

**Title 8, CCR §9789.23. Hospital Cost to Charge Ratios, Hospital Specific Outliers, and Hospital Composite Factors**

<b>MEDICARE PROVIDER NO.</b>	<b>NAME</b>	<b>2007 Composite for discharges effective April 1, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007</b>	<b>Cost-to-Charge Ratio</b>		
050002	ST ROSE HOSPITAL	\$ 10,153.29	\$ 34,033.02	0.267		
050006	ST JOSEPH HOSPITAL	\$ 6,857.28	\$ 28,233.29	0.274		
050007	PENINSULA MEDICAL CENTER	\$ 7,350.63	\$ 33,691.01	0.246		
050008	DAVIES MEDICAL CENTER	\$ 8,313.29	\$ 33,739.09	0.241		
050009	QUEEN OF THE VALLEY	\$ 7,322.38	\$ 31,471.72	0.274		
050013	ST HELENA HOSPITAL	\$ 7,368.08	\$ 31,442.80	0.228		
050014	SUTTER AMADOR HOSPITAL	\$ 6,427.74	\$ 29,556.52	0.379		
050015	NORTHERN INYO HOSPITAL	\$ 9,476.15	\$ 26,530.95	0.617		
050016	ARROYO GRANDE COMMUNITY HOSPITAL	\$ 5,804.74	\$ 26,695.24	0.191		
050017	MERCY GENERAL HOSPITAL	\$ 7,572.45	\$ 29,573.64	0.205		
050018	PACIFIC ALLIANCE MEDICAL CENTER	\$ 10,379.31	\$ 27,357.08	0.527		
050022	RIVERSIDE COMMUNITY HOSPITAL	\$ 7,191.24	\$ 26,530.70	0.256		
050024	PARADISE VALLEY HOSPITAL	\$ 8,704.57	\$ 26,534.68	0.218		
050025	UNIV OF CALIFORNIA SAN DIEGO MED CTR	\$ 9,023.84	\$ 26,531.90	0.374		
050026	GROSSMONT HOSPITAL	\$ 6,736.66	\$ 26,532.98	0.215		
050028	MAD RIVER COMMUNITY HOSPITAL	\$ 6,406.72	\$ 26,532.33	0.360		
050030	OROVILLE HOSPITAL	\$ 6,974.12	\$ 26,533.03	0.262		
050036	BAKERSFIELD MEMORIAL HOSPITAL	\$ 6,602.59	\$ 26,532.05	0.219		
050038	SANTA CLARA VALLEY MEDICAL CENTER	\$ 12,713.42	\$ 33,515.32	0.403		
050039	ENLOE MEDICAL CENTER	\$ 6,246.08	\$ 26,533.97	0.213		
050040	LAC/OLIVE VIEW-UCLA MEDICAL CNTR	\$ 10,644.13	\$ 27,354.52	0.260		
050042	ST ELIZABETH COMMUNITY HOSPITAL	\$ 6,817.43	\$ 28,236.92	0.308		
050043	ALTA BATES SUMMIT MEDICAL CENTER-- SUMMIT CAMPUS	\$ 9,343.07	\$ 34,036.68	0.197		
050045	EL CENTRO REGIONAL MEDICAL CENTER	\$ 7,327.03	\$ 26,532.59	0.325		
050046	OJAI VALLEY COMMUNITY HOSPITAL	\$ 5,887.05	\$ 27,074.66	0.516		
050047	PACIFIC CAMPUS HOSPITAL	\$ 8,735.02	\$ 33,732.82	0.226		
050054	SAN GORGONIO MEMORIAL HOSPITAL	\$ 6,420.59	\$ 26,531.79	0.349		
050055	ST LUKES HOSPITAL	\$ 10,861.74	\$ 33,722.97	0.324		
050056	ANTELOPE VALLEY HOSPITAL MED CENTER	\$ 8,010.84	\$ 27,353.15	0.249		
050057	KAWEAH DELTA DISTRICT HOSPITAL	\$ 7,095.87	\$ 26,532.22	0.228		
050058	GLENDALE MEM HOSPITAL & HLTH CENTER	\$ 8,891.68	\$ 27,355.42	0.174		
050060	COMMUNITY REGIONAL MEDICAL CENTER	\$ 8,777.68	\$ 26,532.74	0.341		

