

**Title 8, California Code of Regulations  
Chapter 4.5, Division of Workers' Compensation  
Subchapter 1**

**Administrative Director – Administrative Rules**

(Plain Text is Emergency Regulation Proposed for Permanent Adoption,  
Deletions from the codified emergency regulatory text are indicated by strike-through,  
thus: ~~deleted language~~.)

Additions to the codified emergency regulatory text are indicated by underlining, thus:  
underlined language.

Deletions from the amended regulatory text, as proposed on January 12, 2004, are  
indicated by double strike-through underline, thus: ~~deleted language~~.

Additions to the amended regulatory text, as proposed on January 12, 2004, are indicated  
by a double underline, thus: added language.)

**Article 5.3**

**Official Medical Fee Schedule – Services Rendered after January 1, 2004**

**Section 9789.10. Physician Services - Definitions.**

- (a) “Basic value” means the unit value for an anesthesia procedure that is set forth in the Official Medical Fee Schedule 2003.
- (b) “CMS” means the Centers for Medicare & Medicaid Services of the United States Department of Health and Human Services.
- (c) “Conversion factor” or “CF” means the factor set forth below for the applicable OMFS section:

Evaluation and Management	\$8.50
Medicine	\$6.15
Surgery	\$153.00
Radiology	\$12.50
Pathology	\$1.50
Anesthesia	\$34.50

- (d) “CPT<sup>®</sup>” means the procedure codes set forth in the American Medical Association’s Physicians’ Current Procedural Terminology (CPT) 1997, copyright 1996, American Medical Association, or the Physicians’ Current Procedural Terminology (CPT) 1994, copyright 1993, American Medical Association.
- (e) “Medicare rate” means the physician fee schedule rate derived from the Resource Based Relative Value Scale and related data, adopted for the Calendar Year 2004, published in the Federal Register on November 7, 2003, Volume 68, No. 216, pages 63262 through 63386 as “Addendum B” which is incorporated by reference. The Medicare rate for each procedure is derived by the Administrative Director utilizing the non-facility rate (or

facility rate if no non-facility rate exists), and a weighted average geographic adjustment factor of 1.063.

- (f) “Modifying units” means the anesthesia modifiers and qualifying circumstances as set forth in the Official Medical Fee Schedule 2003.
- (g) “Official Medical Fee Schedule” or “OMFS” means Article 5.3 of Subchapter 1 of Chapter 4.5 of Title 8, California Code of Regulations (Sections 9789.10 – 9789.110), adopted pursuant to Section 5307.1 of the Labor Code for all medical services, goods, and treatment provided pursuant to Labor Code Section 4600.
- (h) “Official Medical Fee Schedule 2003” or “OMFS 2003” means the Official Medical Fee Schedule incorporated into Section 9791.1 in effect on December 31, 2003, which consists of the OMFS book revised April 1, 1999 and as amended for dates of service on or after July 12, 2002.
- (i) “Percentage reduction calculation” means the factor set forth in Table A for each procedure code which will result in a reduction of the OMFS 2003 rate by 5%, or a lesser percent so that the reduction results in a rate that is no lower than the Medicare rate.
- (j) “Physician service” means professional medical service that can be provided by a physician, as defined in Section 3209.3 of the Labor Code, and is subject to reimbursement under the Official Medical Fee Schedule. For purposes of the OMFS, “physician service” includes service rendered by a physician or by a non-physician who is acting under the supervision, instruction, referral or prescription of a physician, including but not limited to a physician assistant, nurse practitioner, clinical nurse specialist, and physical therapist.
- (k) “RVU” means the relative value unit for a particular procedure that is set forth in the Official Medical Fee Schedule 2003.
- (l) “Time value” means the unit of time indicating the duration of an anesthesia procedure that is set forth in the Official Medical Fee Schedule 2003.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

#### **Section 9789.11. Physician Services Rendered After January 1, 2004.**

- (a) Except as specified below, or otherwise provided in this Article, the ground rule materials set forth in each individual section of the OMFS 2003 are applicable to physician services rendered after January 1, 2004.
- (1) The OMFS 2003’s “General Information and Instructions” section is not applicable. The “General Information and Instructions, Effective for Dates of Service after January 1,

2004,” are incorporated by reference and will be made available on the Division of Workers’ Compensation Internet site ([http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)) or upon request to the Administrative Director at:

Division of Workers’ Compensation (Attention: OMFS – Physician Services)  
P.O. Box 420603  
San Francisco, CA 94142

- (b) For physician services rendered after January 1, 2004 the maximum allowable reimbursement amount set forth in the OMFS 2003 for each procedure code is reduced by five (5) percent, except that those procedures that are reimbursed under OMFS 2003 at a rate ~~between greater than 100% and 105%~~ of the Medicare rate will be reduced ~~between zero and up to 5%~~ so that the OMFS reimbursement will not fall below the Medicare rate. The reduction rate for each procedure is set forth as the adjustment factor in Table A.
- (c) Table A, “OMFS Physician Services Fees for Services Rendered after January 1, 2004,” which sets forth each individual procedure code with its corresponding relative value, conversion factor, percentage reduction calculation (between 0 and 5.0%), and maximum reimbursable fee, is incorporated by reference. Table A may be obtained from the Division of Workers’ Compensation Internet site ([http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)) or upon request to the Administrative Director at:  
Division of Workers’ Compensation (Attention: OMFS – Physician Services)  
P.O. Box 420603  
San Francisco, CA 94142
- (d) (1) Except for anesthesia services, to determine the maximum allowable reimbursement for a physician service rendered after January 1, 2004 the following formula is utilized:  $R\text{VU} \times \text{conversion factor} \times \text{percentage reduction calculation} = \text{maximum reasonable fee}$  before application of ground rules. Applicable ground rules set forth in the OMFS 2003 and the “General Information and Instructions, Effective for Dates of Service after January 1, 2004,” are then applied to calculate the maximum reasonable fee.  
  
(2) To determine the maximum allowable reimbursement for anesthesia services (CPT Codes 00100 through 01999) rendered after January 1, 2004, the following formula is utilized:  $(\text{basic value} + \text{modifying units (if any)} + \text{time value}) \times (\text{conversion factor} \times .95) = \text{maximum reasonable fee}$ .
- (e) The following procedures in the Pathology and Laboratory section (both professional and technical component) will be reimbursed under this section: CPT Codes 80500, 80502; 85060 through 85102; 86077 through 86079; 87164; and 88000 through 88399. All other pathology and laboratory services will be reimbursed pursuant to Section 9789.50, including but not limited to ~~The following procedure codes in the Pathology and Laboratory section are reimbursed in accordance with subdivision Section 9789.50:~~ CPT Codes 80002 through 80440; 81000 through 85048; 85130 through 86063; 86140 through 87163; 87166 through 87999; and 89050 through 89399. ~~All other pathology and laboratory services will be reimbursed pursuant to Section 9789.50.~~

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.  
Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

**Section 9789.20. General Information for Inpatient Hospital Fee Schedule – Discharge after January 1, 2004.**

- (a) This Inpatient Hospital Fee Schedule section of the Official Medical Fee Schedule covers charges made by a hospital for inpatient services provided by the hospital.
- (b) Charges by a hospital for the professional component of medical services for physician services shall be paid according to Sections 9789.10 through 9789.11.
- (c) Sections 9789.20 through 9789.24 shall apply to all bills for inpatient services with a date of discharge after January 1, 2004, except that Sections 9789.20 through 9789.22 will not apply to any bills for medical services with a date of admission on or before December 31, 2003. Bills for services with date of admission on or before December 31, 2003 will be reimbursed in accordance with Section 9792.1.
- (d) The Inpatient Hospital Fee schedule shall be adjusted to conform to any relevant changes in the Medicare payment schedule, including mid-year changes no later than 60 days after the effective date of those changes. Updates ~~will~~ shall be posted on the Division of Workers' Compensation webpage at [http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm). The annual updates to the Inpatient Hospital Fee schedule ~~will~~ shall be effective every year on October 1.
- (e) Any document incorporated by reference in Sections 9789.20 through 9789.24 is available from the Division of Workers' Compensation Internet site ([http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)) or upon request to the Administrative Director at:  
Division of Workers' Compensation (Attention: OMFS)  
P.O. Box 420603  
San Francisco, CA 94142

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.  
Reference: Sections 4600, 4603.2, 5307.1, and 5318, Labor Code.

**Section 9789.21. Definitions for Inpatient Hospital Fee Schedule.**

- (a) "Average length of stay" means the geometric mean length of stay for a diagnosis-related group assigned by CMS.
- (b) "Capital outlier factor" means fixed loss cost outlier threshold x capital wage index x large urban add-on x (capital cost-to-charge ratio/total cost-to-charge ratio).

- (1) The capital wage index, also referred to as the capital geographic factor (GAF), is specified in the Federal Register of October 6, 2003 (correcting the rule published on August 1, 2003) at Vol. 68, page 57736, Table 4A for urban areas, Table 4B on page 57743 for rural areas, and Table 4C on page 57744 for reclassified hospitals, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
  - (2) The “large urban add-on” is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions 229-235. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), as it is in effect on November 11, 2003, the “large urban add-on” is an additional 3% of what would otherwise be payable to the health facility.
  - (3) “Fixed loss cost outlier threshold” means the Medicare fixed loss cost outlier threshold for inpatient admissions. The fixed loss cost outlier threshold for FY 2004 is \$31,000 as published in the Federal Register of August 1, 2003 at volume 68, number 148 at page 45477.
- (c) “CMS” means the Centers for Medicare & Medicaid Services of the United States Department of Health and Human Services.
  - (d) “Composite factor” means the factor calculated by the administrative director for a health facility by adding the prospective operating costs and the prospective capital costs for the health facility, excluding the DRG weight and any applicable outlier and new technology payment, as determined by the federal Centers for Medicare & Medicaid Services (CMS) for the purpose of determining payment under Medicare.
    - (1) Prospective capital costs are determined by the following formula:
      - (A) Capital standard federal payment rate x capital geographic adjustment factor x large urban add-on x [1 + capital disproportionate share adjustment factor + capital indirect medical education adjustment factor]
      - (B) The “capital standard federal payment rate” is \$414.18 as published by CMS in the Federal Register of October 6, 2003 (correcting the publication of August 1, 2003), at Vol. 68, page 57735, Table 1D, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
      - (C) The “capital geographic adjustment factor” is published in the Payment Impact File at positions 243-252.
      - (D) The “large urban add-on” is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions

229-235. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), effective November 11, 2003, the “large urban add-on” is an additional 3% of what would otherwise be payable to the health facility.

