
	9	B-1		16.00	16	Total - Costed Requisition	5,694,460	27,911	5,722,371
To adjust the reported costed requisition statistics for proper overhead cost allocation, in conjunction with adjustment number 2. CMS Pub. 15-1, Sections 2300, 2304, 2306, and 2307									

Provider Name		Fiscal Period		Provider Number		Adjustments		
REGIONAL MEDICAL CENTER OF SAN JOSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008		ZZR00125G		13		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
5	4	D-1	I	XIX	1.00, 4.00	1	46,472	46,638
<p>Adults and Pediatrics To include labor room days to agree with the provider's records for proper cost determination. CMS Pub. 15-1, Sections 2205.2, 2300, and 2304 CMS Pub. 15-2, Section 3622.1</p>								
ADJUSTMENT TO REPORTED PATIENT DAYS								

Provider Name		Fiscal Period				Provider Number		Adjustments	
REGIONAL MEDICAL CENTER OF SAN JOSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				ZZR00125G		13	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA - NONCONTRACT									
6	4	D-1	I	XIX	9.00	1	6,933	606	6,939
	4A	D-1	II	XIX	42.00	4	210	11	221
	4A	D-1	II	XIX	43.00	4	1,171	177	1,348
	4A	D-1	II	XIX	43.01	4	40	3	43
<p style="text-align: center;"><u>Medi-Cal Administrative Days (January 1, 2008 through July 31, 2008)</u></p>									
7	4A	Not Reported					\$0	\$311.48	\$311.48
	4A	Not Reported					0	83	83
	4A	Not Reported					\$0	\$303.31	\$303.31
	4A	Not Reported					0	83	83
	4B	Not Reported					\$0	\$318.19	\$318.19
	4B	Not Reported					0	53	53
	4B	Not Reported					\$0	\$316.46	\$316.46
	4B	Not Reported					0	92	92
	4B	Not Reported					\$0	\$310.24	\$310.24
	4B	Not Reported					0	20	20
<p style="text-align: center;"><u>Medi-Cal Administrative Days (August 1, 2008 through December 31, 2008)</u></p>									
8	4B	Not Reported					\$0	\$311.13	\$311.13
	4B	Not Reported					0	26	26
	4B	Not Reported					\$0	\$351.26	\$351.26
	4B	Not Reported					0	21	21
	4B	Not Reported					\$0	\$260.94	\$260.94
	4B	Not Reported					0	35	35
	4B	Not Reported					\$0	\$334.65	\$334.65
	4B	Not Reported					0	74	74
	6	D-4	XIX		37.00	2	\$3,226,733	\$1,676,754	\$4,903,487
	6	D-4	XIX		38.00	2	977,723	376,528	1,354,251
	6	D-4	XIX		39.00	2	913,584	426,811	1,340,395
	6	D-4	XIX		40.00	2	910,351	458,162	1,368,513