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050063	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	\$ 10,295.54	\$ 27,359.19	0.153		
050067	OAK VALLEY DISTRICT HOSPITAL	\$ 6,625.55	\$ 27,445.05	0.277		
050069	ST JOSEPH HOSPITAL	\$ 6,316.07	\$ 27,073.11	0.225		
050070	KAISER FOUNDATION HOSPITAL - SOUTH SAN FRANCISCO	\$ 7,343.59	\$ 33,615.68	0.285		
050071	KAISER FOUNDATION HOSPITAL - SANTA CLARA	\$ 8,385.23	\$ 34,002.29	1.107		
050072	KAISER FOUNDATION HOSPITAL MARTINEZ/WALNUT CREEK	\$ 7,546.15	\$ 34,025.30	1.239		
050073	KAISER FOUNDATION HOSPITAL VALLEJO	\$ 7,486.21	\$ 33,822.78	0.344		
050075	KAISER FOUNDATION HOSPITAL OAKLAND/RICHMOND	\$ 8,096.02	\$ 34,026.89	1.092		
050076	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO	\$ 8,452.21	\$ 34,021.58	0.855		
050077	SCRIPPS MERCY HOSPITAL	\$ 7,681.58	\$ 26,532.87	0.250		
050078	LITTLE COMPANY OF MARY--SAN PEDRO	\$ 6,907.82	\$ 27,355.79	0.239		
050079	DOCTORS MEDICAL CENTER-SAN PABLO/PINOLE	\$ 9,291.53	\$ 34,040.99	0.169		
050082	ST JOHN'S REGIONAL MEDICAL CENTER	\$ 7,007.44	\$ 27,070.68	0.258		
050084	ST JOSEPHS MED CENTER OF STOCKTON	\$ 7,320.19	\$ 27,915.04	0.192		
050089	COMMUNITY HOSPITAL OF SAN BERNARDINO	\$ 9,389.77	\$ 27,071.49	0.204		
050090	SONOMA VALLEY HOSPITAL	\$ 7,640.60	\$ 33,412.85	0.310		
050091	COMMUNITY AND MISSION HOSPITAL OF HUNTINGTON PARK	\$ 10,970.71	\$ 27,355.01	0.197		
050093	SAINT AGNES MEDICAL CENTER	\$ 6,466.46	\$ 26,531.20	0.309		
050096	DOCTORS HOSPITAL OF WEST COVINA, INC	\$ 6,835.12	\$ 27,354.62	0.390		
050099	SAN ANTONIO COMMUNITY HOSPITAL	\$ 6,409.30	\$ 27,073.11	0.277		
050100	SHARP MEMORIAL HOSPITAL	\$ 6,532.17	\$ 26,532.94	0.234		
050101	SUTTER SOLANO MEDICAL CENTER	\$ 9,643.41	\$ 34,024.90	0.275		
050102	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	\$ 7,725.84	\$ 26,535.29	0.276		
050103	WHITE MEMORIAL MEDICAL CENTER	\$ 10,278.36	\$ 27,355.04	0.231		

Effective April 1, 2007

**Title 8, CCR §9789.23. Hospital Cost to Charge Ratios, Hospital Specific Outliers, and Hospital Composite Factors**

<b>MEDICARE PROVIDER NO.</b>	<b>NAME</b>	<b>2007 Composite for discharges effective April 1, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007</b>	<b>Cost-to-Charge Ratio</b>		
050104	ST FRANCIS MEDICAL CENTER	\$ 9,675.17	\$ 27,350.41	0.232		
050107	MARIAN MEDICAL CENTER	\$ 6,853.47	\$ 26,530.82	0.221		
050108	SUTTER GENERAL HOSPITAL	\$ 7,825.46	\$ 29,562.00	0.205		
050110	LOMPOC HEALTHCARE DISTRICT	\$ 6,406.82	\$ 26,534.30	0.566		
050111	TEMPLE COMMUNITY HOSPITAL	\$ 8,679.56	\$ 27,356.12	0.329		
050112	SANTA MONICA - UCLA MEDICAL CENTER	\$ 6,674.44	\$ 27,357.73	0.366		
050113	SAN MATEO MEDICAL CENTER	\$ 8,241.52	\$ 33,675.49	0.636		
050114	SHERMAN OAKS HOSPITAL & HEALTH CENTER	\$ 6,569.46	\$ 27,355.09	0.249		
050115	PALOMAR MEDICAL CENTER	\$ 6,508.70	\$ 26,532.39	0.309		
050116	NORTHRIDGE HOSPITAL MEDICAL CENTER	\$ 7,755.78	\$ 27,356.00	0.209		
050118	DOCTORS HOSPITAL OF MANTECA	\$ 6,373.21	\$ 27,863.70	0.112		
050121	HANFORD COMMUNITY MEDICAL CENTER	\$ 6,406.82	\$ 26,531.50	0.179		
050122	DAMERON HOSPITAL ASSOCIATION	\$ 6,963.96	\$ 27,907.69	0.209		
050124	VERDUGO HILLS HOSPITAL	\$ 6,407.11	\$ 27,355.68	0.253		
050125	REGIONAL MEDICAL CENTER OF SAN JOSE	\$ 10,969.19	\$ 33,497.63	0.232		
050126	VALLEY PRESBYTERIAN HOSPITAL	\$ 8,130.40	\$ 27,353.62	0.290		
050127	WOODLAND MEMORIAL HOSPITAL	\$ 7,313.40	\$ 29,560.35	0.290		
050128	TRI-CITY MEDICAL CENTER	\$ 6,230.42	\$ 26,530.55	0.312		
050129	ST BERNARDINE MEDICAL CENTER	\$ 7,579.19	\$ 27,072.53	0.205		
050131	NOVATO COMMUNITY HOSPITAL	\$ 7,339.20	\$ 33,589.20	0.321		
050132	SAN GABRIEL VALLEY MEDICAL CENTER	\$ 7,919.82	\$ 27,353.33	0.187		
050133	RIDEOUT MEMORIAL HOSPITAL	\$ 6,526.24	\$ 26,804.30	0.376		
050135	HOLLYWOOD COMMUNITY HOSPITAL	\$ 8,519.97	\$ 27,360.80	0.235		
050136	PETALUMA VALLEY HOSPITAL	\$ 7,814.04	\$ 33,433.79	0.244		
050137	KAISER FOUNDATION HOSPITAL	\$ 6,137.54	\$ 27,351.93	0.347		
050138	KAISER FOUNDATION HOSPITAL	\$ 7,011.28	\$ 27,349.56	0.292		
050139	KAISER FOUNDATION HOSPITAL	\$ 6,017.53	\$ 27,355.03	0.278		
050140	KAISER FOUNDATION HOSPITAL FONTANA	\$ 6,189.25	\$ 27,066.84	0.202		
050145	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	\$ 6,895.52	\$ 31,637.49	0.437		
050148	PLUMAS DISTRICT HOSPITAL	\$ 6,406.82	\$ 26,533.61	0.530		
050149	CALIFORNIA HOSPITAL MEDICAL CENTER LA	\$ 10,173.69	\$ 27,354.21	0.237		
050150	SIERRA NEVADA MEMORIAL HOSPITAL	\$ 6,427.74	\$ 29,563.04	0.367		