- (E) The “capital disproportionate share adjustment factor” is published in the Payment Impact File at positions 117-126.
- (F) The “capital indirect medical education adjustment factor” (capital IME adjustment) is published in Payment Impact File at positions 202-211.
- (2) Prospective operating costs are determined by the following formula:
  - (A) [(Labor-related national standardized amount x operating wage index) + nonlabor-related national standardized amount] x [1 + operating disproportionate share adjustment factor + operating indirect medical education adjustment]
  - (B) The “labor-related national standardized amount” is \$3,136.39 ~~for large urban areas and \$3,086.73 for other areas~~, as published by the federal Centers for Medicare & Medicaid Services in the Federal Register of October 6, 2003 (correcting the publication of August 1, 2003), at Vol. 68 page 57735, Table 1A, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director and as modified by Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, §401, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
  - (C) The “operating wage index” is published in the Payment Impact File at positions 253-262.
  - (D) The “nonlabor-related national standardized amount” is \$1,274.85 ~~for large urban areas and \$1,254.67 for other areas~~, as published by CMS in the Federal Register of October 6, 2003 (correcting the publication of August 1, 2003), at Vol. 68, page 57735, Table 1A, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director and as modified by Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, §401, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
  - (E) The “operating disproportionate share adjustment factor” is published in the Payment Impact File at positions 127-136 and as modified by Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, §402, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

- (F) The “operating indirect medical education adjustment” is published in the Payment Impact File at positions 212-221 and as modified by Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, §502, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
- (G) For sole community hospitals, the operating component of the composite rate shall be the higher of the prospective operating costs determined using the formula in (2) or the hospital-specific rate published in the Payment Impact File at positions 137-145.
- (3) A table of composite factors for each health facility in California is contained in Section 9789.23. The sole community hospital composite factors that incorporate the operating component specified in subdivision (d)(2)(G) are listed in italics in the column headed “~~Adjusted~~ Composite Factor (SCH)” set forth in Section 9789.23.
- (e) “Costs” means the total billed charges for an admission, excluding non-medical charges such as television and telephone charges, ~~and~~ charges for implantable medical devices, hardware, and/or instrumentation reimbursed under subdivision ~~(d)~~ (f) of Section 9789.22, multiplied by the hospital's total cost-to-charge ratio.
- (f) “Cost-to-charge ratio” means the sum of the hospital specific operating cost-to-charge ratio and the hospital specific capital cost-to-charge ratio. The operating cost-to-charge ratio for each hospital is published in the Payment Impact File at positions 161-168. The capital cost-to-charge ratio for each hospital is published in the Payment Impact File at positions 99-106.
- (g) “Cost outlier case” means a hospitalization for which the hospital's costs, as defined in subdivision (e) above, ~~exceeds the Inpatient Hospital Fee Schedule payment amount by the hospital's outlier factor. If costs exceed the cost outlier threshold, the case is a cost outlier case.~~
- (h) “Cost outlier threshold” means the sum of the Inpatient Hospital Fee Schedule payment amount, the payment for new medical services and technologies reimbursed under subdivision (g) of Section 9789.22, and ~~plus~~ the hospital specific outlier factor.
- (i) “Diagnosis Related Group (DRG)” means the inpatient classification scheme used by CMS for hospital inpatient reimbursement. The DRG system classifies patients based on principal diagnosis, surgical procedure, age, presence of comorbidities and complications and other pertinent data.
- (j) “DRG weight” means the weighting factor for a diagnosis-related group assigned by CMS for the purpose of determining payment under Medicare. Section 9789.24 lists the DRG weights and geometric mean lengths of stay as assigned by CMS.

- (k) “FY” means the CMS fiscal year October 1 through September 30.
- (l) “Health facility” means any facility as defined in Section 1250 of the Health and Safety Code.
- (m) “Inpatient” means a person who has been admitted to a health facility for the purpose of receiving inpatient services. A person is considered an inpatient when he or she is formally admitted as an inpatient with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or is transferred to another facility and does not actually remain overnight.
- (n) “Inpatient Hospital Fee Schedule maximum payment amount” is that amount determined by multiplying the DRG weight x hospital composite factor x 1.20.
- (o) “Labor-related portion” is that portion of operating costs attributable to labor costs, as specified in the Federal Register of October 6, 2003 (correcting the publication of August 1, 2003), at Vol. 68, page 57735, Table 1A, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
- (p) “Medical services” means those goods and services provided pursuant to Article 2 (commencing with Section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code.
- (q) “Operating outlier factor” means  $((\text{fixed loss cost outlier threshold} \times ((\text{labor-related portion} \times \text{wage index}) + \text{nonlabor-related portion})) \times (\text{operating cost-to-charge ratio} / \text{total cost-to-charge ratio}))$ .
  - (1) The wage index, also referred to as operating wage index in the Payment Impact File at positions 253–262, is specified as the ~~geographic adjustment factor~~ wage index at Federal Register of October 6, 2003 (correcting rule published on August 1, 2003) at Vol. 68, page 57736, Table 4A for urban areas; Table 4B on page 57743 for rural areas, and Table 4C on page 57744 for reclassified hospitals, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
  - (2) The nonlabor-related portion is that portion of operating costs attributable to nonlabor costs as defined in the Federal Register of October 6, 2003 (correcting the publication of August 1, 2003), at Vol. 68, page 57735, Table 1A, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
- (r) “Outlier factor” means the sum of the capital outlier factor and the operating outlier factor. A table of hospital specific outlier factors for each health facility in California is contained in Section 9789.23.

- (s) “Payment Impact File” means the FY 2004 Prospective Payment System Payment Impact File (October 2003 Update) (IMPFILE04) published by the federal Centers for Medicare & Medicaid Services (CMS), which document is hereby incorporated by reference. The description of the file is found at [http://cms.hhs.gov/providers/hipps/impact\\_rcd\\_lay.pdf](http://cms.hhs.gov/providers/hipps/impact_rcd_lay.pdf) . The file is accessible through <http://cms.hhs.gov/providers/hipps/ippspufs.asp>. A paper copy of the Payment Impact File, with explanatory material, is available from the Administrative Director upon request. An electronic copy is available from the Administrative Director at [http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm) ..
- (t) “Professional Component” means the charges associated with a professional service provided to a patient by a hospital based physician. This component is billed separately from the inpatient charges.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, 5307.1, and 5318, Labor Code.

### **Section 9789.22. Payment of Inpatient Hospital Services.**

- (a) Maximum payment for inpatient medical services shall be determined by multiplying 1.20 by the product of the health facility's composite factor and the applicable DRG weight. The fee determined under this subdivision shall be a global fee, constituting the maximum reimbursement to a health facility for inpatient medical services not exempted under this section. However, preadmission services rendered by a health facility more than 24 hours before admission are separately reimbursable.
- ~~(b)~~ The maximum payment for inpatient medical services includes reimbursement for all of the inpatient operating costs specified in Title 42, Code of Federal Regulations, Section 412.2(c), effective date October 1, 2002 and revised as of October 1, 2003, which is incorporated by reference and will be made available upon request to the Administrative Director, and the inpatient capital-related costs specified in Title 42, Code of Federal Regulations, Section 412.2(d), effective date October 1, 2002 and revised as of October 1, 2003, which is incorporated by reference and will be made available upon request to the Administrative Director.
- ~~(c)~~ The maximum payment shall not take into account the cost items specified in Title 42, Code of Federal Regulations, Section 412.2(e) (1), (2), (3), and (5), revised as of October 1, 2003, which is incorporated by reference and will be made available upon request to the Administrative Director. The maximum allowable fees for cost item set forth at 42 C.F.R. §412.2(e)(4), “the acquisition costs of hearts, kidneys, livers, lungs, pancreas, and intestines (or multivisceral organs) incurred by approved transplantation centers,” shall be based on the documented paid cost of procuring the organ or tissue.
- ~~(b)(d)~~ Health facilities billing for fees under this section shall present with their bill the name and address of the facility, the facility's Medicare ID number, and the applicable DRG codes. The billings shall include the principal and secondary diagnoses and surgical

procedures. They shall also set forth the patient characteristics, including the DRG weight, the charges, the costs for new technology, and the length of stay.

~~(e)~~(e) Cost Outlier cases. Inpatient services for cost outlier cases, shall be reimbursed as follows:

- (1) Step 1: Determine the Inpatient Hospital Fee Schedule maximum payment amount (DRG weight x 1.2 x hospital specific composite factor).
- (2) Step 2: Determine costs. Costs = (total billed charges x total cost-to-charge ratio).
- (3) Step 3: Determine outlier threshold. Outlier threshold = (Inpatient Hospital Fee Schedule payment amount + hospital specific outlier factor  $\pm$  any new technology pass-through payment determined under Section 9789.22(g)).
- (4) If costs exceed the outlier threshold, the case is a cost outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + new technology pass-through payment determined under Section 9789.22(g) + (0.8 x (costs - cost outlier threshold)).
- (5) For purposes of determining whether a case qualifies as a cost outlier case under this subdivision, charges for implantable hardware and/or instrumentation reimbursed under subsection ~~(d)~~(f) is excluded from the calculation of costs. ~~Once~~ If an admission for DRGs 496, 497, 498, 519, 520, 531 and 532 qualifies as a cost outlier case, any implantable hardware and/or instrumentation shall be separately reimbursed under subsection ~~(d)~~(f).

~~(d)~~(f) Implantable medical devices, hardware, and instrumentation for DRGs 496, 497, 498, 519, 520, 531 and 532 shall be separately reimbursed at the provider's documented paid cost, plus an additional 10% of the provider's documented paid cost, net of discounts and rebates, not to exceed a maximum of \$250.00, plus any sales tax and/or shipping and handling charges actually paid. For purposes of this subdivision, a device is an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar related article, including a component part, or accessory which is: (1) recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them; (2) intended for use in the cure, mitigation, treatment, or prevention of disease; or (3) intended to affect the structure or any function of the body, and which does not achieve any of its primary intended purposes through chemical action within or on the body and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes.

~~(g)~~ “New technology pass-through”: Additional payments will be allowed for new medical services and technologies as provided by CMS and set forth in Title 42, Code of Federal Regulations Sections 412.87 (effective September 7, 2001 and revised as of October 1, 2003), Section 412.88 (effective September 7, 2001 and amended August 1, 2002 and August 1, 2003 and revised as of October 1, 2003), which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

~~(h)~~ Sole Community Hospitals: If a hospital meets the criteria for sole community hospitals, under Title 42, Code of Federal Regulations § 412.92(a), effective October 1, 2002 and revised as of October 1, 2003, and has been classified by CMS as a sole community hospital, its payment rates are determined under Title 42, Code of Federal Regulations § 412.92(d), effective October 1, 2002 and as revised as of October 1, 2003, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

~~(i)~~ Transfers

(1) Inpatient services provided by a health facility transferring an inpatient to another hospital are exempt from the maximum reimbursement formula set forth in subdivision (a). Maximum reimbursement for inpatient medical services of a health facility transferring an inpatient to another hospital shall be a per diem rate for each day of the patient's stay in that hospital, not to exceed the amount that would have been paid under Title 8, California Code of Regulations §9789.22(a). However, the first day of the stay in the transferring hospital shall be reimbursed at twice the per diem amount. The per diem rate is determined by dividing the maximum reimbursement as determined under Title 8, California Code of Regulations §9789.22(a) by the average length of stay for that specific DRG. However, if an admission to a health facility transferring a patient is exempt from the maximum reimbursement formula set forth in subdivision (a) because it satisfies one or more of the requirements of Title 8, California Code of Regulations §9789.22~~(e) or (h)~~(j), this subdivision shall not apply. Inpatient services provided by the hospital receiving the patient shall be reimbursed under the provisions of Title 8, California Code of Regulations §9789.22(a).

(2) Post-acute care transfers exempt from the maximum reimbursement set forth in subdivision (a).

(A) When an acute care patient is discharged to a post-acute care provider which is a rehabilitation hospital or distinct part rehabilitation unit of an acute care hospital or a long-term hospital, and the patient's discharge is assigned to one of the following qualifying DRGs: 12, 14, 24, 25, 89, 90, 113, 121, 122, 130, 131, 236, 239, 243, 263, 264, 277, 278, 296, 297, 320,

321, 429, 462, 483, or 468; payment to the transferring hospital shall be made as set forth in subdivision ~~(g)~~(i)(1) of this section.

(B) When an acute care patient is discharged to a post-acute care provider and the patient's discharge is assigned to one of the following qualifying DRGs 209, 210 or 211, the payment to the transferring hospital is 50% ~~for the first day is half~~ of the payment amount paid under subdivision (a) of this section, plus 50% of the per diem, set forth in subdivision ~~(g)~~(i)(1) for each ~~subsequent~~ day, up to the full DRG amount.

~~(h)~~(j) The following are exempt from the maximum reimbursement formula set forth in subdivision (a) and are paid on a reasonable cost basis.

