

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050002	ST ROSE HOSPITAL	\$ 10,153.29	\$ 10,153.29	\$34,033.02	\$ 34,033.02	0.267
050006	ST JOSEPH HOSPITAL	\$ 6,857.28	\$ 6,857.28	\$28,233.29	\$ 28,233.29	0.274
050007	PENINSULA MEDICAL CENTER	\$ 7,350.63	\$ 7,350.63	\$33,691.01	\$ 33,691.01	0.246
050008	DAVIES MEDICAL CENTER	\$ 8,313.29	\$ 8,313.29	\$33,739.09	\$ 33,739.09	0.241
050009	QUEEN OF THE VALLEY	\$ 7,322.38	\$ 7,322.38	\$31,471.72	\$ 31,471.72	0.274
050013	ST HELENA HOSPITAL	\$ 7,368.08	\$ 7,368.08	\$31,442.80	\$ 31,442.80	0.228
050014	SUTTER AMADOR HOSPITAL	\$ 6,427.74	\$ 6,427.74	\$29,556.52	\$ 29,556.52	0.379
050015	NORTHERN INYO HOSPITAL	\$ 9,476.15	\$ 9,476.15	\$26,530.95	\$ 26,530.95	0.617
050016	ARROYO GRANDE COMMUNITY HOSPITAL	\$ 5,804.74	\$ 5,804.74	\$26,695.24	\$ 26,695.24	0.191
050017	MERCY GENERAL HOSPITAL	\$ 7,572.45	\$ 7,572.45	\$29,573.64	\$ 29,573.64	0.205
050018	PACIFIC ALLIANCE MEDICAL CENTER	\$ 10,379.31	\$ 10,379.31	\$27,357.08	\$ 27,357.08	0.527
050022	RIVERSIDE COMMUNITY HOSPITAL	\$ 7,191.24	\$ 7,191.24	\$26,530.70	\$ 26,530.70	0.256
050024	PARADISE VALLEY HOSPITAL	\$ 8,704.57	\$ 8,704.57	\$26,534.68	\$ 26,534.68	0.218
050025	UNIV OF CALIFORNIA SAN DIEGO MED CTR	\$ 9,023.84	\$ 9,023.84	\$26,531.90	\$ 26,531.90	0.374
050026	GROSSMONT HOSPITAL	\$ 6,736.66	\$ 6,736.66	\$26,532.98	\$ 26,532.98	0.215
050028	MAD RIVER COMMUNITY HOSPITAL	\$ 6,406.72	\$ 6,406.72	\$26,532.33	\$ 26,532.33	0.360
050030	OROVILLE HOSPITAL	\$ 6,974.12	\$ 6,974.12	\$26,533.03	\$ 26,533.03	0.262
050036	BAKERSFIELD MEMORIAL HOSPITAL	\$ 6,602.59	\$ 6,602.59	\$26,532.05	\$ 26,532.05	0.219
050038	SANTA CLARA VALLEY MEDICAL CENTER	\$ 12,713.42	\$ 12,713.42	\$33,515.32	\$ 33,515.32	0.403
050039	ENLOE MEDICAL CENTER	\$ 6,246.08	\$ 6,246.08	\$26,533.97	\$ 26,533.97	0.213
050040	LAC/OLIVE VIEW-UCLA MEDICAL CNTR	\$ 10,644.13	\$ 10,644.13	\$27,354.52	\$ 27,354.52	0.260
050042	ST ELIZABETH COMMUNITY HOSPITAL	\$ 6,817.43	\$ 6,817.43	\$28,236.92	\$ 28,236.92	0.308
050043	ALTA BATES SUMMIT MEDICAL CENTER-- SUMMIT CAMPUS	\$ 9,343.07	\$ 9,343.07	\$34,036.68	\$ 34,036.68	0.197
050045	EL CENTRO REGIONAL MEDICAL CENTER	\$ 7,327.03	\$ 7,327.03	\$26,532.59	\$ 26,532.59	0.325
050046	OJAI VALLEY COMMUNITY HOSPITAL	\$ 5,890.74	\$ 5,887.05	\$27,091.68	\$ 27,074.66	0.516

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050047	PACIFIC CAMPUS HOSPITAL	\$ 8,735.02	\$ 8,735.02	\$33,732.82	\$ 33,732.82	0.226
050054	SAN GORGONIO MEMORIAL HOSPITAL	\$ 6,420.59	\$ 6,420.59	\$26,531.79	\$ 26,531.79	0.349
050055	ST LUKES HOSPITAL	\$ 10,861.74	\$ 10,861.74	\$33,722.97	\$ 33,722.97	0.324
050056	ANTELOPE VALLEY HOSPITAL MED CENTER	\$ 8,010.84	\$ 8,010.84	\$27,353.15	\$ 27,353.15	0.249
050057	KAWEAH DELTA DISTRICT HOSPITAL	\$ 7,095.87	\$ 7,095.87	\$26,532.22	\$ 26,532.22	0.228
050058	GLENDALE MEM HOSPITAL & HLTH CENTER	\$ 8,891.68	\$ 8,891.68	\$27,355.42	\$ 27,355.42	0.174
050060	COMMUNITY REGIONAL MEDICAL CENTER	\$ 8,777.68	\$ 8,777.68	\$26,532.74	\$ 26,532.74	0.341
050063	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	\$ 10,295.54	\$ 10,295.54	\$27,359.19	\$ 27,359.19	0.153
050067	OAK VALLEY DISTRICT HOSPITAL	\$ 6,625.55	\$ 6,625.55	\$27,445.05	\$ 27,445.05	0.277
050069	ST JOSEPH HOSPITAL	\$ 6,320.03	\$ 6,316.07	\$27,090.11	\$ 27,073.11	0.225
050070	KAISER FOUNDATION HOSPITAL - SOUTH SAN FRANCISCO	\$ 7,343.59	\$ 7,343.59	\$33,615.68	\$ 33,615.68	0.285
050071	KAISER FOUNDATION HOSPITAL - SANTA CLARA	\$ 8,385.23	\$ 8,385.23	\$34,002.29	\$ 34,002.29	1.107
050072	KAISER FOUNDATION HOSPITAL MARTINEZ/WALNUT CREEK	\$ 7,546.15	\$ 7,546.15	\$34,025.30	\$ 34,025.30	1.239
050073	KAISER FOUNDATION HOSPITAL VALLEJO	\$ 7,486.21	\$ 7,486.21	\$33,822.78	\$ 33,822.78	0.344
050075	KAISER FOUNDATION HOSPITAL OAKLAND/RICHMOND	\$ 8,096.02	\$ 8,096.02	\$34,026.89	\$ 34,026.89	1.092
050076	KAISER FOUNDATION HOSPITAL - SAN FRANCISCO	\$ 8,452.21	\$ 8,452.21	\$34,021.58	\$ 34,021.58	0.855
050077	SCRIPPS MERCY HOSPITAL	\$ 7,681.58	\$ 7,681.58	\$26,532.87	\$ 26,532.87	0.250
050078	LITTLE COMPANY OF MARY--SAN PEDRO	\$ 6,907.82	\$ 6,907.82	\$27,355.79	\$ 27,355.79	0.239
050079	DOCTORS MEDICAL CENTER-SAN PABLO/PINOLE	\$ 9,291.53	\$ 9,291.53	\$34,040.99	\$ 34,040.99	0.169