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050152	SAINT FRANCIS MEMORIAL HOSPITAL	\$ 9,456.13	\$ 33,734.25	0.214		
050153	O'CONNOR HOSPITAL	\$ 8,528.77	\$ 33,535.27	0.195		
050158	ENCINO-TARZANA REGIONAL MEDICAL CTR	\$ 6,599.05	\$ 27,357.00	0.158		
050159	VENTURA COUNTY MEDICAL CENTER	\$ 9,541.90	\$ 27,076.67	0.347		
050167	SAN JOAQUIN GENERAL HOSPITAL	\$ 9,522.11	\$ 27,880.84	0.469		
050168	ST JUDE MEDICAL CENTER	\$ 6,223.35	\$ 27,072.73	0.228		
050169	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	\$ 7,124.30	\$ 27,358.04	0.196		
050173	ANAHEIM GENERAL HOSPITAL	\$ 7,820.97	\$ 27,075.29	0.192		
050174	SANTA ROSA MEMORIAL HOSPITAL	\$ 7,684.24	\$ 33,422.88	0.234		
050179	EMANUEL MEDICAL CENTER INC	\$ 6,889.36	\$ 27,442.35	0.209		
050180	JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS	\$ 7,423.42	\$ 34,011.17	0.226		
050188	COMMUNITY HOSPITAL OF LOS GATOS	\$ 7,317.86	\$ 33,498.35	0.213		
050189	GEORGE L MEE MEMORIAL HOSPITAL	\$ 7,642.72	\$ 31,673.74	0.441		
050191	ST MARY MEDICAL CENTER	\$ 9,216.46	\$ 27,354.46	0.168		
050192	SIERRA KINGS DISTRICT HOSPITAL	\$ 6,406.82	\$ 26,533.97	0.457		
050193	SOUTH COAST MEDICAL CENTER	\$ 5,904.14	\$ 27,070.69	0.283		
050194	WATSONVILLE COMMUNITY HOSPITAL	\$ 9,342.21	\$ 33,159.30	0.167		
050195	WASHINGTON HOSPITAL	\$ 8,962.90	\$ 34,024.69	0.292		
050196	CENTRAL VALLEY GENERAL HOSPITAL	\$ 6,406.82	\$ 26,532.66	0.216		
050197	SEQUOIA HOSPITAL	\$ 7,418.16	\$ 34,037.36	0.201		
050204	LANCASTER COMMUNITY HOSPITAL	\$ 6,575.14	\$ 27,351.45	0.210		
050205	EAST VALLEY HOSPITAL MEDICAL CENTER	\$ 8,054.20	\$ 27,354.34	0.331		
050211	ALAMEDA HOSPITAL	\$ 8,154.60	\$ 34,029.12	0.222		
050219	COAST PLAZA DOCTORS HOSPITAL	\$ 7,837.37	\$ 27,355.37	0.259		
050222	SHARP CHULA VISTA MEDICAL CENTER	\$ 7,474.46	\$ 26,530.99	0.189		
050224	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	\$ 5,906.74	\$ 27,071.72	0.351		
050225	FEATHER RIVER HOSPITAL	\$ 6,084.22	\$ 26,532.49	0.169		
050226	ANAHEIM MEMORIAL HOSPITAL	\$ 6,753.38	\$ 27,073.39	0.218		
050228	SAN FRANCISCO GENERAL HOSPITAL	\$ 13,028.78	\$ 34,044.13	0.346		
050230	GARDEN GROVE HOSPITAL & MEDICAL CENTER	\$ 9,491.31	\$ 27,073.25	0.195		