- (1) Critical access hospitals;
- (2) Children's hospitals that are engaged in furnishing services to inpatients who are predominantly individuals under the age of 18.
- (3) Cancer hospitals as defined by Title 42, Code of Federal Regulations, Section 412.253(f), effective date October 1, 2002 and as revised as of October 1, 2003, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
- (4) Veterans Administration hospitals.
- (5) Long term care hospitals as defined by Title 42, Code of Federal Regulations, Section 412.253(e), effective date October 1, 2002 and as revised as of October 1, 2003, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.
- (6) Rehabilitation hospital or distinct part rehabilitation units of an acute care hospital or a psychiatric hospital or distinct part psychiatric unit of an acute care hospital, ~~except as provided in subdivision (g)(2)~~.
- (7) The cost of durable medical equipment provided for use at home is exempt from this Inpatient Hospital Fee Schedule. The cost of durable medical equipment shall be paid pursuant to Section 9789.60.
- (8) Out of state hospitals.

(k) A health facility that is not listed on the Medicare Cost Report should notify the Administrative Director and provide in writing the following information: OSHPD Licensure number, Medicare provider number, physical location, number of beds, and, if applicable, average FTE residents in approved training programs. If a hospital has been in operation for more than one year, information should also be provided on the percentage of inpatient days attributable to Medicaid patients.

~~(1)~~ Any health care facility that believes its composite factor or hospital specific outlier factor was erroneously determined because of an error in tabulating data may request the Administrative Director for a re-determination of its composite factor or hospital specific outlier factor. Such requests shall be in writing, shall state the alleged error, and shall be supported by written documentation. Within 30 days after receiving a complete written request, the Administrative Director shall make a redetermination of the composite factor or hospital specific outlier factor or reaffirm the published factor.

Authority: Sections 133, 4603.5, 5307.1, 5307.3, and 5318, Labor Code.

Reference: Sections 4600, 4603.2, 5307.1, and 5318, Labor Code.

**Section 9789.23. Hospital Composite Factors and Hospital Specific Outlier Factors.**

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050002	ST. ROSE HOSPITAL	8518.9	<b>8518.90</b>	42288.5
050006	ST. JOSEPH—EUREKA	4971.8	<b>4971.85</b>	30927.4
050007	MILLS PENINSULA MEDICAL CENTER	6385.5	<b>6385.51</b>	40970.0
050008	CPMC—DAVIES CAMPUS	6683.5	<b>6683.50</b>	40963.7
050009	QUEEN OF THE VALLEY HOSPITAL	6187.8	<b>6187.79</b>	38494.1
050013	ST. HELENA HOSPITAL	6359.3	<b>6359.29</b>	38501.6
050014	SUTTER AMADOR HOSPITAL	4904.3	<b>4904.34</b>	30927.6
050015	NORTHERN INYO HOSPITAL	4971.8	<b>7728.5</b>	30927.4
050016	ARROYO GRANDE COMMUNITY HOSPITAL	5236.3	<b>5236.34</b>	34128.7
050017	MERCY GENERAL HOSPITAL	6437.5	<b>6437.47</b>	35103.2
050018	PACIFIC ALLIANCE MEDICAL CNTR	9827.0	<b>9827.02</b>	35057.5
050022	RIVERSIDE COMMUNITY	6225.8	<b>6225.81</b>	34014.9
050024	PARADISE VALLEY HOSPITAL	7744.8	<b>7744.84</b>	33596.7
050025	UCSD MEDICAL CENTER	8151.5	<b>8151.54</b>	33596.5
050026	GROSSMONT HOSPITAL	5974.1	<b>5974.07</b>	33609.2
050028	MAD RIVER COMMUNITY HOSPITAL	4971.8	<b>4971.85</b>	30927.4
050029	ST. LUKE MEDICAL CENTER	7747.6	<b>7747.62</b>	35124.6
050030	OROVILLE HOSPITAL	5807.8	<b>5807.78</b>	31424.0
050036	MEMORIAL HOSPITAL	5299.6	<b>5299.61</b>	30927.4
050038	SANTA CLARA VALLEY MEDICAL CENTER	11213.9	<b>11213.86</b>	41220.8
050039	ENLOE MEDICAL CENTER	5129.0	<b>5128.97</b>	31424.1
050040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	10177.7	<b>10177.69</b>	35130.8
050042	ST. ELIZABETH COMMUNITY HOSPITAL	5460.3	<b>5460.3</b>	33966.9
050043	SUMMIT MEDICAL CENTER	8652.1	<b>8652.09</b>	42286.4
050045	EL CENTRO REGIONAL MED. CTR.	6421.1	<b>6421.08</b>	30976.2
050046	OJAI VALLEY COMMUNITY HOSPITAL	5113.7	<b>5113.70</b>	33332.9
050047	CALIFORNIA PACIFIC MEDICAL CENTER	7708.0	<b>7707.97</b>	40965.6
050054	SAN GORGONIO MEMORIAL HOSPITAL	5553.0	<b>5553.01</b>	34037.3
050055	ST. LUKES HOSPITAL	9537.4	<b>9537.43</b>	40963.5
050056	ANTELOPE VALLEY HOSPITAL	7120.4	<b>7120.39</b>	35126.9
050057	KAWEAH DELTA HEALTH CARE DISTRICT	5668.7	<b>5668.67</b>	30927.5
050058	GLENDALE MEMORIAL HOSPITAL & HLTH CT	8172.5	<b>8172.54</b>	35093.7
050060	COMMUNITY MEDICAL CENTER—FRESNO	7552.6	<b>7552.60</b>	31312.2
050061	ST. FRANCIS MEDICAL CENTER	4904.1	<b>4904.13</b>	31967.2
050063	QUEEN OF ANGELS—HLLYWD PRES MC	9069.3	<b>9069.30</b>	35108.5
050065	WMC SANTA ANA	7216.4	<b>7216.40</b>	34368.8
050067	OAK VALLEY DISTRICT HOSPITAL	5433.2	<b>5433.20</b>	33807.8

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050069	ST. JOSEPH HOSPITAL	5728.3	<b>5728.32</b>	34317.1
050070	KFH SOUTH SAN FRANCISCO	6377.6	<b>6377.58</b>	40956.9
050071	KFH SANTA CLARA	7258.6	<b>7258.65</b>	42286.0
050072	KFH WALNUT CREEK	6717.5	<b>6717.50</b>	42287.3
050073	KFH VALLEJO	6548.1	<b>6548.11</b>	42255.3
050075	KFH OAKLAND	7350.6	<b>7350.63</b>	42285.8
050076	KFH SAN FRANCISCO	7437.6	<b>7437.60</b>	40959.7
050077	SCRIPPS MERCY HOSPITAL	6732.9	<b>6732.91</b>	33582.1
050078	SAN PEDRO PENINSULA HOSPITAL	6365.2	<b>6365.22</b>	35108.1
050079	DOCTORS MEDICAL CENTER SAN PABLO	8292.6	<b>8292.63</b>	42285.7
050082	ST. JOHN'S REGIONAL MEDICAL CENTER	5970.6	<b>5970.58</b>	33342.5
050084	ST. JOSEPH'S MEDICAL CENTER	5721.0	<b>5720.99</b>	31887.7
050088	SAN LUIS OBISPO GEN HOSPITAL	5487.4	<b>5487.43</b>	34146.4
050089	COMMUNITY HOSPITAL OF SAN BERNARDINO	8197.0	<b>8197.04</b>	34049.2
050090	SONOMA VALLEY HEALTH CARE DIST. COMMUNITY & MISSION HOSP, HUNTINGTON PARK	5942.3	<b>5942.34</b>	37294.7
050091	SAINT AGNES MEDICAL CENTER	10067.8	<b>10067.8</b>	35124.1
050093	SAINT AGNES MEDICAL CENTER	5186.0	<b>5185.97</b>	31312.1
050095	LAURAL GROVE HOSPITAL	6583.0	<b>6583.0</b>	42291.3
050096	DOCTOR'S HOSP. OF WEST COVINA	5857.1	<b>5857.11</b>	35126.9
050099	SAN ANTONIO COMMUNITY HOSPITAL	5695.9	<b>5695.85</b>	34032.4
050100	SHARP MEMORIAL HOSPITAL	5856.0	<b>5856.01</b>	33598.9
050101	SUTTER SOLANO MEDICAL CENTER	8442.7	<b>8442.74</b>	42213.6
050102	PARKVIEW COMMUNITY HOSPITAL	6752.3	<b>6752.32</b>	34028.1
050103	WHITE MEMORIAL MEDICAL CENTER	8892.3	<b>8892.34</b>	35112.7
050104	ST. FRANCIS MEDICAL CENTER	8685.2	<b>8685.22</b>	35106.3
050107	MARIAN MEDICAL CENTER	5643.0	<b>5642.98</b>	31968.0
050108	SUTTER MEDICAL CENTER SACRAMENTO	6609.3	<b>6609.27</b>	35160.5
050110	LOMPOC DISTRICT HOSPITAL	4904.1	<b>4904.13</b>	31969.6
050111	TEMPLE COMMUNITY HOSPITAL	8287.1	<b>8287.13</b>	35091.8
050112	SANTA MONICA HOSPITAL	6012.2	<b>6012.23</b>	35075.7
050113	SAN MATEO COUNTY GENERAL HOSPITAL	7078.2	<b>7078.17</b>	40971.3
050114	SHERMAN OAKS HOSP AND HLTH CENTER	5742.3	<b>5742.28</b>	35110.5
050115	PALOMAR MEDICAL CENTER	5967.2	<b>5967.15</b>	33597.6
050116	NORTHRIDGE HOSPITAL - ROSCO	7117.7	<b>7117.67</b>	35110.6
050117	MERCY HOSPITAL & HEALTH SYSTEM	5409.4	<b>5409.36</b>	30927.4
050118	DOCTORS HOSPITAL OF MANTECA	5072.0	<b>5072.01</b>	31889.2
050121	HANFORD COMM. MEDICAL CENTER	4971.8	<b>4971.85</b>	30927.5
050122	DAMERON HOSPITAL	5710.3	<b>5710.34</b>	31888.6