-Continued on next page-

Provider Name		Fiscal Period			Provider Number		Adjustments	
REGIONAL MEDICAL CENTER OF SAN JOSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008			ZZR00125G		13	
Report References		Explanation of Audit Adjustments						
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA - NONCONTRACT								
-Continued from previous page-								
6	D-4	XIX	41.00	2	Medi-Cal Ancillary Charges - Radiology - Diagnostic	\$1,814,175	\$862,506	\$2,676,681
6	D-4	XIX	41.01	2	Medi-Cal Ancillary Charges - Ultrasound	504,441	222,527	726,968
6	D-4	XIX	41.02	2	Medi-Cal Ancillary Charges - MRI	924,763	415,553	1,340,316
6	D-4	XIX	41.03	2	Medi-Cal Ancillary Charges - CAT Scan	6,496,740	3,133,800	9,630,540
6	D-4	XIX	43.00	2	Medi-Cal Ancillary Charges - Radioisotope	892,480	418,810	1,311,290
6	D-4	XIX	44.00	2	Medi-Cal Ancillary Charges - Laboratory	10,669,606	4,858,141	15,527,747
6	D-4	XIX	46.00	2	Medi-Cal Ancillary Charges - Whole Blood and Packed Red Blood Cells	564,542	233,535	798,077
6	D-4	XIX	49.00	2	Medi-Cal Ancillary Charges - Respiratory Therapy	6,730,286	2,359,041	9,089,327
6	D-4	XIX	50.00	2	Medi-Cal Ancillary Charges - Physical Therapy	671,348	379,033	1,050,381
6	D-4	XIX	51.00	2	Medi-Cal Ancillary Charges - Occupational Therapy	415,561	283,592	699,153
6	D-4	XIX	52.00	2	Medi-Cal Ancillary Charges - Speech Pathology	203,373	114,969	318,342
6	D-4	XIX	53.00	2	Medi-Cal Ancillary Charges - Electrocardiology	875,142	384,406	1,259,548
6	D-4	XIX	53.01	2	Medi-Cal Ancillary Charges - Cardiac Catheterization Laboratory	2,982,524	1,470,956	4,453,480
6	D-4	XIX	54.00	2	Medi-Cal Ancillary Charges - Electroencephalography	142,469	94,603	237,072
6	D-4	XIX	55.00	2	Medi-Cal Ancillary Charges - Medical Supply Charged to Patients	7,261,731	3,645,196	10,906,927
6	D-4	XIX	56.00	2	Medi-Cal Ancillary Charges - Drugs Charged to Patients	18,223,945	9,507,760	27,731,705
6	D-4	XIX	57.00	2	Medi-Cal Ancillary Charges - Renal Dialysis	532,545	371,620	904,165
6	D-4	XIX	61.00	2	Medi-Cal Ancillary Charges - Emergency	3,311,672	1,480,836	4,792,508
6	D-4	XIX	101.00	2	Medi-Cal Ancillary Charges - Total	69,245,734	33,175,139	102,420,873
9	E-3	III	10.00	1	Medi-Cal Routine Service Charges	\$1	\$46,031,918	\$46,031,919
2	E-3	III	11.00	1	Medi-Cal Ancillary Service Charges	69,245,734	33,175,139	102,420,873
10	E-3	III	33.00	1	Patient and Third Party Liability	\$4,742	(\$3,639)	\$1,103
3	E-3	III	36.00	1	Coinsurance	922,884	174,606	1,097,490
1	E-3	III	57.00	1	Interim Payments	18,781,873	556,434	19,338,307

To adjust Medi-Cal Settlement Data to agree with the following
 SUR Paid Claims Summary:
 Report Date: June 2, 2010
 Payment Period: January 1, 2008 through May 10, 2010
 Service Period: January 1, 2008 through December 31, 2008
 CCR, Title 22, Sections 51511 and 51541
 CMS Pub. 15-1, Sections 2304, 2404, and 2408.3

Provider Name		Fiscal Period				Provider Number		Adjustments	
REGIONAL MEDICAL CENTER OF SAN JOSE		JANUARY 1, 2008 THROUGH DECEMBER 31, 2008				ZZR00125G		13	
Report References									
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted	
			Part	Title	Line				
11	1	Not Reported				\$0	\$134,418	\$134,418	
Routine Services - Late Billing Penalty Adjustment To include below-the-line adjustment for late billing penalties applicable to routine services. W & I Code, Section 14115 CCR, Title 22, Section 51458.1 CMS Pub. 15-1, Sections 2304 and 2408									
12	3	E-3	III	XIX	50.01	1	(\$964,415)	\$964,415	\$0
10% Cost Reduction July - December To reverse reported 10% cost reduction since the deduction will be calculated on Noncontract Schedule 1, Line 9. CMS Pub. 15-1, Sections 2300 and 2404									
13	3	E-3	III	XIX	50.00	1	\$131,412	(\$131,412)	\$0
Administrative Days Reimbursement To eliminate the reported Administrative Days Routine Reimbursement since the audited Administrative Days Costs will be determined through the Audit Report. CMS Pub. 15-1, Sections 2304 and 2408									