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050231	POMONA VALLEY HOSPITAL MEDICAL CENTER	\$ 8,851.06	\$ 27,353.33	0.187		
050232	FRENCH HOSPITAL MEDICAL CENTER	\$ 6,050.69	\$ 26,695.59	0.180		
050234	SHARP CORONADO HOSPITAL AND HLTHCR CTR	\$ 5,783.33	\$ 26,531.89	0.260		
050235	PROVIDENCE SAINT JOSEPH MEDICAL CTR	\$ 6,843.27	\$ 27,355.68	0.199		
050236	SIMI VALLEY HOSPITAL & HEALTH CARE SERVICES	\$ 6,156.77	\$ 27,073.57	0.244		
050238	METHODIST HOSPITAL OF SOUTHERN CA	\$ 6,841.25	\$ 27,351.61	0.258		
050239	GLENDALE ADVENTIST MEDICAL CENTER	\$ 8,865.08	\$ 27,355.29	0.205		
050242	DOMINICAN HOSPITAL	\$ 8,059.23	\$ 33,168.43	0.212		
050243	DESERT REGIONAL MEDICAL CENTER	\$ 7,159.80	\$ 26,530.01	0.137		
050245	ARROWHEAD REGIONAL MEDICAL CENTER	\$ 9,711.90	\$ 27,060.44	0.381		
050248	NATIVIDAD MEDICAL CENTER	\$ 8,749.97	\$ 31,629.20	0.292		
050251	BANNER LASSEN MEDICAL CENTER	\$ 6,553.07	\$ 26,525.44	0.530		
050254	MARSHALL MEDICAL CENTER (1-RH)	\$ 6,725.35	\$ 29,554.42	0.349		
050256	ORTHOPAEDIC HOSPITAL	\$ 8,050.12	\$ 27,356.24	0.513		
050257	GOOD SAMARITAN HOSPITAL	\$ 6,406.82	\$ 26,533.44	0.399		
050261	SIERRA VIEW DISTRICT HOSPITAL	\$ 7,325.73	\$ 26,531.97	0.248		
050262	UCLA MEDICAL CENTER	\$ 9,372.98	\$ 27,355.26	0.323		
050264	SAN LEANDRO HOSPITAL	\$ 7,987.47	\$ 34,063.38	0.222		
050272	REDLANDS COMMUNITY HOSPITAL	\$ 6,368.89	\$ 27,072.87	0.283		
050276	CONTRA COSTA REGIONAL MEDICAL CENTER	\$ 11,726.47	\$ 34,013.34	0.557		
050277	PACIFIC HOSPITAL OF LONG BEACH	\$ 9,807.42	\$ 27,355.98	0.265		
050278	PROVIDENCE HOLY CROSS MEDICAL CENTER	\$ 7,190.96	\$ 27,358.69	0.165		
050279	HI-DESERT MEDICAL CENTER	\$ 6,556.20	\$ 27,069.70	0.253		
050280	MERCY MEDICAL CENTER	\$ 7,303.62	\$ 28,662.67	0.247		
050281	ALHAMBRA HOSPITAL AND MEDICAL CENTER	\$ 9,620.76	\$ 27,357.92	0.300		
050283	VALLEYCARE MEDICAL CENTER	\$ 7,426.54	\$ 33,993.47	0.218		
050289	SETON MEDICAL CENTER	\$ 8,726.80	\$ 33,681.71	0.186		
050290	SAINT JOHN'S HEALTH CENTER	\$ 5,970.31	\$ 27,353.32	0.227		

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050291	SUTTER MEDICAL CENTER OF SANTA ROSA	\$ 9,653.62	\$ 33,430.85	0.368		
050292	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	\$ 7,957.27	\$ 26,530.70	0.346		
050295	MERCY HOSPITAL	\$ 6,234.79	\$ 26,532.39	0.238		
050296	HAZEL HAWKINS MEMORIAL HOSPITAL	\$ 8,110.47	\$ 33,529.83	0.376		
050298	BARSTOW COMMUNITY HOSPITAL	\$ 6,551.39	\$ 27,069.62	0.184		
050300	ST MARY MEDICAL CENTER	\$ 7,247.86	\$ 27,072.70	0.259		
050301	UKIAH VALLEY MEDICAL CENTER/HOSPITAL D	\$ 6,406.82	\$ 26,534.68	0.261		
050305	ALTA BATES SUMMIT MEDICAL CENTER - ALTA BATES CAMP	\$ 9,443.73	\$ 34,025.93	0.225		
050308	EL CAMINO HOSPITAL	\$ 7,321.01	\$ 33,508.70	0.236		
050309	SUTTER ROSEVILLE MEDICAL CENTER	\$ 6,863.69	\$ 29,558.95	0.258		
050313	SUTTER TRACY COMMUNITY HOSPITAL	\$ 6,730.77	\$ 27,855.77	0.307		
050315	KERN MEDICAL CENTER	\$ 9,859.13	\$ 26,533.52	0.333		
050320	ALAMEDA COUNTY MEDICAL CENTER	\$ 11,895.37	\$ 34,043.12	0.485		
050324	SCRIPPS MEMORIAL HOSPITAL LA JOLLA	\$ 5,791.88	\$ 26,532.14	0.258		
050325	TUOLUMNE GENERAL HOSPITAL	\$ 6,474.15	\$ 26,822.37	0.286		
050327	LOMA LINDA UNIVERSITY MEDICAL CENTER	\$ 9,546.38	\$ 27,072.86	0.266		
050329	CORONA REGIONAL MEDICAL CENTER	\$ 7,170.46	\$ 26,533.14	0.271		
050333	SENECA DISTRICT HOSPITAL	\$ 6,718.50	\$ 26,533.11	0.716		
050334	SALINAS VALLEY MEMORIAL HOSPITAL	\$ 7,590.52	\$ 31,668.06	0.472		
050335	SONORA REGIONAL MEDICAL CENTER	\$ 5,829.67	\$ 26,817.38	0.270		
050336	LODI MEMORIAL HOSPITAL	\$ 6,662.64	\$ 27,886.21	0.136		
050342	PIONEERS MEMORIAL HEALTHCARE DISTRICT	\$ 7,589.78	\$ 26,530.13	0.407		
050348	UNIV OF CALIFORNIA IRVINE MED CENTER	\$ 10,012.34	\$ 27,075.05	0.206		
050349	CORCORAN DISTRICT HOSPITAL	\$ 6,406.82	\$ 26,534.02	0.684		
050350	BEVERLY HOSPITAL	\$ 8,129.50	\$ 27,355.31	0.428		
050351	TORRANCE MEMORIAL MEDICAL CENTER	\$ 6,196.50	\$ 27,351.81	0.240		
050352	BARTON MEMORIAL HOSPITAL	\$ 6,945.51	\$ 29,562.60	0.407		
050353	LITTLE COMPANY OF MARY HOSPITAL	\$ 6,663.25	\$ 27,352.69	0.237		
050357	GOLETA VALLEY COTTAGE HOSPITAL	\$ 5,769.56	\$ 26,534.61	0.209		
050359	TULARE DISTRICT HOSPITAL	\$ 7,158.74	\$ 26,534.66	0.474		