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050124	VERDUGO HILLS HOSPITAL	5464.5	<b>5464.52</b>	35135.8
050125	REGIONAL MEDICAL CENTER OF SAN JOSE	8965.9	<b>8965.85</b>	41211.2
050126	VALLEY PRESBYTERIAN HOSPITAL	7697.2	<b>7697.23</b>	35111.4
050127	WOODLAND MEMORIAL HOSPITAL	5274.6	<b>5274.64</b>	30927.5
050128	TRI CITY MEDICAL CENTER	5621.2	<b>5621.16</b>	33615.5
050129	ST. BERNARDINE MEDICAL CENTER	6836.5	<b>6836.53</b>	34069.2
050131	NOVATO COMMUNITY HOSPITAL	6377.6	<b>6377.58</b>	40976.0
050132	SAN GABRIEL VALLEY MEDICAL CENTER	7938.8	<b>7938.79</b>	35110.1
050133	RIDEOUT MEMORIAL HOSPITAL	5278.2	<b>5278.24</b>	31430.4
050135	HOLLYWOOD COMM HOSP OF HOLLYWOOD	6932.9	<b>6932.92</b>	35124.9
050136	PETALUMA VALLEY HOSPITAL	5996.5	<b>5996.48</b>	37308.2
050137	KAISER FOUND. HOSP PANORAMA	5500.4	<b>5500.44</b>	35106.0
050138	KAISER FOUNDATION HOSPITALS SUNSET	6343.7	<b>6343.70</b>	35120.0
050139	KAISER FOUND. HOSPITALS BELLFLOWER	5527.9	<b>5527.91</b>	35078.8
050140	KAISER FOUND. HOSPITALS FONTANA	5696.4	<b>5696.37</b>	34063.7
050144	BROTMAN MEDICAL CENTER	6598.1	<b>6598.1</b>	35122.6
050145	COMMUNITY HOSP. MONTEREY PENINSULA	6226.1	<b>6226.05</b>	40466.4
050148	<i>PLUMAS DISTRICT HOSPITAL MCARE RPT</i>	4971.8	<b>5834.8</b>	30927.4
050149	CALIFORNIA HOSPITAL MEDICAL CENTER	9656.8	<b>9656.76</b>	35118.3
050150	SIERRA NEVADA MEMORIAL HOSPITAL	5376.0	<b>5376.00</b>	35034.4
050152	SAINT FRANCIS MEMORIAL HOSPITAL	7886.2	<b>7886.23</b>	40977.8
050153	O'CONNOR HOSPITAL	6831.4	<b>6831.37</b>	41215.3
050155	MONROVIA COMMUNITY HOSPITAL	5877.9	<b>5877.89</b>	35111.6
050158	ENCINO TARZANA MEDICAL CENTER	5775.4	<b>5775.41</b>	35101.5
050159	VENTURA COUNTY MEDICAL CENTER	8580.4	<b>8580.41</b>	33340.1
050167	SAN JOAQUIN GENERAL HOSPITAL	8186.1	<b>8186.10</b>	31886.9
050168	ST. JUDE MEDICAL CENTER	5671.7	<b>5671.65</b>	34349.6
050169	PRESBYTERIAN INTERCOMMUNITY HOSP	6366.5	<b>6366.48</b>	35112.0
050172	REDWOOD MEMORIAL HOSPITAL	4971.8	<b>4971.85</b>	30927.3
050173	ANAHEIM GENERAL HOSPITAL	7463.7	<b>7463.7</b>	34363.9
050174	SANTA ROSA MEMORIAL HOSPITAL	6164.1	<b>6164.05</b>	38491.7
050175	WHITTIER HOSPITAL MEDICAL CENTER	6877.6	<b>6877.59</b>	35099.1
050177	SANTA PAULA MEMORIAL HOSPITAL	5358.9	<b>5358.87</b>	33341.6
050179	EMANUEL MEDICAL CENTER	6011.5	<b>6011.53</b>	33806.2
050180	JOHN MUIR MEDICAL CENTER	6596.8	<b>6596.80</b>	42290.2
050188	COMM HOSP. & REHAB LOS GATOS	6426.7	<b>6426.72</b>	41224.6
050189	MEE MEMORIAL HOSPITAL	6509.1	<b>6509.1</b>	40519.6
050191	ST. MARY MEDICAL CENTER	8141.0	<b>8140.96</b>	35094.2

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050192	SIERRA KINGS DISTRICT HOSPITAL	4971.8	<b>4971.85</b>	30927.5
050193	SOUTH COAST MEDICAL CENTER	5352.5	<b>5352.49</b>	34376.7
050194	WATSONVILLE COMMUNITY	7831.3	<b>7831.32</b>	37468.8
050195	WASHINGTON HOSPITAL DISTRICT	7646.5	<b>7646.53</b>	42290.1
050196	CENTRAL VALLEY GEN. HOSPITAL	4971.8	<b>4971.85</b>	30927.4
050197	SEQUOIA HEALTH SERVICES	6390.8	<b>6390.81</b>	40966.7
050204	LANCASTER COMMUNITY HOSPITAL	5633.7	<b>5633.69</b>	35104.8
050205	HUNTINGTON EAST VALLEY HOSPITAL	7563.5	<b>7563.47</b>	35097.5
050207	FREMONT MEDICAL CENTER	5566.6	<b>5566.63</b>	31431.0
050211	ALAMEDA HOSPITAL	6600.4	<b>6600.41</b>	42288.8
050214	GRANADA HILLS HOSPITAL	6941.6	<b>6941.57</b>	35079.5
050215	SAN JOSE MEDICAL CENTER	8329.4	<b>8329.44</b>	41215.4
050217	FAIRCHILD MEDICAL CENTER	4971.8	<b>4971.8</b>	30927.5
050219	COAST PLAZA DOCTORS HOSPITAL	7568.8	<b>7568.81</b>	35091.7
050222	SHARP CHULA VISTA MEDICAL CTR	6690.7	<b>6690.72</b>	33594.2
050224	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	5354.7	<b>5354.71</b>	34346.9
050225	FEATHER RIVER HOSPITAL	5035.8	<b>5035.81</b>	31424.1
050226	ANAHEIM MEMORIAL MEDICAL CENTER	5935.2	<b>5935.24</b>	34353.2
050228	SAN FRANCISCO GENERAL HOSPITAL	11812.7	<b>11812.72</b>	42286.0
050230	GARDEN GROVE MEDICAL CENTER	8953.5	<b>8953.46</b>	35124.6
050231	POMONA VALLEY HOSPITAL MED CTR	7612.6	<b>7612.64</b>	35098.0
050232	FRENCH HOSPITAL MEDICAL CENTER	5243.3	<b>5243.26</b>	34131.4
050234	SHARP CORONADO HOSPITAL	5481.0	<b>5481.00</b>	33583.0
050235	PROVIDENCE SAINT JOSEPH MED. CENTER	6067.5	<b>6067.45</b>	35102.0
050236	SIMI VALLEY HOSPITAL	5708.7	<b>5708.67</b>	35066.5
050238	METHODIST HOSPITAL OF SO. CALIF.	5824.0	<b>5824.03</b>	35134.0
050239	GLENDALE ADVENTIST MEDICAL CENTER	7768.1	<b>7768.14</b>	35095.7
050240	CENTINELA HOSPITAL MEDICAL CENTER	7397.9	<b>7397.90</b>	35130.0
050242	DOMINICAN SANTA CRUZ HOSPITAL	6339.1	<b>6339.15</b>	37438.2
050243	DESERT HOSPITAL	6320.0	<b>6319.96</b>	34085.7
050245	ARROWHEAD REGIONAL MEDICAL CENTER	8473.5	<b>8473.47</b>	34218.7
050248	NATIVIDAD MEDICAL CENTER	10098.0	<b>10098.05</b>	40444.3
050251	LASSEN COMMUNITY HOSPITAL	5440.4	<b>5716.4</b>	32499.5
050253	BELLWOOD GENERAL HOSPITAL	7163.7	<b>7163.70</b>	34357.1
050254	MARSHALL HOSPITAL	5688.3	<b>5688.25</b>	35159.1
050256	ORTHOPAEDIC HOSPITAL	8240.9	<b>8240.88</b>	35090.3
050257	GOOD SAMARITAN HOSPITAL	4971.8	<b>4971.85</b>	30927.5
050261	SIERRA VIEW DISTRICT HOSPITAL	5800.2	<b>5800.17</b>	30927.7

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050262	UCLA MEDICAL CENTER	8379.5	<b>8379.50</b>	35102.7
050264	SAN LEANDRO HOSPITAL	6873.4	<b>6873.42</b>	42290.1
050267	DANIEL FREEMAN MEMORIAL HOSPITAL	7408.0	<b>7407.98</b>	35158.5
050270	SMH - CHULA VISTA	7410.6	<b>7410.61</b>	33612.4
050272	REDLANDS COMMUNITY HOSPITAL	5557.0	<b>5557.04</b>	34041.8
050276	CONTRA COSTA REGIONAL MEDICAL CNTR	10315.3	<b>10315.25</b>	42293.1
050277	PACIFIC HOSPITAL OF LONG BEACH	8364.6	<b>8364.61</b>	35120.3
050278	PROVIDENCE HOLY CROSS MED. CENTER	6404.2	<b>6404.19</b>	35084.6
050279	<del>HI - DESERT MEDICAL CENTER</del>	5553.0	<b>6375.5</b>	34060.3
050280	MERCY MEDICAL CENTER REDDING	6053.9	<b>6053.90</b>	33966.8
050281	ALHAMBRA HOSPITAL	9105.2	<b>9105.23</b>	35076.2
050283	VALLEY MEMORIAL HOSPITAL	6595.5	<b>6595.45</b>	42292.8
050289	SETON MEDICAL CENTER	7697.3	<b>7697.28</b>	40972.3
050290	SAINT JOHN'S HOSPITAL	5471.2	<b>5471.17</b>	35094.2
050291	SUTTER MEDICAL CENTER OF SANTA ROSA	8106.4	<b>8106.36</b>	37321.0
050292	RIVERSIDE COUNTY REGIONAL MED CENTER	7678.4	<b>7678.36</b>	34091.6
050295	MERCY HOSPITAL	5163.8	<b>5163.81</b>	30927.5
050296	HAZEL HAWKINS MEM. HOSPITAL	6509.1	<b>6509.09</b>	40500.0
050298	BARSTOW COMMUNITY HOSPITAL	5553.0	<b>5553.01</b>	34066.2
050299	NORTHRIDGE HOSPITAL MEDICAL CENTER S	8715.2	<b>8715.18</b>	35082.9
050300	ST MARY REGIONAL MEDICAL CENTER	6492.4	<b>6492.36</b>	34036.0
050301	UKIAH VALLEY MEDICAL CENTER	4971.8	<b>4971.85</b>	30927.3
050305	ALTA BATES MEDICAL CENTER	7641.4	<b>7641.45</b>	42290.3
050308	EL CAMINO HOSPITAL	6429.5	<b>6429.45</b>	41210.4
050309	SUTTER ROSEVILLE MEDICAL CENTER	5679.8	<b>5679.83</b>	35161.2
050312	REDDING MEDICAL CENTER	5361.6	<b>5361.55</b>	33974.8
050313	SUTTER TRACY COMMUNITY HOSPITAL	5127.8	<b>5127.80</b>	31886.5
050315	KERN MEDICAL CENTER	8250.9	<b>8250.92</b>	30927.4
050320	ALAMEDA COUNTY MEDICAL CENTER	11013.0	<b>11013.01</b>	42285.6
050324	SCRIPPS MEM HOSPITAL LA JOLLA	5242.7	<b>5242.66</b>	33594.6
050325	TUOLUMNE GENERAL HOSPITAL	5388.5	<b>5388.46</b>	33525.1
050327	LOMA LINDA UNIVERSITY MEDICAL CTR.	8219.9	<b>8219.93</b>	34044.7
050329	CORONA REGIONAL MEDICAL CENTER	6168.9	<b>6168.85</b>	34040.8
050331	HEALSDBURG GENERAL HOSPITAL	5721.9	<b>5721.93</b>	37331.2
050333	<del>SENECA DISTRICT HOSPITAL</del>	4971.8	<b>6589.4</b>	30927.4
050334	SALINAS VALLEY MEMORIAL HOSPITAL	6602.7	<b>6602.67</b>	40515.2
050335	SONORA COMMUNITY HOSPITAL	5141.9	<b>5141.94</b>	33523.3
050336	LODI MEMORIAL HOSPITAL	5293.1	<b>5293.14</b>	31888.0