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050082	ST JOHN'S REGIONAL MEDICAL CENTER	\$ 6,931.47	\$ 7,007.44	\$26,775.02	\$ 27,070.68	0.258
050084	ST JOSEPHS MED CENTER OF STOCKTON	\$ 7,320.19	\$ 7,320.19	\$27,915.04	\$ 27,915.04	0.192
050089	COMMUNITY HOSPITAL OF SAN BERNARDINO	\$ 9,395.66	\$ 9,389.77	\$27,088.47	\$ 27,071.49	0.204
050090	SONOMA VALLEY HOSPITAL	\$ 7,640.60	\$ 7,640.60	\$33,412.85	\$ 33,412.85	0.310
050091	COMMUNITY AND MISSION HOSPITAL OF HUNTINGTON PARK	\$ 10,970.71	\$ 10,970.71	\$27,355.01	\$ 27,355.01	0.197
050093	SAINT AGNES MEDICAL CENTER	\$ 6,466.46	\$ 6,466.46	\$26,531.20	\$ 26,531.20	0.309
050096	DOCTORS HOSPITAL OF WEST COVINA, INC	\$ 6,835.12	\$ 6,835.12	\$27,354.62	\$ 27,354.62	0.390
050099	SAN ANTONIO COMMUNITY HOSPITAL	\$ 6,413.32	\$ 6,409.30	\$27,090.11	\$ 27,073.11	0.277
050100	SHARP MEMORIAL HOSPITAL	\$ 6,532.17	\$ 6,532.17	\$26,532.94	\$ 26,532.94	0.234
050101	SUTTER SOLANO MEDICAL CENTER	\$ 9,643.41	\$ 9,643.41	\$34,024.90	\$ 34,024.90	0.275
050102	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	\$ 7,725.84	\$ 7,725.84	\$26,535.29	\$ 26,535.29	0.276
050103	WHITE MEMORIAL MEDICAL CENTER	\$ 10,278.36	\$ 10,278.36	\$27,355.04	\$ 27,355.04	0.231
050104	ST FRANCIS MEDICAL CENTER	\$ 9,675.17	\$ 9,675.17	\$27,350.41	\$ 27,350.41	0.232
050107	MARIAN MEDICAL CENTER	\$ 6,853.47	\$ 6,853.47	\$26,530.82	\$ 26,530.82	0.221
050108	SUTTER GENERAL HOSPITAL	\$ 7,825.46	\$ 7,825.46	\$29,562.00	\$ 29,562.00	0.205
050110	LOMPOC HEALTHCARE DISTRICT	\$ 6,406.82	\$ 6,406.82	\$26,534.30	\$ 26,534.30	0.566
050111	TEMPLE COMMUNITY HOSPITAL	\$ 8,679.56	\$ 8,679.56	\$27,356.12	\$ 27,356.12	0.329
050112	SANTA MONICA - UCLA MEDICAL CENTER	\$ 6,674.44	\$ 6,674.44	\$27,357.73	\$ 27,357.73	0.366
050113	SAN MATEO MEDICAL CENTER	\$ 8,241.52	\$ 8,241.52	\$33,675.49	\$ 33,675.49	0.636
050114	SHERMAN OAKS HOSPITAL & HEALTH CENTER	\$ 6,569.46	\$ 6,569.46	\$27,355.09	\$ 27,355.09	0.249
050115	PALOMAR MEDICAL CENTER	\$ 6,508.70	\$ 6,508.70	\$26,532.39	\$ 26,532.39	0.309
050116	NORTHRIDGE HOSPITAL MEDICAL CENTER	\$ 7,755.78	\$ 7,755.78	\$27,356.00	\$ 27,356.00	0.209

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050118	DOCTORS HOSPITAL OF MANTECA	\$ 6,373.21	\$ 6,373.21	\$27,863.70	\$ 27,863.70	0.112
050121	HANFORD COMMUNITY MEDICAL CENTER	\$ 6,406.82	\$ 6,406.82	\$26,531.50	\$ 26,531.50	0.179
050122	DAMERON HOSPITAL ASSOCIATION	\$ 6,963.96	\$ 6,963.96	\$27,907.69	\$ 27,907.69	0.209
050124	VERDUGO HILLS HOSPITAL	\$ 6,407.11	\$ 6,407.11	\$27,355.68	\$ 27,355.68	0.253
050125	REGIONAL MEDICAL CENTER OF SAN JOSE	\$ 10,969.19	\$ 10,969.19	\$33,497.63	\$ 33,497.63	0.232
050126	VALLEY PRESBYTERIAN HOSPITAL	\$ 8,130.40	\$ 8,130.40	\$27,353.62	\$ 27,353.62	0.290
050127	WOODLAND MEMORIAL HOSPITAL	\$ 7,313.40	\$ 7,313.40	\$29,560.35	\$ 29,560.35	0.290
050128	TRI-CITY MEDICAL CENTER	\$ 6,230.42	\$ 6,230.42	\$26,530.55	\$ 26,530.55	0.312
050129	ST BERNARDINE MEDICAL CENTER	\$ 7,583.94	\$ 7,579.19	\$27,089.52	\$ 27,072.53	0.205
050131	NOVATO COMMUNITY HOSPITAL	\$ 7,339.20	\$ 7,339.20	\$33,589.20	\$ 33,589.20	0.321
050132	SAN GABRIEL VALLEY MEDICAL CENTER	\$ 7,919.82	\$ 7,919.82	\$27,353.33	\$ 27,353.33	0.187
050133	RIDEOUT MEMORIAL HOSPITAL	\$ 6,526.24	\$ 6,526.24	\$26,804.30	\$ 26,804.30	0.376
050135	HOLLYWOOD COMMUNITY HOSPITAL	\$ 8,519.97	\$ 8,519.97	\$27,360.80	\$ 27,360.80	0.235
050136	PETALUMA VALLEY HOSPITAL	\$ 7,814.04	\$ 7,814.04	\$33,433.79	\$ 33,433.79	0.244
050137	KAISER FOUNDATION HOSPITAL	\$ 6,137.54	\$ 6,137.54	\$27,351.93	\$ 27,351.93	0.347
050138	KAISER FOUNDATION HOSPITAL	\$ 7,011.28	\$ 7,011.28	\$27,349.56	\$ 27,349.56	0.292
050139	KAISER FOUNDATION HOSPITAL	\$ 6,017.53	\$ 6,017.53	\$27,355.03	\$ 27,355.03	0.278
050140	KAISER FOUNDATION HOSPITAL FONTANA	\$ 6,193.13	\$ 6,189.25	\$27,083.77	\$ 27,066.84	0.202
050145	COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	\$ 6,895.52	\$ 6,895.52	\$31,637.49	\$ 31,637.49	0.437
050148	PLUMAS DISTRICT HOSPITAL	\$ 6,406.82	\$ 6,406.82	\$26,533.61	\$ 26,533.61	0.530
050149	CALIFORNIA HOSPITAL MEDICAL CENTER LA	\$ 10,173.69	\$ 10,173.69	\$27,354.21	\$ 27,354.21	0.237
050150	SIERRA NEVADA MEMORIAL HOSPITAL	\$ 6,427.74	\$ 6,427.74	\$29,563.04	\$ 29,563.04	0.367
050152	SAINT FRANCIS MEMORIAL HOSPITAL	\$ 9,456.13	\$ 9,456.13	\$33,734.25	\$ 33,734.25	0.214
050153	O'CONNOR HOSPITAL	\$ 8,528.77	\$ 8,528.77	\$33,535.27	\$ 33,535.27	0.195
050158	ENCINO-TARZANA REGIONAL MEDICAL CTR	\$ 6,599.05	\$ 6,599.05	\$27,357.00	\$ 27,357.00	0.158