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050360	MARIN GENERAL HOSPITAL	\$ 7,592.33	\$ 33,642.08	0.280		
050366	MARK TWAIN ST JOSEPH'S HOSPITAL	\$ 6,743.56	\$ 26,533.47	0.377		
050367	NORTHBAY MEDICAL CENTER	\$ 9,401.24	\$ 34,016.03	0.246		
050369	CITRUS VALLEY MEDICAL CENTER-QV CAMPUS	\$ 9,043.19	\$ 27,355.65	0.216		
050373	LAC+USC MEDICAL CENTER	\$ 9,521.21	\$ 27,354.52	0.260		
050376	LAC/HARBOR-UCLA MED CENTER	\$ 10,746.78	\$ 27,360.67	0.579		
050378	PACIFICA HOSPITAL OF THE VALLEY	\$ 9,872.79	\$ 27,357.52	0.422		
050380	GOOD SAMARITAN HOSPITAL	\$ 7,317.51	\$ 33,511.96	0.249		
050382	CITRUS VALLEY MEDICAL CENTER-IC CAMPUS	\$ 7,639.76	\$ 27,355.29	0.222		
050385	PALM DRIVE HOSPITAL	\$ 7,730.94	\$ 33,419.02	0.408		
050390	HEMET VALLEY MEDICAL CENTER	\$ 6,518.48	\$ 26,532.78	0.203		
050393	DOWNEY REGIONAL MEDICAL CENTER	\$ 7,382.08	\$ 27,356.89	0.221		
050394	COMM MEM HOSP OF SAN BUENAVENTURA	\$ 6,136.21	\$ 27,073.52	0.186		
050396	SANTA BARBARA COTTAGE HOSPITAL	\$ 6,572.24	\$ 26,532.14	0.241		
050397	COALINGA REGIONAL MEDICAL CENTER	\$ 10,296.83	\$ 26,526.34	0.679		
050407	CHINESE HOSPITAL	\$ 8,159.24	\$ 33,754.00	0.430		
050411	KAISER FOUNDATION HOSPITAL	\$ 6,007.47	\$ 27,349.84	0.289		
050414	MERCY HOSPITAL OF FOLSOM	\$ 6,442.97	\$ 29,558.63	0.281		
050417	SUTTER COAST HOSPITAL	\$ 6,373.22	\$ 26,530.53	0.435		
050423	PALO VERDE HOSPITAL	\$ 6,420.59	\$ 26,531.27	0.399		
050424	SCRIPPS GREEN HOSPITAL	\$ 6,211.37	\$ 26,531.11	0.276		
050425	KAISER FOUNDATION HOSPITAL - SACRAMENTO/ROSEVILLE	\$ 6,690.52	\$ 29,499.61	0.334		
050426	WEST ANAHEIM MEDICAL CENTER	\$ 6,645.92	\$ 27,073.86	0.218		
050430	MODOC MEDICAL CENTER	\$ 7,117.54	\$ 27,406.79	0.609		
050433	INDIAN VALLEY HOSPITAL	\$ 6,941.31	\$ 26,534.31	1.174		
050434	COLUSA REGIONAL MEDICAL CENTER	\$ 8,272.96	\$ 26,532.93	0.445		
050435	FALLBROOK HOSPITAL	\$ 6,197.56	\$ 26,533.03	0.218		
050438	HUNTINGTON MEMORIAL HOSPITAL	\$ 7,107.86	\$ 27,348.21	0.264		
050441	STANFORD HOSPITAL	\$ 10,342.41	\$ 33,520.87	0.247		
050444	MERCY MEDICAL CENTER MERCED - COMMUNITY CAMPUS	\$ 7,545.58	\$ 27,647.84	0.236		

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**Title 8, CCR §9789.23. Hospital Cost to Charge Ratios, Hospital Specific Outliers, and Hospital Composite Factors**