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050342	PIONEERS MEM. HOSPITAL	4971.8	<b>4971.85</b>	30927.6
050348	UCI MEDICAL CENTER	9380.5	<b>9380.51</b>	34348.6
050349	CORCORAN DISTRICT HOSPITAL	4971.8	<b>4971.85</b>	30927.4
050350	BEVERLY COMMUNITY HOSPITAL	7447.6	<b>7447.59</b>	35084.4
050351	TORRANCE MEMORIAL MEDICAL CENTER	5610.3	<b>5610.31</b>	35109.5
050352	BARTON MEMORIAL HOSP	5641.6	<b>6006.4</b>	35136.7
050353	LITTLE COMPANY OF MARY HOSPITAL	5816.4	<b>5816.36</b>	35102.6
050355	SIERRA VALLEY DISTRICT HOSPITAL	4744.5	<b>5414.5</b>	30927.5
050357	GOLETA VALLEY COTTAGE HOSPITAL	4904.1	<b>4904.13</b>	31969.9
050359	TULARE DISTRICT HOSPITAL	5694.5	<b>5694.49</b>	30927.5
050360	MARIN GENERAL HOSPITAL	6551.7	<b>6551.67</b>	40969.8
050366	MARK TWAIN ST. JOSEPHS HOPITAL	4920.8	<b>6492.5</b>	30927.4
050367	NORTHBAY MEDICAL CENTER	6923.2	<b>6923.19</b>	38487.9
050369	CVMC—QUEEN OF THE VALLEY	7816.5	<b>7816.48</b>	35093.3
050373	LAC+USC MEDICAL CENTER	10084.5	<b>10084.54</b>	35085.2
050376	HARBOR UCLA MEDICAL CENTER	10375.1	<b>10375.13</b>	35052.7
050378	PACIFICA OF THE VALLEY	8920.7	<b>8920.71</b>	35111.8
050379	MERCY WESTSIDE HOSPITAL	4971.8	<b>6174.5</b>	30927.4
050380	GOOD SAMARITAN HOSPITAL	6427.5	<b>6427.47</b>	41214.9
050382	CVMC—INTERCOMMUNITY	6787.4	<b>6787.42</b>	35095.1
050385	PALM DRIVE HOSPITAL	5721.9	<b>5721.93</b>	37306.4
050390	HEMET VALLEY MEDICAL CENTER	5989.0	<b>5989.00</b>	34044.5
050391	SANTA TERESITA HOSPITAL	5726.3	<b>5726.27</b>	35093.6
050392	TRINITY HOSPITAL	4971.8	<b>8130.1</b>	30927.3
050393	DOWNEY REGIONAL MED CTR	6912.4	<b>6912.38</b>	35114.4
050394	COMM MEM HOSP OF SAN BUENAVENTURA	5125.4	<b>5125.39</b>	33338.7
050396	SANTA BARBARA COTTAGE HOSPITAL	5452.2	<b>5452.19</b>	31968.7
050397	COALINGA REGIONAL MEDICAL CENTER	5033.7	<b>9883.8</b>	31311.2
050407	CHINESE HOSPITAL	6683.5	<b>6683.50</b>	40962.5
050410	SANGER GENERAL HOSPITAL	5033.7	<b>5033.65</b>	31312.5
050411	KAISER FOUNDATION HOSPITALS—HARBOR	5515.7	<b>5515.67</b>	35131.4
050414	MERCY HOSPITAL OF FOLSOM	5469.0	<b>5468.96</b>	35138.8
050417	SUTTER COAST HOSPITAL	4887.1	<b>6158.6</b>	30927.6
050419	MERCY MEDICAL CENTER MT. SHASTA	5460.3	<b>5651.6</b>	33966.3
050420	ROBERT F. KENNEDY	7871.6	<b>7871.62</b>	35113.2
050423	PALO VERDE HOSPITAL	5553.0	<b>5553.0</b>	34034.6
050424	SCRIPPS GREEN HOSPITAL	5825.9	<b>5825.86</b>	33597.6
050425	KFH—SACRAMENTO	5710.3	<b>5710.28</b>	35103.4

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050426	WEST ANAHEIM MED CTR	6458.9	<b>6458.87</b>	34357.5
050430	MODOC MEDICAL CENTER	5177.6	<b>6829.6</b>	30927.4
050432	GARFIELD MEDICAL CTR.	9814.0	<b>9813.97</b>	35047.9
050433	INDIAN VALLEY HOSPITAL	4971.8	<b>6794.2</b>	30927.4
050434	COLUSA COMMUNITY HOSPITAL	5177.6	<b>7871.2</b>	30927.4
050435	FALLBROOK DISTRICT HOSPITAL	5230.5	<b>6046.6</b>	33571.2
050438	HUNTINGTON MEMORIAL HOSPITAL	6334.1	<b>6334.12</b>	35112.8
050441	STANFORD HOSPITAL AND CLINICS	9095.3	<b>9095.27</b>	41218.3
050444	SUTTER MERCED MEDICAL CENTER	6538.0	<b>6537.95</b>	30927.5
050447	VILLA VIEW COMMUNITY HOSPITAL	7980.3	<b>7980.34</b>	33593.9
050448	RIDGECREST REGIONAL HOSPITAL	4885.9	<b>5222.6</b>	30927.5
050454	UC SAN FRANCISCO MEDICAL CENTER	11310.8	<b>11310.83</b>	40969.8
050455	SAN JOAQUIN COMMUNITY HOSPITAL	5828.3	<b>5828.31</b>	30927.4
050456	GARDENA PHYSICIAN'S HOSP INC	5564.4	<b>5564.40</b>	35120.7
050457	ST. MARY MEDICAL CENTER	7777.8	<b>7777.76</b>	42291.5
050464	DOCTORS MEDICAL CENTER OF MODESTO	6724.8	<b>6724.81</b>	33805.1
050468	MEMORIAL HOSPITAL OF GARDENA	7288.2	<b>7288.15</b>	35087.0
050469	COLORADO RIVER MEDICAL CENTER	4971.8	<b>6586.1</b>	30927.5
050470	SELMA COMMUNITY HOSPITAL	5079.5	<b>5079.50</b>	31312.2
050471	GOOD SAMARITAN HOSPITAL	7374.2	<b>7374.2</b>	35108.7
050476	SUTTER LAKESIDE HOSPITAL	4744.5	<b>6505.7</b>	30927.5
050477	MIDWAY HOSPITAL MEDICAL CENTER	6479.3	<b>6479.27</b>	35150.2
050478	SANTA YNEZ VALLEY COTTAGE HOSPITAL	4904.1	<b>6596.1</b>	31968.5
050481	WEST HILLS REG MEDICAL CENTER	5471.6	<b>5471.63</b>	35116.8
050485	LONG BEACH MEMORIAL MEDICAL CENTER	6527.0	<b>6526.99</b>	35089.7
050488	EDEN MEDICAL CENTER	6866.8	<b>6866.84</b>	42287.4
050491	SANTA ANA HOSPITAL MEDICAL CENTER	5604.6	<b>5604.58</b>	34414.5
050492	CLOVIS COMMUNITY HOSPITAL	5320.4	<b>5320.38</b>	31311.5
050494	TAHOE FOREST HOSPITAL	5633.8	<b>7954.1</b>	35047.3
050496	MT. DIABLO MEDICAL CENTER	6863.1	<b>6863.13</b>	42289.5
050497	DOS PALOS MEMORIAL HOSPITAL	4971.8	<b>4971.85</b>	30927.7
050498	SUTTER AUBURN FAITH HOSPITAL	5642.9	<b>5642.87</b>	35139.6
050502	ST. VINCENT MEDICAL CENTER	7656.6	<b>7656.60</b>	35106.8
050503	SCRIPPS MEM HOSP ENCINITAS	5244.2	<b>5244.16</b>	33592.9
050506	SIERRA VISTA REGINAL MED CTR	5525.5	<b>5525.55</b>	34134.1
050510	KFH SAN RAFAEL	6585.1	<b>6585.05</b>	42287.2
050512	KFH HAYWARD	6656.6	<b>6656.65</b>	42285.4
050515	KAISER FOUND. HOSPITALS SAN DIEGO	5320.4	<b>5320.42</b>	33603.1

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050516	MERCY SAN JUAN HOSPITAL	6431.6	<b>6431.60</b>	35148.1
050517	VICTOR VALLEY COMMUNITY HOSP.	7531.4	<b>7531.44</b>	34039.1
050523	SUTTER DELTA MEDICAL CENTER	7053.6	<b>7053.61</b>	42289.2
050526	HUNTINGTON BEACH MEDICAL CENTER	6481.0	<b>6480.96</b>	34384.8
050528	MEMORIAL HOSPITAL - LOS BANOS	5177.6	<b>6750.5</b>	30927.4
050531	BELLFLOWER MEDICAL CENTER	8184.2	<b>8184.2</b>	35075.6
050534	JOHN.F. KENNEDY MEMORIAL HOSP.	7621.8	<b>7621.77</b>	34010.7
050535	COASTAL COMMUNITIES HOSPITAL	8350.2	<b>8350.15</b>	34382.3
050537	SUTTER DAVIS HOSPITAL	5073.4	<b>5073.43</b>	30927.7
050539	REDBUD COMMUNITY HOSPITAL	4936.5	<b>5681.7</b>	30927.5
050541	KFH - REDWOOD CITY	6870.6	<b>6870.58</b>	42286.8
050542	KERN VALLEY HOSPITAL DISTRICT	4744.5	<b>4935.2</b>	30927.7
050543	COLLEGE HOSPITAL COSTA MESA	8000.9	<b>8000.88</b>	34308.9
050545	LANTERMAN DEVELOPMENTAL CENTER	5726.3	<b>5726.27</b>	35047.9
050546	PORTERVILLE DEVELOPMENTAL CENTER	4971.8	<b>4971.85</b>	30927.3
050547	SONOMA DEVELOPMENTAL CENTER	5996.5	<b>5996.48</b>	37316.4
050548	FAIRVIEW DEVELOPMENTAL CENTER	5604.6	<b>5604.58</b>	34362.5
050549	LOS ROBLES REGIONAL MEDICAL CENTER	5379.5	<b>5379.45</b>	35022.2
050550	CHAPMAN MEDICAL CENTER	5542.3	<b>5542.3</b>	34418.9
050551	LOS ALAMITOS MEDICAL CTR.	5606.9	<b>5606.93</b>	34349.4
050552	MOTION PICTURE AND TELEVISION FUND	5464.5	<b>5464.52</b>	35094.2
050557	MEMORIAL HOSPITAL MODESTO	5703.3	<b>5703.26</b>	33796.2
050559	DANIEL FREEMAN MARINA HOSPITAL	5627.4	<b>5627.38</b>	35143.0
050561	KAISER FOUND. HOSPITAL - WEST LA	5496.7	<b>5496.69</b>	35117.9
050567	MISSION HOSPITAL REGIONAL MED CENTER	5586.9	<b>5586.89</b>	34351.8
050568	MADERA COMMUNITY HOSPITAL	6092.0	<b>6091.99</b>	31312.5
050569	MENDOCINO COAST DISTRICT HOSPITAL	5996.5	<b>6356.2</b>	37295.5
050570	FOUNTAIN VALLEY REG MEDICAL CENTER	7631.9	<b>7631.93</b>	34378.4
050571	SUBURBAN MEDICAL CENTER	8674.2	<b>8674.18</b>	35128.3
050573	EISENHOWER MEMORIAL HOSPITAL	5310.6	<b>5310.61</b>	34065.5
050575	TRI CITY REGIONAL MEDICAL CENTERS	7067.6	<b>7067.63</b>	35105.8
050577	SANTA MARTA HOSPITAL	8426.4	<b>8426.38</b>	35081.2
050578	MARTIN LUTHER KING, JR./DREW MEDICAL	9820.7	<b>9820.70</b>	35118.7
050579	CENTURY CITY HOSP	6323.5	<b>6323.53</b>	35055.9
050580	LAPALMA INTERCOMMUNITY HOSPITAL	6943.1	<b>6943.14</b>	34361.6
050581	LAKWOOD REGIONAL MED. CTR.	6479.6	<b>6479.62</b>	35101.6
050583	ALVARADO COMMUNITY HOSPITAL	5943.9	<b>5943.89</b>	33563.4
050584	KPC GLOBAL MEDICAL	6760.9	<b>6760.93</b>	34017.4