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050159	VENTURA COUNTY MEDICAL CENTER	\$ 9,439.20	\$ 9,541.90	\$26,794.77	\$ 27,076.67	0.347
050167	SAN JOAQUIN GENERAL HOSPITAL	\$ 9,522.11	\$ 9,522.11	\$27,880.84	\$ 27,880.84	0.469
050168	ST JUDE MEDICAL CENTER	\$ 6,227.25	\$ 6,223.35	\$27,089.73	\$ 27,072.73	0.228
050169	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	\$ 7,124.30	\$ 7,124.30	\$27,358.04	\$ 27,358.04	0.196
050173	ANAHEIM GENERAL HOSPITAL	\$ 7,825.88	\$ 7,820.97	\$27,092.32	\$ 27,075.29	0.192
050174	SANTA ROSA MEMORIAL HOSPITAL	\$ 7,684.24	\$ 7,684.24	\$33,422.88	\$ 33,422.88	0.234
050179	EMANUEL MEDICAL CENTER INC	\$ 6,889.36	\$ 6,889.36	\$27,442.35	\$ 27,442.35	0.209
050180	JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS	\$ 7,423.42	\$ 7,423.42	\$34,011.17	\$ 34,011.17	0.226
050188	COMMUNITY HOSPITAL OF LOS GATOS	\$ 7,317.86	\$ 7,317.86	\$33,498.35	\$ 33,498.35	0.213
050189	GEORGE L MEE MEMORIAL HOSPITAL	\$ 7,642.72	\$ 7,642.72	\$31,673.74	\$ 31,673.74	0.441
050191	ST MARY MEDICAL CENTER	\$ 9,216.46	\$ 9,216.46	\$27,354.46	\$ 27,354.46	0.168
050192	SIERRA KINGS DISTRICT HOSPITAL	\$ 6,406.82	\$ 6,406.82	\$26,533.97	\$ 26,533.97	0.457
050193	SOUTH COAST MEDICAL CENTER	\$ 5,907.84	\$ 5,904.14	\$27,087.67	\$ 27,070.69	0.283
050194	WATSONVILLE COMMUNITY HOSPITAL	\$ 9,342.21	\$ 9,342.21	\$33,159.30	\$ 33,159.30	0.167
050195	WASHINGTON HOSPITAL	\$ 8,962.90	\$ 8,962.90	\$34,024.69	\$ 34,024.69	0.292
050196	CENTRAL VALLEY GENERAL HOSPITAL	\$ 6,406.82	\$ 6,406.82	\$26,532.66	\$ 26,532.66	0.216
050197	SEQUOIA HOSPITAL	\$ 7,418.16	\$ 7,418.16	\$34,037.36	\$ 34,037.36	0.201
050204	LANCASTER COMMUNITY HOSPITAL	\$ 6,575.14	\$ 6,575.14	\$27,351.45	\$ 27,351.45	0.210
050205	EAST VALLEY HOSPITAL MEDICAL CENTER	\$ 8,054.20	\$ 8,054.20	\$27,354.34	\$ 27,354.34	0.331
050211	ALAMEDA HOSPITAL	\$ 8,154.60	\$ 8,154.60	\$34,029.12	\$ 34,029.12	0.222
050219	COAST PLAZA DOCTORS HOSPITAL	\$ 7,837.37	\$ 7,837.37	\$27,355.37	\$ 27,355.37	0.259
050222	SHARP CHULA VISTA MEDICAL CENTER	\$ 7,474.46	\$ 7,474.46	\$26,530.99	\$ 26,530.99	0.189
050224	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	\$ 5,910.44	\$ 5,906.74	\$27,088.71	\$ 27,071.72	0.351

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050225	FEATHER RIVER HOSPITAL	\$ 6,084.22	\$ 6,084.22	\$26,532.49	\$ 26,532.49	0.169
050226	ANAHEIM MEMORIAL HOSPITAL	\$ 6,757.61	\$ 6,753.38	\$27,090.39	\$ 27,073.39	0.218
050228	SAN FRANCISCO GENERAL HOSPITAL	\$ 13,028.78	\$ 13,028.78	\$34,044.13	\$ 34,044.13	0.346
050230	GARDEN GROVE HOSPITAL & MEDICAL CENTER	\$ 9,497.27	\$ 9,491.31	\$27,090.25	\$ 27,073.25	0.195
050231	POMONA VALLEY HOSPITAL MEDICAL CENTER	\$ 8,851.06	\$ 8,851.06	\$27,353.33	\$ 27,353.33	0.187
050232	FRENCH HOSPITAL MEDICAL CENTER	\$ 6,050.69	\$ 6,050.69	\$26,695.59	\$ 26,695.59	0.180
050234	SHARP CORONADO HOSPITAL AND HLTHCR CTR	\$ 5,783.33	\$ 5,783.33	\$26,531.89	\$ 26,531.89	0.260
050235	PROVIDENCE SAINT JOSEPH MEDICAL CTR	\$ 6,843.27	\$ 6,843.27	\$27,355.68	\$ 27,355.68	0.199
050236	SIMI VALLEY HOSPITAL & HEALTH CARE SERVICES	\$ 6,089.65	\$ 6,156.77	\$26,784.54	\$ 27,073.57	0.244
050238	METHODIST HOSPITAL OF SOUTHERN CA	\$ 6,841.25	\$ 6,841.25	\$27,351.61	\$ 27,351.61	0.258
050239	GLENDALE ADVENTIST MEDICAL CENTER	\$ 8,865.08	\$ 8,865.08	\$27,355.29	\$ 27,355.29	0.205
050242	DOMINICAN HOSPITAL	\$ 8,059.23	\$ 8,059.23	\$33,168.43	\$ 33,168.43	0.212
050243	DESERT REGIONAL MEDICAL CENTER	\$ 7,159.80	\$ 7,159.80	\$26,530.01	\$ 26,530.01	0.137
050245	ARROWHEAD REGIONAL MEDICAL CENTER	\$ 9,718.00	\$ 9,711.90	\$27,077.30	\$ 27,060.44	0.381
050248	NATIVIDAD MEDICAL CENTER	\$ 8,749.97	\$ 8,749.97	\$31,629.20	\$ 31,629.20	0.292
050251	BANNER LASSEN MEDICAL CENTER	\$ 6,553.07	\$ 6,553.07	\$26,525.44	\$ 26,525.44	0.530
050254	MARSHALL MEDICAL CENTER (1-RH)	\$ 6,725.35	\$ 6,725.35	\$29,554.42	\$ 29,554.42	0.349
050256	ORTHOPAEDIC HOSPITAL	\$ 8,050.12	\$ 8,050.12	\$27,356.24	\$ 27,356.24	0.513
050257	GOOD SAMARITAN HOSPITAL	\$ 6,406.82	\$ 6,406.82	\$26,533.44	\$ 26,533.44	0.399
050261	SIERRA VIEW DISTRICT HOSPITAL	\$ 7,325.73	\$ 7,325.73	\$26,531.97	\$ 26,531.97	0.248
050262	UCLA MEDICAL CENTER	\$ 9,372.98	\$ 9,372.98	\$27,355.26	\$ 27,355.26	0.323
050264	SAN LEANDRO HOSPITAL	\$ 7,987.47	\$ 7,987.47	\$34,063.38	\$ 34,063.38	0.222