<b>MEDICARE PROVIDER NO.</b>	<b>NAME</b>	<b>2007 Composite for discharges effective April 1, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007</b>	<b>Cost-to-Charge Ratio</b>		
050447	UNIVERSITY COMMUNITY MEDICAL CENTER	\$ 8,603.93	\$ 26,530.74	0.490		
050448	RIDGECREST REGIONAL HOSPITAL	\$ 6,293.83	\$ 26,532.28	0.409		
050454	UCSF MEDICAL CENTER	\$ 11,762.11	\$ 33,723.12	0.263		
050455	SAN JOAQUIN COMMUNITY HOSPITAL	\$ 7,426.92	\$ 26,533.75	0.195		
050456	COMMUNITY HOSPITAL OF GARDENA	\$ 6,285.71	\$ 27,353.03	0.388		
050457	ST MARYS MEDICAL CENTER	\$ 8,587.50	\$ 33,742.06	0.190		
050464	DOCTORS MEDICAL CENTER	\$ 8,120.38	\$ 27,436.97	0.154		
050468	MEMORIAL HOSPITAL OF GARDENA	\$ 8,242.34	\$ 27,354.25	0.253		
050469	COLORADO RIVER MEDICAL CENTER	\$ 7,076.34	\$ 26,527.50	0.376		
050470	SELMA COMMUNITY HOSPITAL	\$ 6,406.82	\$ 26,533.38	0.244		
050471	GOOD SAMARITAN HOSPITAL	\$ 8,422.83	\$ 27,354.78	0.239		
050476	SUTTER LAKESIDE HOSPITAL	\$ 6,758.23	\$ 26,943.61	0.375		
050478	SANTA YNEZ VALLEY COTTAGE HOSPITAL	\$ 6,843.69	\$ 26,529.94	0.508		
050481	WEST HILLS MEDICAL CENTER	\$ 5,977.07	\$ 27,352.57	0.208		
050485	LONG BEACH MEMORIAL MEDICAL CENTER	\$ 7,524.94	\$ 27,357.26	0.237		
050488	EDEN MEDICAL CENTER	\$ 7,898.96	\$ 34,025.14	0.258		
050492	COMMUNITY MEDICAL CENTER - CLOVIS	\$ 6,318.61	\$ 26,529.39	0.322		
050494	TAHOE FOREST HOSPITAL DISTRICT ***See below					
050496	JOHN MUIR MEDICAL CENTER - CONCORD CAMPUS	\$ 7,803.84	\$ 34,022.48	0.209		
050498	SUTTER AUBURN FAITH HOSPITAL	\$ 6,716.12	\$ 29,556.93	0.286		
050502	SAINT VINCENT MEDICAL CENTER	\$ 8,281.03	\$ 27,353.80	0.268		
050503	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	\$ 5,998.85	\$ 26,532.33	0.288		
050506	SIERRA VISTA REGIONAL MEDICAL CENTER	\$ 6,444.04	\$ 26,699.40	0.156		
050510	KAISER FOUNDATION HOSPITAL	\$ 7,414.90	\$ 33,828.03	0.341		
050512	KAISER FOUNDATION HOSPITAL FREMONT/HAYWARD	\$ 7,478.11	\$ 33,865.56	0.321		
050515	KAISER FOUNDATION HOSPITAL - SAN DIEGO	\$ 5,830.66	\$ 26,533.46	0.703		
050516	MERCY SAN JUAN MEDICAL CENTER	\$ 7,389.35	\$ 29,563.13	0.218		
050517	VICTOR VALLEY COMMUNITY HOSPITAL	\$ 7,766.13	\$ 27,073.72	0.328		
050523	SUTTER DELTA MEDICAL CENTER	\$ 8,246.70	\$ 34,015.12	0.242		
050526	HUNTINGTON BEACH HOSPITAL	\$ 6,866.28	\$ 27,074.20	0.191		



**Title 8, CCR §9789.23. Hospital Cost to Charge Ratios, Hospital Specific Outliers, and Hospital Composite Factors**

<b>MEDICARE PROVIDER NO.</b>	<b>NAME</b>	<b>2007 Composite for discharges effective April 1, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007</b>	<b>Cost-to-Charge Ratio</b>		
050528	MEMORIAL HOSPITAL LOS BANOS	\$ 7,004.69	\$ 26,532.65	0.333		
050531	BELLFLOWER MEDICAL CENTER	\$ 8,535.68	\$ 27,356.15	0.175		
050534	JOHN F KENNEDY MEMORIAL HOSPITAL, INC	\$ 8,419.23	\$ 26,531.74	0.157		
050537	SUTTER DAVIS HOSPITAL	\$ 7,200.01	\$ 29,553.57	0.349		
050541	KAISER FOUNDATION HOSPITAL - REDWOOD CITY	\$ 7,416.70	\$ 34,015.61	1.297		
050543	COLLEGE HOSPITAL COSTA MESA	\$ 9,252.98	\$ 27,069.41	0.320		
050545	LANTERMAN DEVELOPMENTAL CENTER	\$ 6,619.63	\$ 27,360.57	1.090		
050546	PORTERVILLE DEVELOPMENTAL CENTER	\$ 6,406.82	\$ 26,529.60	0.268		
050547	SONOMA DEVELOPMENT CENTER	\$ 8,067.30	\$ 33,447.08	0.724		
050548	FAIRVIEW DEVELOPMENTAL CENTER	\$ 5,901.09	\$ 27,077.11	1.227		
050549	LOS ROBLES HOSPITAL & MEDICAL CENTER ***See below					
050551	LOS ALAMITOS MEDICAL CENTER	\$ 6,251.72	\$ 27,073.71	0.135		
050552	MOTION PICTURE & TELEVISION HOSPITAL	\$ 5,962.53	\$ 27,354.99	0.803		
050557	MEMORIAL MEDICAL CENTER	\$ 6,862.85	\$ 27,438.31	0.181		
050561	KAISER FOUNDATION HOSPITAL - WEST LA	\$ 5,990.49	\$ 27,346.50	0.304		
050567	MISSION HOSPITAL REGIONAL MED CENTER	\$ 6,304.90	\$ 27,073.67	0.268		
050568	MADERA COMMUNITY HOSPITAL	\$ 7,332.57	\$ 26,640.24	0.373		
050569	MENDOCINO COAST DISTRICT HOSPITAL	\$ 7,409.79	\$ 31,483.20	0.540		
050570	FOUNTAIN VALLEY REGIONAL HOSPITAL	\$ 8,549.83	\$ 27,071.07	0.219		
050573	EISENHOWER MEDICAL CENTER	\$ 5,789.94	\$ 26,529.01	0.197		
050575	TRI-CITY REGIONAL MEDICAL CENTER	\$ 7,584.91	\$ 27,357.43	0.270		
050578	LAC/MARTIN LUTHER KING JR GEN HOSPITAL	\$ 10,061.97	\$ 27,354.52	0.260		
050580	LA PALMA INTERCOMMUNITY HOSPITAL	\$ 7,763.79	\$ 27,074.00	0.265		
050581	LAKESWOOD REGIONAL MEDICAL CENTER	\$ 7,141.61	\$ 27,355.89	0.168		
050583	ALVARADO HOSPITAL MEDICAL CENTER	\$ 6,563.14	\$ 26,532.52	0.170		
050584	DRS' HOSPITAL MED CENTR OF MONTCLAIR	\$ 8,134.83	\$ 27,077.25	0.172		
050586	CHINO VALLEY MEDICAL CENTER	\$ 8,392.74	\$ 27,078.43	0.336		
050588	SAN DIMAS COMMUNITY HOSPITAL	\$ 6,619.63	\$ 27,357.93	0.164		
050589	PLACENTIA LINDA HOSPITAL	\$ 6,418.78	\$ 27,072.91	0.201		
050590	METHODIST HOSPITAL	\$ 8,752.02	\$ 29,567.77	0.295		