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050585	SAN CLEMENTE HOSPITAL	5604.6	<b>5604.58</b>	34357.3
050586	CHINO VALLEY MEDICAL CENTER	6698.2	<b>6698.22</b>	34043.2
050588	SAN DIMAS COMMUNITY HOSPITAL	5726.3	<b>5726.27</b>	35141.8
050589	PLACENTIA LINDA COMMUNITY HOSPITAL	5492.1	<b>5492.13</b>	34316.0
050590	METHODIST HOSPITAL OF SACRAMENTO	7732.8	<b>7732.82</b>	35113.9
050591	MONTEREY PARK HOSPITAL	8962.8	<b>8962.76</b>	35083.7
050592	BREA COMMUNITY HOSPITAL	5633.2	<b>5633.22</b>	34368.7
050594	WESTERN MEDICAL CENTER ANAHEIM	8262.7	<b>8262.68</b>	35124.9
050597	FOOTHILL PRESBYTERIAN HOSPITAL	5770.9	<b>5770.89</b>	35073.8
050599	UC DAVIS MEDICAL CENTER	9163.9	<b>9163.93</b>	35144.7
050601	TARZANA ENCINO REGIONAL MED-CTR	6221.5	<b>6221.53</b>	35071.5
050603	SADDLEBACK MEMORIAL MEDICAL CENTER	5358.2	<b>5358.24</b>	34343.9
050604	KFH SANTA TERESA	6425.2	<b>6425.21</b>	41206.1
050608	DELANO REGIONAL MEDICAL CNT.	7127.2	<b>7127.25</b>	30927.7
050609	KAISER FOUNDATION HOSPITALS ANAHEIM	5892.8	<b>5892.83</b>	35110.3
050613	SETON MEDICAL CENTER	6377.6	<b>6377.6</b>	40972.1
050615	GREATER EL MONTE COMMUNITY HOSPITAL	9251.5	<b>9251.45</b>	35103.9
050616	ST. JOHN'S PLEASANT VALLEY HOSPITAL	5113.7	<b>5113.70</b>	33335.5
050618	BEAR VALLEY COMMUNITY HOSPITAL	4868.6	<b>8109.5</b>	30927.4
050623	HIGH DESERT HOSPITAL	5726.3	<b>5726.27</b>	35073.6
050624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	5609.7	<b>5609.71</b>	35166.0
050625	GEDARS SINAI MEDICAL CENTER	7249.7	<b>7249.66</b>	35118.0
050630	INLAND VALLEY REGIONAL MEDICAL CTR	5528.5	<b>5528.51</b>	33992.6
050633	TWIN CITIES COMMUNITY HOSPITAL	5385.7	<b>5385.72</b>	34144.3
050636	POMERADO HOSPITAL	5230.5	<b>5230.52</b>	33593.8
050641	EAST L.A. DOCTOR'S HOSPITAL	8724.3	<b>8724.30</b>	35104.7
050643	PHS INDIAN HEALTH SERVICES HOSPITAL	6547.3	<b>6547.3</b>	40759.3
050644	LOS ANGELES METROPOLITAN MED CENTER	8741.5	<b>8741.5</b>	35137.5
050662	AGNEWS DEVELOPMENTAL CENTER	6723.4	<b>6723.38</b>	41197.6
050663	LOS ANGELES COMMUNITY HOSPITAL	8807.5	<b>8807.46</b>	35114.3
050667	NELSON M. HOLDERMAN	5905.3	<b>5905.34</b>	38402.2
050668	LAGUNA HONDA HOSPITAL	6898.8	<b>6898.83</b>	42284.9
050674	KFH SOUTH SACRAMENTO	5830.0	<b>5830.01</b>	35089.1
050677	KAISER FOUND. HOSP. WOODLAND HILLS	5778.8	<b>5778.82</b>	35101.6
050678	ORANGE COAST MEMORIAL MEDICAL CENTER	6927.9	<b>6927.94</b>	34334.7
050680	VACAVALLEY HOSPITAL	6188.8	<b>6188.77</b>	38497.4
050682	KINGSBURG DISTRICT HOSPITAL	5033.7	<b>5033.65</b>	31312.7
050684	MENIFEE VALLEY MEDICAL CENTER	5299.2	<b>5299.22</b>	34108.0

PROVIDER #	HOSPITAL NAME	COMPOSITE FACTOR	ADJUSTED COMPOSITE FACTOR (SCH)	HOSPITAL SPECIFIC OUTLIER FACTOR
050686	KAISER FOUND. HOSPITALS—RIVERSIDE	5624.2	<b>5624.18</b>	34364.4
050688	ST. LOUISE REGIONAL HOSPITAL	6723.4	<b>6723.38</b>	41220.2
050689	SAN RAMON REG. MEDICAL CENTER	6587.7	<b>6587.73</b>	42287.6
050690	KFH—SANTA ROSA	5726.2	<b>5726.22</b>	37326.1
050693	IRVINE MEDICAL CENTER	5362.1	<b>5362.06</b>	34539.9
050694	MORENO VALLEY COMMUNITY HOSPITAL	7018.0	<b>7017.97</b>	34100.4
050695	ST. DOMINIC'S HOSPITAL	5126.1	<b>5126.14</b>	31887.9
050696	USC UNIVERSITY HOSPITAL	7079.8	<b>7079.84</b>	35145.2
050697	PATIENTS' HOSPITAL OF REDDING	5330.7	<b>5330.69</b>	33973.1
050701	RANCHO SPRINGS MEDICAL CENTER	5553.0	<b>5553.01</b>	34035.9
050704	MISSION COMMUNITY HOSPITAL	8515.2	<b>8515.18</b>	35082.9
050707	RECOVERY INN OF MENLO PARK	6377.6	<b>6377.58</b>	41003.6
050708	FRESNO SURGERY CENTER	4803.4	<b>4803.43</b>	31310.3
050709	DESERT VALLEY HOSPITAL	5553.0	<b>5553.01</b>	34022.5
050710	KFH—FRESNO	4806.9	<b>4806.91</b>	31312.4
050713	LINCOLN HOSPITAL	5726.3	<b>5726.27</b>	35067.6
050714	SANTA CRUZ MATERINTY & SURGERY HOSP	5743.7	<b>5743.70</b>	37404.8
050717	RANCHO LOS AMIGOS NATL. REHAB. CTR.	7683.4	<b>7683.35</b>	35132.3
050718	VALLEY PLAZA DOCTORS HOSPITAL	5553.0	<b>5553.01</b>	34012.6
050720	TUSTIN HOSPITAL AND MEDICAL CENTER	5604.6	<b>5604.58</b>	34358.5
050722	SHARP MARY BIRCH HOSPITAL FOR WOMEN	5446.1	<b>5446.07</b>	33603.4
050723	KAISER FOUND HOSPITAL—BALDWIN	6135.5	<b>6135.46</b>	35190.3
050724	BAKERSFIELD HEART HOSPITAL	4971.8	<b>4971.85</b>	30927.5
050725	CITY OF ANGELS MEDICAL CENTER	8757.2	<b>8757.21</b>	35276.8
050726	STANISLAUS SURGICAL HOSPITAL	5184.6	<b>5184.61</b>	33771.9
050727	COMMUNITY HOSPITAL OF LONG BEACH	5475.0	<b>5475.04</b>	35108.6
050728	SUTTER WARRACK HOSPITAL	5721.9	<b>5721.93</b>	37326.7
050729	DANIEL FREEMAN HOSPITAL	7274.9	<b>7274.90</b>	35110.9
050730	DANIEL FREEMAN MARINA HOSPITAL	5689.5	<b>5689.52</b>	35127.4

Source

Calculated from FY 2004 Payment Impact File Final Rule

Adjusted Composite Rate reflects Sole Community Hospital adjustment (in italics)

Record Layout at [http://cms.hhs.gov/providers/hipps/impact\\_red\\_lay.pdf](http://cms.hhs.gov/providers/hipps/impact_red_lay.pdf)

Payment Impact File (impfile04zip) at <http://www.cms.gov/providers/hipps/ippspufs.asp>

Authority: Sections 133, 4603.5, 5307.1, 5307.3, and 5318, Labor Code.

Reference: Sections 4600, 4603.2, 5307.1, and 5318, Labor Code.

**Section 9789.23. Hospital Cost to Charge Ratios, Hospital Specific Outlier Factors, and Hospital Composite Factors**

<b>Hospital #</b>	<b>HOSPITAL NAME</b>	<b>Operating CCR</b>	<b>Capital CCR</b>	<b>Total CCR</b>	<b>Hosp. Specific Outlier</b>	<b>Composite</b>
050002	ST. ROSE HOSPITAL	0.4370	0.0280	0.4650	42288.50	<del>8518.90</del>
050006	ST JOSEPH EUREKA	0.3610	0.0181	0.3791	30927.39	<del>4971.85</del>
050007	MILLS PENINSULA MEDICAL CENTER	0.2620	0.0227	0.2847	40970.00	<del>6385.51</del>
050008	CPMC DAVIES CAMPUS	0.2540	0.0149	0.2689	40963.69	<del>6683.50</del>
050009	QUEEN OF THE VALLEY HOSPITAL	0.3030	0.0294	0.3324	38494.09	<del>6187.79</del>
050013	ST HELENA HOSPITAL	0.3290	0.0272	0.3562	38504.60	<del>6359.29</del>
050014	SUTTER AMADOR HOSPITAL	0.3460	0.0547	0.4007	30927.63	<del>4904.34</del>
050015	NORTHERN INYO HOSPITAL	0.7090	0.0487	0.7577	30927.43	<del>7728.46</del>
050016	ARROYO GRANDE COMMUNITY HOSPITAL	0.2450	0.0322	0.2772	34128.70	<del>5236.34</del>
050017	MERCY GENERAL HOSPITAL	0.1950	0.0095	0.2045	35103.21	<del>6437.47</del>
050018	PACIFIC ALLIANCE MEDICAL CNTR	0.4850	0.0123	0.4973	35057.47	<del>9827.02</del>
050022	RIVERSIDE COMMUNITY	0.1760	0.0096	0.1856	34014.95	<del>6225.81</del>
050024	PARADISE VALLEY HOSPITAL	0.3630	0.0312	0.3942	33596.70	<del>7744.84</del>
050025	UCSD MEDICAL CENTER	0.3830	0.0328	0.4158	33596.47	<del>8151.54</del>
050026	GROSSMONT HOSPITAL	0.2440	0.0252	0.2692	33609.23	<del>5974.07</del>
050028	MAD RIVER COMMUNITY HOSPITAL	0.4200	0.0240	0.4440	30927.41	<del>4971.85</del>
050029	ST. LUKE MEDICAL CENTER	0.1040	0.0128	0.1168	35124.56	<del>7747.62</del>
050030	OROVILLE HOSPITAL	0.3640	0.0335	0.3975	31423.97	<del>5807.78</del>
050036	MEMORIAL HOSPITAL	0.3180	0.0232	0.3412	30927.44	<del>5299.61</del>
050038	SANTA CLARA VALLEY MEDICAL CENTER	0.3590	0.0430	0.4020	41220.79	<del>11213.86</del>
050039	ENLOE MEDICAL CENTER	0.2960	0.0239	0.3199	31424.13	<del>5128.97</del>
050040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	0.2360	0.0314	0.2674	35130.75	<del>10177.69</del>