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050272	REDLANDS COMMUNITY HOSPITAL	\$ 6,372.88	\$ 6,368.89	\$27,089.87	\$ 27,072.87	0.283
050276	CONTRA COSTA REGIONAL MEDICAL CENTER	\$ 11,726.47	\$ 11,726.47	\$34,013.34	\$ 34,013.34	0.557
050277	PACIFIC HOSPITAL OF LONG BEACH	\$ 9,807.42	\$ 9,807.42	\$27,355.98	\$ 27,355.98	0.265
050278	PROVIDENCE HOLY CROSS MEDICAL CENTER	\$ 7,190.96	\$ 7,190.96	\$27,358.69	\$ 27,358.69	0.165
050279	HI-DESERT MEDICAL CENTER	\$ 6,556.20	\$ 6,556.20	\$27,086.66	\$ 27,069.70	0.253
050280	MERCY MEDICAL CENTER	\$ 7,303.62	\$ 7,303.62	\$28,662.67	\$ 28,662.67	0.247
050281	ALHAMBRA HOSPITAL AND MEDICAL CENTER	\$ 9,620.76	\$ 9,620.76	\$27,357.92	\$ 27,357.92	0.300
050283	VALLEYCARE MEDICAL CENTER	\$ 7,426.54	\$ 7,426.54	\$33,993.47	\$ 33,993.47	0.218
050289	SETON MEDICAL CENTER	\$ 8,726.80	\$ 8,726.80	\$33,681.71	\$ 33,681.71	0.186
050290	SAINT JOHN'S HEALTH CENTER	\$ 5,970.31	\$ 5,970.31	\$27,353.32	\$ 27,353.32	0.227
050291	SUTTER MEDICAL CENTER OF SANTA ROSA	\$ 9,653.62	\$ 9,653.62	\$33,430.85	\$ 33,430.85	0.368
050292	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	\$ 7,957.27	\$ 7,957.27	\$26,530.70	\$ 26,530.70	0.346
050295	MERCY HOSPITAL	\$ 6,234.79	\$ 6,234.79	\$26,532.39	\$ 26,532.39	0.238
050296	HAZEL HAWKINS MEMORIAL HOSPITAL	\$ 8,110.47	\$ 8,110.47	\$33,529.83	\$ 33,529.83	0.376
050298	BARSTOW COMMUNITY HOSPITAL	\$ 6,555.50	\$ 6,551.39	\$27,086.58	\$ 27,069.62	0.184
050300	ST MARY MEDICAL CENTER	\$ 7,252.41	\$ 7,247.86	\$27,089.69	\$ 27,072.70	0.259
050301	UKIAH VALLEY MEDICAL CENTER/HOSPITAL D	\$ 6,406.82	\$ 6,406.82	\$26,534.68	\$ 26,534.68	0.261
050305	ALTA BATES SUMMIT MEDICAL CENTER - ALTA BATES CAMP	\$ 9,443.73	\$ 9,443.73	\$34,025.93	\$ 34,025.93	0.225
050308	EL CAMINO HOSPITAL	\$ 7,321.01	\$ 7,321.01	\$33,508.70	\$ 33,508.70	0.236
050309	SUTTER ROSEVILLE MEDICAL CENTER	\$ 6,863.69	\$ 6,863.69	\$29,558.95	\$ 29,558.95	0.258

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050313	SUTTER TRACY COMMUNITY HOSPITAL	\$ 6,730.77	\$ 6,730.77	\$27,855.77	\$ 27,855.77	0.307
050315	KERN MEDICAL CENTER	\$ 9,859.13	\$ 9,859.13	\$26,533.52	\$ 26,533.52	0.333
050320	ALAMEDA COUNTY MEDICAL CENTER	\$ 11,895.37	\$ 11,895.37	\$34,043.12	\$ 34,043.12	0.485
050324	SCRIPPS MEMORIAL HOSPITAL LA JOLLA	\$ 5,791.88	\$ 5,791.88	\$26,532.14	\$ 26,532.14	0.258
050325	TUOLUMNE GENERAL HOSPITAL	\$ 6,474.15	\$ 6,474.15	\$26,822.37	\$ 26,822.37	0.286
050327	LOMA LINDA UNIVERSITY MEDICAL CENTER	\$ 9,552.37	\$ 9,546.38	\$27,089.86	\$ 27,072.86	0.266
050329	CORONA REGIONAL MEDICAL CENTER	\$ 7,170.46	\$ 7,170.46	\$26,533.14	\$ 26,533.14	0.271
050333	SENECA DISTRICT HOSPITAL	\$ 6,718.50	\$ 6,718.50	\$26,533.11	\$ 26,533.11	0.716
050334	SALINAS VALLEY MEMORIAL HOSPITAL	\$ 7,590.52	\$ 7,590.52	\$31,668.06	\$ 31,668.06	0.472
050335	SONORA REGIONAL MEDICAL CENTER	\$ 5,829.67	\$ 5,829.67	\$26,817.38	\$ 26,817.38	0.270
050336	LODI MEMORIAL HOSPITAL	\$ 6,662.64	\$ 6,662.64	\$27,886.21	\$ 27,886.21	0.136
050342	PIONEERS MEMORIAL HEALTHCARE DISTRICT	\$ 7,589.78	\$ 7,589.78	\$26,530.13	\$ 26,530.13	0.407
050348	UNIV OF CALIFORNIA IRVINE MED CENTER	\$ 10,018.63	\$ 10,012.34	\$27,092.07	\$ 27,075.05	0.206
050349	CORCORAN DISTRICT HOSPITAL	\$ 6,406.82	\$ 6,406.82	\$26,534.02	\$ 26,534.02	0.684
050350	BEVERLY HOSPITAL	\$ 8,129.50	\$ 8,129.50	\$27,355.31	\$ 27,355.31	0.428
050351	TORRANCE MEMORIAL MEDICAL CENTER	\$ 6,196.50	\$ 6,196.50	\$27,351.81	\$ 27,351.81	0.240
050352	BARTON MEMORIAL HOSPITAL	\$ 6,945.51	\$ 6,945.51	\$29,562.60	\$ 29,562.60	0.407
050353	LITTLE COMPANY OF MARY HOSPITAL	\$ 6,663.25	\$ 6,663.25	\$27,352.69	\$ 27,352.69	0.237
050357	GOLETA VALLEY COTTAGE HOSPITAL	\$ 5,769.56	\$ 5,769.56	\$26,534.61	\$ 26,534.61	0.209
050359	TULARE DISTRICT HOSPITAL	\$ 7,158.74	\$ 7,158.74	\$26,534.66	\$ 26,534.66	0.474
050360	MARIN GENERAL HOSPITAL	\$ 7,592.33	\$ 7,592.33	\$33,642.08	\$ 33,642.08	0.280
050366	MARK TWAIN ST JOSEPH'S HOSPITAL	\$ 6,743.56	\$ 6,743.56	\$26,533.47	\$ 26,533.47	0.377
050367	NORTHBAY MEDICAL CENTER	\$ 9,401.24	\$ 9,401.24	\$34,016.03	\$ 34,016.03	0.246
050369	CITRUS VALLEY MEDICAL CENTER-QV CAMPUS	\$ 9,043.19	\$ 9,043.19	\$27,355.65	\$ 27,355.65	0.216