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**Title 8, CCR §9789.23. Hospital Cost to Charge Ratios, Hospital Specific Outliers, and Hospital Composite Factors**

<b>MEDICARE PROVIDER NO.</b>	<b>NAME</b>	<b>2007 Composite for discharges effective April 1, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007</b>	<b>Cost-to-Charge Ratio</b>		
050597	FOOTHILL PRESBYTERIAN HOSPITAL	\$ 6,567.52	\$ 27,357.84	0.241		
050599	UNIV OF CALIFORNIA DAVIS MED CENTER	\$ 10,729.28	\$ 29,548.56	0.212		
050601	ENCINO-TARZANA REGIONAL MED CTR - TARZANA CAMPUS	\$ 7,191.20	\$ 27,348.78	0.142		
050603	SADDLEBACK MEMORIAL MEDICAL CENTER	\$ 5,921.92	\$ 27,073.51	0.260		
050604	SANTA TERESA COMMUNITY HOSPITAL	\$ 7,312.40	\$ 33,523.42	1.106		
050608	DELANO REGIONAL MEDICAL CENTER	\$ 8,221.06	\$ 26,530.68	0.281		
050609	KAISER FOUNDATION HOSPITAL ANAHEIM	\$ 6,421.75	\$ 27,072.59	0.478		
050613	SETON MEDICAL CENTER COASTSIDE	\$ 7,339.20	\$ 33,602.28	0.968		
050616	ST JOHN'S PLEASANT VALLEY HOSPITAL	\$ 5,887.05	\$ 27,070.69	0.246		
050618	BEAR VALLEY COMMUNITY HOSPITAL	\$ 8,372.12	\$ 26,532.45	0.594		
050624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	\$ 6,192.27	\$ 27,353.18	0.184		
050625	CEDARS-SINAI MEDICAL CENTER	\$ 7,941.33	\$ 27,350.05	0.235		
050633	TWIN CITIES COMMUNITY HOSPITAL	\$ 6,141.73	\$ 26,701.34	0.138		
050636	POMERADO HOSPITAL	\$ 6,026.45	\$ 26,532.33	0.304		
050641	EAST LOS ANGELES DOCTORS HOSPITAL	\$ 9,535.41	\$ 27,354.93	0.260		
050644	LOS ANGELES METROPOLITAN MEDICAL CTR	\$ 9,286.23	\$ 27,356.03	0.229		
050662	AGNEWS STATE HOSPITAL	\$ 8,110.47	\$ 33,562.79	1.136		
050663	LOS ANGELES COMMUNITY HOSPITAL	\$ 9,784.20	\$ 27,360.56	0.203		
050667	N M HOLDERMAN MEMORIAL HOSPITAL	\$ 6,835.81	\$ 31,398.22	0.286		
050668	LAGUNA HONDA HOSPITAL	\$ 8,159.24	\$ 33,765.98	1.098		
050674	KAISER FOUNDATION HOSP SO SACRAMENTO	\$ 6,877.22	\$ 29,522.61	0.302		
050677	KAISER FOUNDATION HOSPITAL	\$ 6,191.40	\$ 27,351.13	0.408		
050678	ORANGE COAST MEMORIAL MEDICAL CENTER	\$ 6,880.59	\$ 27,075.12	0.236		
050680	NORTHBAY VACAVALLEY HOSPITAL	\$ 7,866.13	\$ 34,019.90	0.215		
050682	KINGSBURG MEDICAL CENTER	\$ 6,406.82	\$ 26,534.34	0.362		
050684	MENIFEE VALLEY MEDICAL CENTER	\$ 5,783.33	\$ 26,529.36	0.207		
050686	KAISER FOUNDATION HOSPITAL, RIVERSIDE	\$ 6,020.51	\$ 26,531.58	0.364		
050688	SAINT LOUISE REGIONAL HOSPITAL	\$ 8,078.43	\$ 33,507.05	0.242		
050689	SAN RAMON REGIONAL MEDICAL CTR	\$ 7,419.87	\$ 34,008.40	0.216		

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**Title 8, CCR §9789.23. Hospital Cost to Charge Ratios, Hospital Specific Outliers, and Hospital Composite Factors**