050042	ST ELIZABETH COMMUNITY HOSPITAL	0.3520	0.0297	0.3817	33966.90	<del>5460.31</del>
050043	SUMMIT MEDICAL CENTER	0.2890	0.0143	0.3003	42286.36	<del>8652.09</del>
050045	EL CENTRO REGIONAL MED. CTR.	0.3930	0.0248	0.4148	30976.17	<del>6421.08</del>
050046	OJAI VALLEY COMMUNITY HOSPITAL	0.6040	0.0673	0.6713	33332.87	<del>5113.70</del>
050047	CALIFORNIA PACIFIC MEDICAL CENTER	0.2080	0.0139	0.2219	40965.57	<del>7707.97</del>
050054	SAN GORGONIO MEMORIAL HOSPITAL	0.3350	0.0284	0.3634	34037.33	<del>5553.01</del>
050055	ST. LUKES HOSPITAL	0.3440	0.0199	0.3639	40963.50	<del>9537.43</del>
050056	ANTELOPE VALLEY HOSPITAL	0.2380	0.0302	0.2682	35126.94	<del>7120.39</del>
050057	KAWEAH DELTA HEALTH CARE DISTRICT	0.2470	0.0219	0.2689	30927.48	<del>5668.67</del>
050058	GLENDALE MEMORIAL HOSPITAL & HLTH CT	0.2080	0.0158	0.2238	35093.73	<del>8172.54</del>
050060	COMMUNITY MEDICAL CENTER - FRESNO	0.3120	0.0219	0.3339	31312.18	<del>7552.60</del>
050064	ST. FRANCIS MEDICAL CENTER	0.2830	0.0366	0.3196	31967.18	<del>4904.13</del>
050063	QUEEN OF ANGELS - HLLYWD PRES MC	0.1040	0.0102	0.1142	35108.53	<del>9069.30</del>
050065	WMC SANTA ANA	0.1170	0.0125	0.1295	34368.80	<del>7216.40</del>
050067	OAK VALLEY DISTRICT HOSPITAL	0.3280	0.0052	0.3332	33807.81	<del>5433.20</del>
050069	ST. JOSEPH HOSPITAL	0.2670	0.0095	0.2765	34317.09	<del>5728.32</del>
050070	KFH - SOUTH SAN FRANCISCO	0.8480	0.0257	0.8737	40956.94	<del>6377.58</del>
050074	KFH - SANTA CLARA	0.8090	0.0281	0.8371	42285.97	<del>7258.65</del>
050072	KFH - WALNUT CREEK	0.8600	0.0425	0.9025	42287.25	<del>6717.50</del>
050073	KFH - VALLEJO	0.8580	0.0212	0.8792	42255.31	<del>6548.11</del>
050075	KFH - OAKLAND	0.9110	0.0300	0.9410	42285.81	<del>7350.63</del>
050076	KFH - SAN FRANCISCO	0.9820	0.0410	1.0230	40959.71	<del>7437.60</del>
050077	SCRIPPS MERCY HOSPITAL	0.2470	0.0164	0.2634	33582.07	<del>6732.91</del>
050078	SAN PEDRO PENINSULA HOSPITAL	0.2680	0.0261	0.2941	35108.08	<del>6365.22</del>
050079	DOCTORS MEDICAL CENTER SAN PABLO	0.1180	0.0038	0.1218	42285.75	<del>8292.63</del>
050082	ST. JOHN'S REGIONAL MEDICAL CENTER	0.3010	0.0066	0.3076	33342.53	<del>5970.58</del>
050084	ST. JOSEPH'S MEDICAL CENTER	0.2080	0.0159	0.2239	31887.75	<del>5720.99</del>

050088	<del>SAN LUIS OBISPO GEN HOSPITAL COMMUNITY HOSPITAL OF SAN BERNARDINO</del>	0.6790	0.0126	0.6916	34146.37	<del>5487.43</del>
050089	<del>SONOMA VALLEY HEALTH CARE DIST. COMMUNITY &amp; MISSION HOSP, HUNGTGN PK</del>	0.1910	0.0194	0.2104	34049.24	<del>8197.04</del>
050090	<del>SAINT AGNES MEDICAL CENTER</del>	0.3720	0.0398	0.4118	37294.75	<del>5942.34</del>
050091	<del>LAURAL GROVE HOSPITAL</del>	0.2370	0.0290	0.2660	35124.11	<del>10067.78</del>
050093	<del>DOCTOR'S HOSP. OF WEST COVINA</del>	0.3200	0.0250	0.3450	31312.10	<del>5185.97</del>
050095	<del>SAN ANTONIO COMMUNITY HOSPITAL</del>	0.3260	0.0320	0.3580	42291.26	<del>6582.95</del>
050096	<del>SHARP MEMORIAL HOSPITAL</del>	0.3320	0.0424	0.3744	35126.89	<del>5857.11</del>
050099	<del>SUTTER SOLANO MEDICAL CENTER</del>	0.0500	0.0039	0.0539	34032.43	<del>5695.85</del>
050100	<del>PARKVIEW COMMUNITY HOSPITAL</del>	0.2540	0.0226	0.2766	33598.92	<del>5856.01</del>
050101	<del>WHITE MEMORIAL MEDICAL CENTER</del>	0.2430	0.0157	0.2587	42213.63	<del>8442.74</del>
050102	<del>ST. FRANCIS MEDICAL CENTER</del>	0.4330	0.0312	0.4642	34028.07	<del>6752.32</del>
050103	<del>MARIAN MEDICAL CENTER</del>	0.2240	0.0234	0.2474	35112.69	<del>8892.34</del>
050104	<del>SUTTER MEDICAL CENTER SACRAMENTO</del>	0.2250	0.0213	0.2463	35106.28	<del>8685.22</del>
050107	<del>LOMPOC DISTRICT HOSPITAL</del>	0.1830	0.0193	0.2023	31967.98	<del>5642.98</del>
050108	<del>TEMPLE COMMUNITY HOSPITAL</del>	0.1930	0.0264	0.2194	35160.54	<del>6609.27</del>
050110	<del>SANTA MONICA HOSPITAL</del>	0.4180	0.0251	0.4431	31969.62	<del>4904.13</del>
050111	<del>SAN MATEO COUNTY GENERAL HOSPITAL</del>	0.3170	0.0232	0.3402	35091.83	<del>8287.13</del>
050112	<del>SHERMAN OAKS HOSP AND HLTH CENTER</del>	0.3830	0.0192	0.4022	35075.65	<del>6012.23</del>
050113	<del>PALOMAR MEDICAL CENTER</del>	0.7290	0.0674	0.7964	40971.27	<del>7078.17</del>
050114	<del>NORTHRIDGE HOSPITAL - ROSCO</del>	0.1880	0.0190	0.2070	35110.48	<del>5742.28</del>
050115	<del>MERCY HOSPITAL &amp; HEALTH SYSTEM</del>	0.2880	0.0251	0.3131	33597.58	<del>5967.15</del>
050116	<del>DOCTORS HOSPITAL OF MANTECA</del>	0.1700	0.0172	0.1872	35110.55	<del>7117.67</del>
050117	<del>HANFORD COMM. MEDICAL CENTER</del>	0.3060	0.0177	0.3237	30927.41	<del>5409.36</del>
050118	<del>DAMERON HOSPITAL</del>	0.0710	0.0024	0.0734	31889.21	<del>5072.01</del>
050121		0.2430	0.0205	0.2635	30927.47	<del>4971.85</del>
050122		0.2150	0.0110	0.2260	31888.60	<del>5710.34</del>

050124	VERDUGO HILLS HOSPITAL	0.2570	0.0363	0.2933	35135.76	<del>5464.52</del>
050125	REGIONAL MEDICAL CENTER OF SAN JOSE	0.2930	0.0204	0.3134	41211.15	<del>8965.85</del>
050126	VALLEY PRESBYTERIAN HOSPITAL	0.2810	0.0288	0.3098	35111.41	<del>7697.23</del>
050127	WOODLAND MEMORIAL HOSPITAL	0.3080	0.0292	0.3372	30927.49	<del>5274.64</del>
050128	TRI-CITY MEDICAL CENTER	0.3380	0.0379	0.3759	33615.49	<del>5621.16</del>
050129	ST. BERNARDINE MEDICAL CENTER	0.2130	0.0279	0.2409	34069.24	<del>6836.53</del>
050131	NOVATO COMMUNITY HOSPITAL	0.4070	0.0466	0.4536	40975.97	<del>6377.58</del>
050132	SAN GABRIEL VALLEY MEDICAL CENTER	0.2130	0.0214	0.2344	35110.09	<del>7938.79</del>
050133	RIDEOUT MEMORIAL HOSPITAL	0.5230	0.0524	0.5751	31430.45	<del>5278.24</del>
050135	HOLLYWOOD COMM HOSP OF HOLLYWOOD	0.3170	0.0392	0.3562	35124.92	<del>6932.92</del>
050136	PETALUMA VALLEY HOSPITAL	0.3150	0.0232	0.3382	37308.23	<del>5996.48</del>
050137	KAISER FOUND. HOSP PANORAMA	0.2420	0.0228	0.2648	35105.99	<del>5500.44</del>
050138	KAISER FOUNDATION HOSPITALS SUNSET	0.2260	0.0262	0.2522	35120.05	<del>6343.70</del>
050139	KAISER FOUND. HOSPITALS BELLFLOWER	0.3410	0.0186	0.3596	35078.81	<del>5527.91</del>
050140	KAISER FOUND. HOSPITALS FONTANA	0.4490	0.0551	0.5041	34063.73	<del>5696.37</del>
050144	BROTMAN MEDICAL CENTER	0.2000	0.0240	0.2240	35122.62	<del>6598.12</del>
050145	COMMUNITY HOSP. MONTEREY PENINSULA	0.4470	0.0551	0.5021	40466.37	<del>6226.05</del>
050148	PLUMAS DISTRICT HOSPITAL MCARE RPT	0.5470	0.0301	0.5771	30927.40	<del>5834.79</del>
050149	CALIFORNIA HOSPITAL MEDICAL CENTER	0.2210	0.0250	0.2460	35118.26	<del>9656.76</del>
050150	SIERRA NEVADA MEMORIAL HOSPITAL	0.3680	0.0531	0.4211	35034.36	<del>5376.00</del>
050152	SAINT FRANCIS MEMORIAL HOSPITAL	0.2210	0.0272	0.2482	40977.75	<del>7886.23</del>
050153	O'CONNOR HOSPITAL	0.2140	0.0194	0.2334	41215.30	<del>6831.37</del>
050155	MONROVIA COMMUNITY HOSPITAL	0.3660	0.0376	0.4036	35111.57	<del>5877.89</del>
050158	ENCINO TARZANA MEDICAL CENTER	0.1040	0.0091	0.1131	35101.53	<del>5775.41</del>
050159	VENTURA COUNTY MEDICAL CENTER	0.4170	0.0180	0.4350	33340.09	<del>8580.41</del>
050167	SAN JOAQUIN GENERAL HOSPITAL	0.3650	0.0373	0.4023	31886.92	<del>8186.10</del>
050168	ST. JUDE MEDICAL CENTER	0.2600	0.0206	0.2806	34349.58	<del>5671.65</del>

050169	PRESBYTERIAN INTERCOMMUNITY HOSP	0.2100	0.0217	0.2317	35111.96	<del>6366.48</del>
050172	REDWOOD MEMORIAL HOSPITAL	0.3980	0.0110	0.4090	30927.34	<del>4971.85</del>
050173	ANAHEIM GENERAL HOSPITAL	0.2610	0.0260	0.2870	34363.87	<del>7463.72</del>
050174	SANTA ROSA MEMORIAL HOSPITAL	0.1860	0.0189	0.2049	38491.74	<del>6164.05</del>
050175	WHITTIER HOSPITAL MEDICAL CENTER	0.1370	0.0115	0.1485	35099.14	<del>6877.59</del>
050177	SANTA PAULA MEMORIAL HOSPITAL	0.5200	0.0155	0.5355	33341.61	<del>5358.87</del>
050179	EMANUEL MEDICAL CENTER	0.2230	0.0060	0.2290	33806.16	<del>6011.53</del>
050180	JOHN MUIR MEDICAL CENTER	0.2160	0.0183	0.2343	42290.19	<del>6596.80</del>
050188	COMM HOSP. & REHAB LOS GATOS	0.1200	0.0169	0.1369	41224.59	<del>6426.72</del>
050189	MEE MEMORIAL HOSPITAL	0.4380	0.0229	0.4609	40519.57	<del>6509.09</del>
050191	ST. MARY MEDICAL CENTER	0.2440	0.0187	0.2627	35094.19	<del>8140.96</del>
050192	SIERRA KINGS DISTRICT HOSPITAL	0.4990	0.0498	0.5488	30927.50	<del>4971.85</del>
050193	SOUTH COAST MEDICAL CENTER	0.2740	0.0325	0.3065	34376.71	<del>5352.49</del>
050194	WATSONVILLE COMMUNITY	0.2120	0.0069	0.2189	37468.81	<del>7831.32</del>
050195	WASHINGTON HOSPITAL DISTRICT	0.3010	0.0250	0.3260	42290.06	<del>7646.53</del>
050196	CENTRAL VALLEY GEN. HOSPITAL	0.2690	0.0165	0.2855	30927.42	<del>4971.85</del>
050197	SEQUOIA HEALTH SERVICES	0.2430	0.0175	0.2605	40966.74	<del>6390.81</del>
050204	LANCASTER COMMUNITY HOSPITAL	0.2490	0.0230	0.2720	35104.77	<del>5633.69</del>
050205	HUNTINGTON EAST VALLEY HOSPITAL	0.3350	0.0273	0.3623	35097.49	<del>7563.47</del>
050207	FREMONT MEDICAL CENTER	0.5160	0.0335	0.5495	31430.96	<del>5566.63</del>
050211	ALAMEDA HOSPITAL	0.2120	0.0144	0.2264	42288.82	<del>6600.41</del>
050214	GRANADA HILLS HOSPITAL	0.3420	0.0190	0.3610	35079.52	<del>6941.57</del>
050215	SAN JOSE MEDICAL CENTER	0.3220	0.0294	0.3514	41215.43	<del>8329.44</del>
050217	FAIRCHILD MEDICAL CENTER	0.5000	0.0556	0.5556	30927.53	<del>4971.85</del>
050219	COAST PLAZA DOCTORS HOSPITAL	0.2590	0.0189	0.2779	35091.68	<del>7568.81</del>
050222	SHARP CHULA VISTA MEDICAL CTR	0.2240	0.0185	0.2425	33594.22	<del>6690.72</del>
050224	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	0.3790	0.0286	0.4076	34346.88	<del>5354.71</del>