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050373	LAC+USC MEDICAL CENTER	\$ 9,521.21	\$ 9,521.21	\$27,354.52	\$ 27,354.52	0.260
050376	LAC/HARBOR-UCLA MED CENTER	\$ 10,746.78	\$ 10,746.78	\$27,360.67	\$ 27,360.67	0.579
050378	PACIFICA HOSPITAL OF THE VALLEY	\$ 9,872.79	\$ 9,872.79	\$27,357.52	\$ 27,357.52	0.422
050380	GOOD SAMARITAN HOSPITAL	\$ 7,317.51	\$ 7,317.51	\$33,511.96	\$ 33,511.96	0.249
050382	CITRUS VALLEY MEDICAL CENTER-IC CAMPUS	\$ 7,639.76	\$ 7,639.76	\$27,355.29	\$ 27,355.29	0.222
050385	PALM DRIVE HOSPITAL	\$ 7,730.94	\$ 7,730.94	\$33,419.02	\$ 33,419.02	0.408
050390	HEMET VALLEY MEDICAL CENTER	\$ 6,518.48	\$ 6,518.48	\$26,532.78	\$ 26,532.78	0.203
050393	DOWNEY REGIONAL MEDICAL CENTER	\$ 7,382.08	\$ 7,382.08	\$27,356.89	\$ 27,356.89	0.221
050394	COMM MEM HOSP OF SAN BUENAVENTURA	\$ 6,069.31	\$ 6,136.21	\$26,784.37	\$ 27,073.52	0.186
050396	SANTA BARBARA COTTAGE HOSPITAL	\$ 6,572.24	\$ 6,572.24	\$26,532.14	\$ 26,532.14	0.241
050397	COALINGA REGIONAL MEDICAL CENTER	\$ 10,296.83	\$ 10,296.83	\$26,526.34	\$ 26,526.34	0.679
050407	CHINESE HOSPITAL	\$ 8,159.24	\$ 8,159.24	\$33,754.00	\$ 33,754.00	0.430
050411	KAISER FOUNDATION HOSPITAL	\$ 6,007.47	\$ 6,007.47	\$27,349.84	\$ 27,349.84	0.289
050414	MERCY HOSPITAL OF FOLSOM	\$ 6,442.97	\$ 6,442.97	\$29,558.63	\$ 29,558.63	0.281
050417	SUTTER COAST HOSPITAL	\$ 6,373.22	\$ 6,373.22	\$26,530.53	\$ 26,530.53	0.435
050423	PALO VERDE HOSPITAL	\$ 6,420.59	\$ 6,420.59	\$26,531.27	\$ 26,531.27	0.399
050424	SCRIPPS GREEN HOSPITAL	\$ 6,211.37	\$ 6,211.37	\$26,531.11	\$ 26,531.11	0.276
050425	KAISER FOUNDATION HOSPITAL - SACRAMENTO/ROSEVILLE	\$ 6,690.52	\$ 6,690.52	\$29,499.61	\$ 29,499.61	0.334
050426	WEST ANAHEIM MEDICAL CENTER	\$ 6,650.08	\$ 6,645.92	\$27,090.87	\$ 27,073.86	0.218
050430	MODOC MEDICAL CENTER	\$ 7,117.54	\$ 7,117.54	\$27,406.79	\$ 27,406.79	0.609
050433	INDIAN VALLEY HOSPITAL	\$ 6,941.31	\$ 6,941.31	\$26,534.31	\$ 26,534.31	1.174
050434	COLUSA REGIONAL MEDICAL CENTER	\$ 8,272.96	\$ 8,272.96	\$26,532.93	\$ 26,532.93	0.445
050435	FALLBROOK HOSPITAL	\$ 6,197.56	\$ 6,197.56	\$26,533.03	\$ 26,533.03	0.218
050438	HUNTINGTON MEMORIAL HOSPITAL	\$ 7,107.86	\$ 7,107.86	\$27,348.21	\$ 27,348.21	0.264