<b>MEDICARE PROVIDER NO.</b>	<b>NAME</b>	<b>2007 Composite for discharges effective April 1, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007</b>	<b>Cost-to-Charge Ratio</b>		
050690	KAISER FOUNDATION HOSPITAL-SANTA ROSA	\$ 7,296.91	\$ 33,325.98	0.296		
050693	IRVINE REGIONAL HOSPITAL & MEDICAL CTR	\$ 6,285.97	\$ 27,062.20	0.189		
050694	MORENO VALLEY COMMUNITY HOSPITAL	\$ 8,224.33	\$ 26,528.37	0.281		
050695	ST DOMINIC'S HOSPITAL	\$ 6,730.77	\$ 27,889.22	0.286		
050696	USC UNIVERSITY HOSPITAL	\$ 8,090.44	\$ 27,353.19	0.171		
050697	PATIENTS' HOSPITAL OF REDDING	\$ 6,230.22	\$ 28,652.68	0.257		
050698	SAN DIEGO HOSPICE & PALLIATIVE CARE ACUTE CARE CEN	\$ 6,184.17	\$ 26,530.00	0.353		
050701	SOUTHWEST HEALTHCARE SYSTEM	\$ 6,297.68	\$ 26,531.75	0.236		
050704	MISSION COMMUNITY HOSPITAL - PANORAMA	\$ 8,985.68	\$ 27,348.71	0.362		
050707	MENLO PARK SURGICAL HOSPITAL	\$ 7,339.20	\$ 33,712.85	0.664		
050708	FRESNO SURGERY CENTER	\$ 5,769.56	\$ 26,524.58	0.393		
050709	DESERT VALLEY HOSPITAL	\$ 6,551.39	\$ 27,071.47	0.190		
050710	KAISER FOUNDATION HOSPITAL - FRESNO	\$ 5,826.51	\$ 26,518.61	0.322		
050714	SUTTER MATERNITY AND SURGERY CENTER	\$ 7,206.60	\$ 33,154.33	0.366		
050717	LAC/RANCHO LOS AMIGOS NATIONAL MED CTR	\$ 6,931.08	\$ 27,354.52	0.260		
050720	TUSTIN HOSPITAL AND MEDICAL CENTER	\$ 8,481.75	\$ 27,075.25	0.271		
050722	SHARP MARY BIRCH HOSPITAL FOR WOMEN	\$ 7,712.78	\$ 26,531.66	0.216		
050723	KAISER FOUNDATION HOSPITAL	\$ 6,333.34	\$ 27,348.32	0.309		
050724	BAKERSFIELD HEART HOSPITAL	\$ 5,946.08	\$ 26,510.91	0.480		
050725	CITY OF ANGELS MEDICAL CENTER	\$ 9,764.65	\$ 27,351.79	0.331		
050726	STANISLAUS SURGICAL HOSPITAL	\$ 5,966.44	\$ 27,429.51	0.176		
050727	COMMUNITY HOSPITAL OF LONG BEACH	\$ 6,289.67	\$ 27,358.65	0.261		
050732	FRESNO HEART HOSPITAL	\$ 5,769.56	\$ 26,533.39	0.414		
050733	SHASTA REGIONAL MEDICAL CENTER	\$ 6,751.39	\$ 28,644.90	0.163		
050735	WHITTIER HOSPITAL	\$ 8,170.91	\$ 27,354.52	0.154		
050736	MONTEREY PARK HOSPITAL	\$ 9,627.68	\$ 27,354.45	0.122		
050737	GARFIELD MEDICAL CENTER	\$ 10,526.01	\$ 27,353.74	0.112		

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**Title 8, CCR §9789.23. Hospital Cost to Charge Ratios, Hospital Specific Outliers, and Hospital Composite Factors**

<b>MEDICARE PROVIDER NO.</b>	<b>NAME</b>	<b>2007 Composite for discharges effective April 1, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007</b>	<b>Cost-to-Charge Ratio</b>		
050738	GREATER EL MONTE COMMUNITY HOSPITAL	\$ 9,905.06	\$ 27,356.28	0.159		
050739	CENTINELA FREEMAN REG MED CTR, CENTINELA CAMPUS	\$ 7,800.17	\$ 27,360.24	0.115		
050740	CENTINELA FREEMAN REG MED CTR, MARINA CAMPUS	\$ 6,286.70	\$ 27,354.64	0.264		
050741	CENTINELA FREEMAN REG MED CTR, MEMORIAL CAMPUS	\$ 8,313.99	\$ 27,354.64	0.264		
050742	OLYMPIA MEDICAL CENTER	\$ 7,122.64	\$ 27,354.64	0.264		
050744	WESTERN MEDICAL CENTER HOSP ANAHEIM	\$ 8,927.01	\$ 26,829.76	0.264		
050745	CHAPMAN MEDICAL CENTER	\$ 6,311.67	\$ 26,829.76	0.264		
050746	WESTERN MEDICAL CENTER SANTA ANA	\$ 8,363.15	\$ 26,829.76	0.264		
050747	COASTAL COMMUNITIES HOSPITAL	\$ 9,161.00	\$ 26,829.76	0.264		
050749	THOUSAND OAKS SURGICAL HOSPITAL	\$ 5,887.05	\$ 27,072.94	0.284		
050751	MIRACLE MILE MEDICAL CENTER	\$ 5,962.53	\$ 27,354.64	0.264		
050752	BROTMAN MEDICAL CENTER	\$ 7,368.71	\$ 27,354.64	0.264		
<b>*** MEDICARE PROVIDER NO.</b>	<b>NAME</b>	<b>2007 Composite for discharges effective April 1, 2007 through September 30, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007 through September 30, 2007</b>	<b>2007 Composite for discharges effective October 1, 2007</b>	<b>2007 Hospital Specific Outlier Threshold for discharges effective October 1, 2007</b>	<b>Cost-to-Charge Ratio</b>
050494	TAHOE FOREST HOSPITAL DISTRICT	\$8,307.42	\$31,292.85	\$8,307.42	\$27,049.38	0.466
050549	LOS ROBLES HOSPITAL & MEDICAL CENTER	\$ 6,775.16	\$31,243.84	\$5,897.62	\$27,073.63	0.266