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050441	STANFORD HOSPITAL	\$ 10,342.41	\$ 10,342.41	\$33,520.87	\$ 33,520.87	0.247
050444	MERCY MEDICAL CENTER MERCED - COMMUNITY CAMPUS	\$ 7,545.58	\$ 7,545.58	\$27,647.84	\$ 27,647.84	0.236
050447	UNIVERSITY COMMUNITY MEDICAL CENTER	\$ 8,603.93	\$ 8,603.93	\$26,530.74	\$ 26,530.74	0.490
050448	RIDGECREST REGIONAL HOSPITAL	\$ 6,293.83	\$ 6,293.83	\$26,532.28	\$ 26,532.28	0.409
050454	UCSF MEDICAL CENTER	\$ 11,762.11	\$ 11,762.11	\$33,723.12	\$ 33,723.12	0.263
050455	SAN JOAQUIN COMMUNITY HOSPITAL	\$ 7,426.92	\$ 7,426.92	\$26,533.75	\$ 26,533.75	0.195
050456	COMMUNITY HOSPITAL OF GARDENA	\$ 6,285.71	\$ 6,285.71	\$27,353.03	\$ 27,353.03	0.388
050457	ST MARYS MEDICAL CENTER	\$ 8,587.50	\$ 8,587.50	\$33,742.06	\$ 33,742.06	0.190
050464	DOCTORS MEDICAL CENTER	\$ 8,120.38	\$ 8,120.38	\$27,436.97	\$ 27,436.97	0.154
050468	MEMORIAL HOSPITAL OF GARDENA	\$ 8,242.34	\$ 8,242.34	\$27,354.25	\$ 27,354.25	0.253
050469	COLORADO RIVER MEDICAL CENTER	\$ 7,076.34	\$ 7,076.34	\$26,527.50	\$ 26,527.50	0.376
050470	SELMA COMMUNITY HOSPITAL	\$ 6,406.82	\$ 6,406.82	\$26,533.38	\$ 26,533.38	0.244
050471	GOOD SAMARITAN HOSPITAL	\$ 8,422.83	\$ 8,422.83	\$27,354.78	\$ 27,354.78	0.239
050476	SUTTER LAKESIDE HOSPITAL	\$ 6,758.23	\$ 6,758.23	\$26,943.61	\$ 26,943.61	0.375
050478	SANTA YNEZ VALLEY COTTAGE HOSPITAL	\$ 6,843.69	\$ 6,843.69	\$26,529.94	\$ 26,529.94	0.508
050481	WEST HILLS MEDICAL CENTER	\$ 5,977.07	\$ 5,977.07	\$27,352.57	\$ 27,352.57	0.208
050485	LONG BEACH MEMORIAL MEDICAL CENTER	\$ 7,524.94	\$ 7,524.94	\$27,357.26	\$ 27,357.26	0.237
050488	EDEN MEDICAL CENTER	\$ 7,898.96	\$ 7,898.96	\$34,025.14	\$ 34,025.14	0.258
050492	COMMUNITY MEDICAL CENTER - CLOVIS	\$ 6,318.61	\$ 6,318.61	\$26,529.39	\$ 26,529.39	0.322
050494	TAHOE FOREST HOSPITAL DISTRICT	\$ 8,307.42	\$ 8,307.42	\$31,292.85	\$ 27,049.38	0.466
050496	JOHN MUIR MEDICAL CENTER - CONCORD CAMPUS	\$ 7,803.84	\$ 7,803.84	\$34,022.48	\$ 34,022.48	0.209
050498	SUTTER AUBURN FAITH HOSPITAL	\$ 6,716.12	\$ 6,716.12	\$29,556.93	\$ 29,556.93	0.286
050502	SAINT VINCENT MEDICAL CENTER	\$ 8,281.03	\$ 8,281.03	\$27,353.80	\$ 27,353.80	0.268
050503	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	\$ 5,998.85	\$ 5,998.85	\$26,532.33	\$ 26,532.33	0.288

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050506	SIERRA VISTA REGIONAL MEDICAL CENTER	\$ 6,444.04	\$ 6,444.04	\$26,699.40	\$ 26,699.40	0.156
050510	KAISER FOUNDATION HOSPITAL	\$ 7,414.90	\$ 7,414.90	\$33,828.03	\$ 33,828.03	0.341
050512	KAISER FOUNDATION HOSPITAL FREMONT/HAYWARD	\$ 7,478.11	\$ 7,478.11	\$33,865.56	\$ 33,865.56	0.321
050515	KAISER FOUNDATION HOSPITAL - SAN DIEGO	\$ 5,830.66	\$ 5,830.66	\$26,533.46	\$ 26,533.46	0.703
050516	MERCY SAN JUAN MEDICAL CENTER	\$ 7,389.35	\$ 7,389.35	\$29,563.13	\$ 29,563.13	0.218
050517	VICTOR VALLEY COMMUNITY HOSPITAL	\$ 7,771.00	\$ 7,766.13	\$27,090.72	\$ 27,073.72	0.328
050523	SUTTER DELTA MEDICAL CENTER	\$ 8,246.70	\$ 8,246.70	\$34,015.12	\$ 34,015.12	0.242
050526	HUNTINGTON BEACH HOSPITAL	\$ 6,870.59	\$ 6,866.28	\$27,091.21	\$ 27,074.20	0.191
050528	MEMORIAL HOSPITAL LOS BANOS	\$ 7,004.69	\$ 7,004.69	\$26,532.65	\$ 26,532.65	0.333
050531	BELLFLOWER MEDICAL CENTER	\$ 8,535.68	\$ 8,535.68	\$27,356.15	\$ 27,356.15	0.175
050534	JOHN F KENNEDY MEMORIAL HOSPITAL, INC	\$ 8,419.23	\$ 8,419.23	\$26,531.74	\$ 26,531.74	0.157
050537	SUTTER DAVIS HOSPITAL	\$ 7,200.01	\$ 7,200.01	\$29,553.57	\$ 29,553.57	0.349
050541	KAISER FOUNDATION HOSPITAL - REDWOOD CITY	\$ 7,416.70	\$ 7,416.70	\$34,015.61	\$ 34,015.61	1.297
050543	COLLEGE HOSPITAL COSTA MESA	\$ 9,258.79	\$ 9,252.98	\$27,086.37	\$ 27,069.41	0.320
050545	LANTERMAN DEVELOPMENTAL CENTER	\$ 6,619.63	\$ 6,619.63	\$27,360.57	\$ 27,360.57	1.090
050546	PORTERVILLE DEVELOPMENTAL CENTER	\$ 6,406.82	\$ 6,406.82	\$26,529.60	\$ 26,529.60	0.268
050547	SONOMA DEVELOPMENT CENTER	\$ 8,067.30	\$ 8,067.30	\$33,447.08	\$ 33,447.08	0.724
050548	FAIRVIEW DEVELOPMENTAL CENTER	\$ 5,904.79	\$ 5,901.09	\$27,094.16	\$ 27,077.11	1.227
050549	LOS ROBLES HOSPITAL & MEDICAL CENTER	\$ 6,775.16	\$ 5,897.62	\$31,243.84	\$ 27,073.63	0.266
050551	LOS ALAMITOS MEDICAL CENTER	\$ 6,255.64	\$ 6,251.72	\$27,090.72	\$ 27,073.71	0.135
050552	MOTION PICTURE & TELEVISION HOSPITAL	\$ 5,962.53	\$ 5,962.53	\$27,354.99	\$ 27,354.99	0.803
050557	MEMORIAL MEDICAL CENTER	\$ 6,862.85	\$ 6,862.85	\$27,438.31	\$ 27,438.31	0.181

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050561	KAISER FOUNDATION HOSPITAL - WEST LA	\$ 5,990.49	\$ 5,990.49	\$27,346.50	\$ 27,346.50	0.304
050567	MISSION HOSPITAL REGIONAL MED CENTER	\$ 6,308.85	\$ 6,304.90	\$27,090.68	\$ 27,073.67	0.268
050568	MADERA COMMUNITY HOSPITAL	\$ 7,332.57	\$ 7,332.57	\$26,640.24	\$ 26,640.24	0.373
050569	MENDOCINO COAST DISTRICT HOSPITAL	\$ 7,409.79	\$ 7,409.79	\$31,483.20	\$ 31,483.20	0.540
050570	FOUNTAIN VALLEY REGIONAL HOSPITAL	\$ 8,555.20	\$ 8,549.83	\$27,088.04	\$ 27,071.07	0.219
050573	EISENHOWER MEDICAL CENTER	\$ 5,789.94	\$ 5,789.94	\$26,529.01	\$ 26,529.01	0.197
050575	TRI-CITY REGIONAL MEDICAL CENTER	\$ 7,584.91	\$ 7,584.91	\$27,357.43	\$ 27,357.43	0.270
050578	LAC/MARTIN LUTHER KING JR GEN HOSPITAL	\$ 10,061.97	\$ 10,061.97	\$27,354.52	\$ 27,354.52	0.260
050580	LA PALMA INTERCOMMUNITY HOSPITAL	\$ 7,768.67	\$ 7,763.79	\$27,091.01	\$ 27,074.00	0.265
050581	LAKEWOOD REGIONAL MEDICAL CENTER	\$ 7,141.61	\$ 7,141.61	\$27,355.89	\$ 27,355.89	0.168
050583	ALVARADO HOSPITAL MEDICAL CENTER	\$ 6,563.14	\$ 6,563.14	\$26,532.52	\$ 26,532.52	0.170
050584	DRS' HOSPITAL MED CENTR OF MONTCLAIR	\$ 8,139.93	\$ 8,134.83	\$27,094.29	\$ 27,077.25	0.172
050586	CHINO VALLEY MEDICAL CENTER	\$ 8,398.01	\$ 8,392.74	\$27,095.49	\$ 27,078.43	0.336
050588	SAN DIMAS COMMUNITY HOSPITAL	\$ 6,619.63	\$ 6,619.63	\$27,357.93	\$ 27,357.93	0.164
050589	PLACENTIA LINDA HOSPITAL	\$ 6,422.80	\$ 6,418.78	\$27,089.91	\$ 27,072.91	0.201
050590	METHODIST HOSPITAL	\$ 8,752.02	\$ 8,752.02	\$29,567.77	\$ 29,567.77	0.295
050597	FOOTHILL PRESBYTERIAN HOSPITAL	\$ 6,567.52	\$ 6,567.52	\$27,357.84	\$ 27,357.84	0.241
050599	UNIV OF CALIFORNIA DAVIS MED CENTER	\$ 10,729.28	\$ 10,729.28	\$29,548.56	\$ 29,548.56	0.212
050601	ENCINO-TARZANA REGIONAL MED CTR - TARZANA CAMPUS	\$ 7,191.20	\$ 7,191.20	\$27,348.78	\$ 27,348.78	0.142
050603	SADDLEBACK MEMORIAL MEDICAL CENTER	\$ 5,925.63	\$ 5,921.92	\$27,090.51	\$ 27,073.51	0.260
050604	SANTA TERESA COMMUNITY HOSPITAL	\$ 7,312.40	\$ 7,312.40	\$33,523.42	\$ 33,523.42	1.106
050608	DELANO REGIONAL MEDICAL CENTER	\$ 8,221.06	\$ 8,221.06	\$26,530.68	\$ 26,530.68	0.281
050609	KAISER FOUNDATION HOSPITAL ANAHEIM	\$ 6,425.77	\$ 6,421.75	\$27,089.59	\$ 27,072.59	0.478
050613	SETON MEDICAL CENTER COASTSIDE	\$ 7,339.20	\$ 7,339.20	\$33,602.28	\$ 33,602.28	0.968

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050616	ST JOHN'S PLEASANT VALLEY HOSPITAL	\$ 5,822.84	\$ 5,887.05	\$26,775.05	\$ 27,070.69	0.246
050618	BEAR VALLEY COMMUNITY HOSPITAL	\$ 8,372.12	\$ 8,372.12	\$26,532.45	\$ 26,532.45	0.594
050624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	\$ 6,192.27	\$ 6,192.27	\$27,353.18	\$ 27,353.18	0.184
050625	CEDARS-SINAI MEDICAL CENTER	\$ 7,941.33	\$ 7,941.33	\$27,350.05	\$ 27,350.05	0.235
050633	TWIN CITIES COMMUNITY HOSPITAL	\$ 6,141.73	\$ 6,141.73	\$26,701.34	\$ 26,701.34	0.138
050636	POMERADO HOSPITAL	\$ 6,026.45	\$ 6,026.45	\$26,532.33	\$ 26,532.33	0.304
050641	EAST LOS ANGELES DOCTORS HOSPITAL	\$ 9,535.41	\$ 9,535.41	\$27,354.93	\$ 27,354.93	0.260
050644	LOS ANGELES METROPOLITAN MEDICAL CTR	\$ 9,286.23	\$ 9,286.23	\$27,356.03	\$ 27,356.03	0.229
050662	AGNEWS STATE HOSPITAL	\$ 8,110.47	\$ 8,110.47	\$33,562.79	\$ 33,562.79	1.136
050663	LOS ANGELES COMMUNITY HOSPITAL	\$ 9,784.20	\$ 9,784.20	\$27,360.56	\$ 27,360.56	0.203
050667	N M HOLDERMAN MEMORIAL HOSPITAL	\$ 6,835.81	\$ 6,835.81	\$31,398.22	\$ 31,398.22	0.286
050668	LAGUNA HONDA HOSPITAL	\$ 8,159.24	\$ 8,159.24	\$33,765.98	\$ 33,765.98	1.098
050674	KAISER FOUNDATION HOSP SO SACRAMENTO	\$ 6,877.22	\$ 6,877.22	\$29,522.61	\$ 29,522.61	0.302
050677	KAISER FOUNDATION HOSPITAL	\$ 6,191.40	\$ 6,191.40	\$27,351.13	\$ 27,351.13	0.408
050678	ORANGE COAST MEMORIAL MEDICAL CENTER	\$ 6,884.91	\$ 6,880.59	\$27,092.14	\$ 27,075.12	0.236
050680	NORTHBAY VACAVALLEY HOSPITAL	\$ 7,866.13	\$ 7,866.13	\$34,019.90	\$ 34,019.90	0.215
050682	KINGSBURG MEDICAL CENTER	\$ 6,406.82	\$ 6,406.82	\$26,534.34	\$ 26,534.34	0.362
050684	MENIFEE VALLEY MEDICAL CENTER	\$ 5,783.33	\$ 5,783.33	\$26,529.36	\$ 26,529.36	0.207
050686	KAISER FOUNDATION HOSPITAL, RIVERSIDE	\$ 6,020.51	\$ 6,020.51	\$26,531.58	\$ 26,531.58	0.364
050688	SAINT LOUISE REGIONAL HOSPITAL	\$ 8,078.43	\$ 8,078.43	\$33,507.05	\$ 33,507.05	0.242
050689	SAN RAMON REGIONAL MEDICAL CTR	\$ 7,419.87	\$ 7,419.87	\$34,008.40	\$ 34,008.40	0.216

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050690	KAISER FOUNDATION HOSPITAL-SANTA ROSA	\$ 7,296.91	\$ 7,296.91	\$33,325.98	\$ 33,325.98	0.296
050693	IRVINE REGIONAL HOSPITAL & MEDICAL CTR	\$ 6,289.91	\$ 6,285.97	\$27,079.07	\$ 27,062.20	0.189
050694	MORENO VALLEY COMMUNITY HOSPITAL	\$ 8,224.33	\$ 8,224.33	\$26,528.37	\$ 26,528.37	0.281
050695	ST DOMINIC'S HOSPITAL	\$ 6,730.77	\$ 6,730.77	\$27,889.22	\$ 27,889.22	0.286
050696	USC UNIVERSITY HOSPITAL	\$ 8,090.44	\$ 8,090.44	\$27,353.19	\$ 27,353.19	0.171
050697	PATIENTS' HOSPITAL OF REDDING	\$ 6,230.22	\$ 6,230.22	\$28,652.68	\$ 28,652.68	0.257
050698	SAN DIEGO HOSPICE & PALLIATIVE CARE ACUTE CARE CEN	\$ 6,184.17	\$ 6,184.17	\$26,530.00	\$ 26,530.00	0.353
050701	SOUTHWEST HEALTHCARE SYSTEM	\$ 6,297.68	\$ 6,297.68	\$26,531.75	\$ 26,531.75	0.236
050704	MISSION COMMUNITY HOSPITAL - PANORAMA	\$ 8,985.68	\$ 8,985.68	\$27,348.71	\$ 27,348.71	0.362
050707	MENLO PARK SURGICAL HOSPITAL	\$ 7,339.20	\$ 7,339.20	\$33,712.85	\$ 33,712.85	0.664
050708	FRESNO SURGERY CENTER	\$ 5,769.56	\$ 5,769.56	\$26,524.58	\$ 26,524.58	0.393
050709	DESERT VALLEY HOSPITAL	\$ 6,555.50	\$ 6,551.39	\$27,088.45	\$ 27,071.47	0.190
050710	KAISER FOUNDATION HOSPITAL - FRESNO	\$ 5,826.51	\$ 5,826.51	\$26,518.61	\$ 26,518.61	0.322
050714	SUTTER MATERNITY AND SURGERY CENTER	\$ 7,206.60	\$ 7,206.60	\$33,154.33	\$ 33,154.33	0.366
050717	LAC/RANCHO LOS AMIGOS NATIONAL MED CTR	\$ 6,931.08	\$ 6,931.08	\$27,354.52	\$ 27,354.52	0.260
050720	TUSTIN HOSPITAL AND MEDICAL CENTER	\$ 8,487.08	\$ 8,481.75	\$27,092.27	\$ 27,075.25	0.271
050722	SHARP MARY BIRCH HOSPITAL FOR WOMEN	\$ 7,712.78	\$ 7,712.78	\$26,531.66	\$ 26,531.66	0.216
050723	KAISER FOUNDATION HOSPITAL	\$ 6,333.34	\$ 6,333.34	\$27,348.32	\$ 27,348.32	0.309
050724	BAKERSFIELD HEART HOSPITAL	\$ 5,946.08	\$ 5,946.08	\$26,510.91	\$ 26,510.91	0.480

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

MEDICARE PROVIDER NO.	NAME	2007 Composite for discharges effective December 1, 2006 through March 31, 2007	2007 Composite for discharges effective April 1, 2007	2007 Hospital Specific Outlier Threshold for discharges effective December 1, 2006 through March 31, 2007	2007 Hospital Specific Outlier Threshold for discharges effective April 1, 2007	Cost-to-Charge Ratio
050725	CITY OF ANGELS MEDICAL CENTER	\$ 9,764.65	\$ 9,764.65	\$27,351.79	\$ 27,351.79	0.331
050726	STANISLAUS SURGICAL HOSPITAL	\$ 5,966.44	\$ 5,966.44	\$27,429.51	\$ 27,429.51	0.176
050727	COMMUNITY HOSPITAL OF LONG BEACH	\$ 6,289.67	\$ 6,289.67	\$27,358.65	\$ 27,358.65	0.261
050732	FRESNO HEART HOSPITAL	\$ 5,769.56	\$ 5,769.56	\$26,533.39	\$ 26,533.39	0.414
050733	SHASTA REGIONAL MEDICAL CENTER	\$ 6,751.39	\$ 6,751.39	\$28,644.90	\$ 28,644.90	0.163
050735	WHITTIER HOSPITAL	\$ 8,170.91	\$ 8,170.91	\$27,354.52	\$ 27,354.52	0.154
050736	MONTEREY PARK HOSPITAL	\$ 9,627.68	\$ 9,627.68	\$27,354.45	\$ 27,354.45	0.122
050737	GARFIELD MEDICAL CENTER	\$ 10,526.01	\$ 10,526.01	\$27,353.74	\$ 27,353.74	0.112
050738	GREATER EL MONTE COMMUNITY HOSPITAL	\$ 9,905.06	\$ 9,905.06	\$27,356.28	\$ 27,356.28	0.159
050739	CENTINELA FREEMAN REG MED CTR, CENTINELA CAMPUS	\$ 7,800.17	\$ 7,800.17	\$27,360.24	\$ 27,360.24	0.115
050740	CENTINELA FREEMAN REG MED CTR, MARINA CAMPUS	\$ 6,286.70	\$ 6,286.70	\$27,354.64	\$ 27,354.64	0.264
050741	CENTINELA FREEMAN REG MED CTR, MEMORIAL CAMPUS	\$ 8,313.99	\$ 8,313.99	\$27,354.64	\$ 27,354.64	0.264
050742	OLYMPIA MEDICAL CENTER	\$ 7,122.64	\$ 7,122.64	\$27,354.64	\$ 27,354.64	0.264
050744	WESTERN MEDICAL CENTER HOSP ANAHEIM	\$ 8,927.01	\$ 8,927.01	\$26,829.76	\$ 26,829.76	0.264
050745	CHAPMAN MEDICAL CENTER	\$ 6,311.67	\$ 6,311.67	\$26,829.76	\$ 26,829.76	0.264
050746	WESTERN MEDICAL CENTER SANTA ANA	\$ 8,363.15	\$ 8,363.15	\$26,829.76	\$ 26,829.76	0.264
050747	COASTAL COMMUNITIES HOSPITAL	\$ 9,161.00	\$ 9,161.00	\$26,829.76	\$ 26,829.76	0.264
050749	THOUSAND OAKS SURGICAL HOSPITAL	\$ 5,822.84	\$ 5,887.05	\$26,782.46	\$ 27,072.94	0.284
050751	MIRACLE MILE MEDICAL CENTER	\$ 5,962.53	\$ 5,962.53	\$27,354.64	\$ 27,354.64	0.264
050752	BROTMAN MEDICAL CENTER	\$ 7,368.71	\$ 7,368.71	\$27,354.64	\$ 27,354.64	0.264