050225	FEATHER RIVER HOSPITAL	0.3830	0.0340	0.4140	31424.12	<del>5035.81</del>
050226	ANAHEIM MEMORIAL MEDICAL CENTER	0.2550	0.0215	0.2765	34353.19	<del>5935.24</del>
050228	SAN FRANCISCO GENERAL HOSPITAL	0.4970	0.0176	0.5146	42286.03	<del>11812.72</del>
050230	GARDEN GROVE MEDICAL CENTER	0.0910	0.0112	0.1022	35124.56	<del>8953.46</del>
050231	POMONA VALLEY HOSPITAL MED CTR	0.2090	0.0172	0.2262	35098.03	<del>7612.64</del>
050232	FRENCH HOSPITAL MEDICAL CENTER	0.2260	0.0255	0.2515	34131.37	<del>5243.26</del>
050234	SHARP CORONADO HOSPITAL	0.2630	0.0178	0.2808	33583.04	<del>5481.00</del>
050235	PROVIDENCE SAINT JOSEPH MED. CENTER	0.2720	0.0240	0.2960	35102.02	<del>6067.45</del>
050236	SIMI VALLEY HOSPITAL	0.3170	0.0119	0.3289	35066.52	<del>5708.67</del>
050238	METHODIST HOSPITAL OF SO. CALIF.	0.2450	0.0339	0.2789	35134.01	<del>5824.03</del>
050239	GLENDALE ADVENTIST MEDICAL CENTER	0.2880	0.0227	0.3107	35095.68	<del>7768.14</del>
050240	CENTINELA HOSPITAL MEDICAL CENTER	0.3260	0.0430	0.3690	35130.04	<del>7397.90</del>
050242	DOMINICAN SANTA CRUZ HOSPITAL	0.2900	0.0298	0.3198	37438.20	<del>6339.15</del>
050243	DESERT HOSPITAL	0.1010	0.0158	0.1168	34085.73	<del>6319.96</del>
050245	ARROWHEAD REGIONAL MEDICAL CENTER	0.3460	0.1429	0.4889	34218.75	<del>8473.47</del>
050248	NATIVIDAD MEDICAL CENTER	0.2520	0.0392	0.2912	40444.33	<del>10098.05</del>
050251	LASSEN COMMUNITY HOSPITAL	0.5280	0.0291	0.5571	32499.51	<del>5716.37</del>
050253	BELLWOOD GENERAL HOSPITAL	0.3940	0.0354	0.4294	34357.09	<del>7163.70</del>
050254	MARSHALL HOSPITAL	0.3470	0.0461	0.3931	35159.08	<del>5688.25</del>
050256	ORTHOPAEDIC HOSPITAL	0.3620	0.0257	0.3877	35090.32	<del>8240.88</del>
050257	GOOD SAMARITAN HOSPITAL	0.3300	0.0370	0.3670	30927.53	<del>4971.85</del>
050261	SIERRA VIEW DISTRICT HOSPITAL	0.3020	0.0571	0.3591	30927.69	<del>5800.17</del>
050262	UCLA MEDICAL CENTER	0.3700	0.0330	0.4030	35102.65	<del>8379.50</del>
050264	SAN LEANDRO HOSPITAL	0.2120	0.0178	0.2298	42290.13	<del>6873.42</del>
050267	DANIEL FREEMAN MEMORIAL HOSPITAL	0.1150	0.0207	0.1357	35158.52	<del>7407.98</del>
050270	SMH - CHULA VISTA	0.2600	0.0280	0.2880	33612.36	<del>7410.61</del>
050272	REDLANDS COMMUNITY HOSPITAL	0.2910	0.0265	0.3175	34041.84	<del>5557.04</del>

050276	CONTRA COSTA REGIONAL MEDICAL CNTR	0.5830	0.0744	0.6544	42293.09	<del>40315.25</del>
050277	PACIFIC HOSPITAL OF LONG BEACH	0.1770	0.0206	0.1976	35120.34	<del>8364.61</del>
050278	PROVIDENCE HOLY CROSS MED. CENTER	0.2390	0.0150	0.2540	35084.60	<del>6404.19</del>
050279	HI DESERT MEDICAL CENTER	0.4640	0.0546	0.5186	34060.32	<del>6375.54</del>
050280	MERCY MEDICAL CENTER REDDING	0.2540	0.0216	0.2756	33966.81	<del>6053.90</del>
050284	ALHAMBRA HOSPITAL	0.3200	0.0163	0.3363	35076.23	<del>9105.23</del>
050283	VALLEY MEMORIAL HOSPITAL	0.2110	0.0248	0.2358	42292.76	<del>6595.45</del>
050289	SETON MEDICAL CENTER	0.2120	0.0206	0.2326	40972.30	<del>7697.28</del>
050290	SAINT JOHN'S HOSPITAL	0.1970	0.0154	0.2124	35094.20	<del>5471.17</del>
050294	SUTTER MEDICAL CENTER OF SANTA ROSA RIVERSIDE COUNTY REGIONAL MED CENTER	0.4100	0.0180	0.4280	37320.99	<del>8106.36</del>
050292	MERCY HOSPITAL	0.3920	0.0650	0.4570	34094.62	<del>7678.36</del>
050295	HAZEL HAWKINS MEM. HOSPITAL	0.3390	0.0396	0.3786	30927.54	<del>5163.81</del>
050296	BARSTOW COMMUNITY HOSPITAL	0.4290	0.0332	0.4622	40499.95	<del>6509.09</del>
050298	NORTHRIDGE HOSPITAL MEDICAL CENTERS	0.2380	0.0304	0.2684	34066.24	<del>5553.04</del>
050299	ST MARY REGIONAL MEDICAL CENTER	0.2550	0.0154	0.2704	35082.94	<del>8715.18</del>
050300	UKIAH VALLEY MEDICAL CENTER	0.2860	0.0237	0.3097	34035.96	<del>6492.36</del>
050304	ALTA BATES MEDICAL CENTER	0.2890	0.0095	0.2985	30927.35	<del>4971.85</del>
050305	EL CAMINO HOSPITAL	0.2190	0.0189	0.2379	42290.32	<del>7641.45</del>
050308	SUTTER ROSEVILLE MEDICAL CENTER	0.3160	0.0209	0.3369	41240.45	<del>6429.45</del>
050309	REDDING MEDICAL CENTER	0.1380	0.0188	0.1568	35164.16	<del>5679.83</del>
050312	KERN MEDICAL CENTER	0.0820	0.0026	0.0846	33974.79	<del>5361.55</del>
050313	SUTTER TRACY COMMUNITY HOSPITAL	0.2280	0.0264	0.2544	34886.53	<del>5127.80</del>
050315	ALAMEDA COUNTY MEDICAL CENTER	0.3720	0.0237	0.3957	30927.42	<del>8250.92</del>
050320	SCRIPPS MEM HOSPITAL LA JOLLA	0.5330	0.0164	0.5494	42285.57	<del>11013.01</del>
050324	TUOLUMNE GENERAL HOSPITAL	0.2540	0.0244	0.2754	33594.58	<del>5242.66</del>
050325	LOMA LINDA UNIVERSITY MEDICAL CTR.	0.4360	0.0176	0.4536	33525.06	<del>5388.46</del>
050327		0.3100	0.0295	0.3395	34044.74	<del>8219.93</del>

050329	CORONA REGIONAL MEDICAL CENTER	0.2200	0.0197	0.2397	34040.75	<del>6168.85</del>
050331	HEALSDBURG GENERAL HOSPITAL	0.5930	0.0126	0.6056	37331.20	<del>5721.93</del>
050333	SENECA DISTRICT HOSPITAL	0.5510	0.0332	0.5842	30927.41	<del>6589.36</del>
050334	SALINAS VALLEY MEMORIAL HOSPITAL	0.5190	0.0300	0.5490	40515.18	<del>6602.67</del>
050335	SONORA COMMUNITY HOSPITAL	0.3330	0.0182	0.3512	33523.30	<del>5141.94</del>
050336	LODI MEMORIAL HOSPITAL	0.1680	0.0116	0.1796	31887.99	<del>5293.14</del>
050342	PIONEERS MEM. HOSPITAL	0.4120	0.0702	0.4822	30927.65	<del>4971.85</del>
050348	UCI MEDICAL CENTER	0.2300	0.0179	0.2479	34348.58	<del>9380.51</del>
050349	CORCORAN DISTRICT HOSPITAL	0.4970	0.0234	0.5204	30927.38	<del>4971.85</del>
050350	BEVERLY COMMUNITY HOSPITAL	0.3360	0.0210	0.3570	35084.42	<del>7447.59</del>
050351	TORRANCE MEMORIAL MEDICAL CENTER	0.2310	0.0230	0.2540	35109.50	<del>5610.31</del>
050352	BARTON MEMORIAL HOSP	0.4000	0.0390	0.4390	35136.65	<del>6006.40</del>
050353	LITTLE COMPANY OF MARY HOSPITAL	0.2940	0.0262	0.3202	35102.60	<del>5816.36</del>
050355	SIERRA VALLEY DISTRICT HOSPITAL	0.4110	0.0310	0.4420	30927.45	<del>5414.54</del>
050357	GOLETA VALLEY COTTAGE HOSPITAL	0.2660	0.0138	0.2798	31969.93	<del>4904.13</del>
050359	TULARE DISTRICT HOSPITAL	0.4650	0.0416	0.5066	30927.48	<del>5694.49</del>
050360	MARIN GENERAL HOSPITAL	0.3430	0.0294	0.3724	40969.80	<del>6551.67</del>
050366	MARK TWAIN ST. JOSEPHS HOPITAL	0.3660	0.0270	0.3930	30927.45	<del>6492.49</del>
050367	NORTHBAY MEDICAL CENTER	0.2190	0.0239	0.2429	38487.91	<del>6923.19</del>
050369	CVMC—QUEEN OF THE VALLEY	0.2800	0.0211	0.3011	35093.32	<del>7816.48</del>
050373	LAC+USC MEDICAL CENTER	0.2340	0.0149	0.2489	35085.24	<del>10084.54</del>
050376	HARBOR UCLA MEDICAL CENTER	0.1780	0.0034	0.1814	35052.73	<del>10375.13</del>
050378	PACIFICA OF THE VALLEY	0.4180	0.0431	0.4611	35111.81	<del>8920.71</del>
050379	MERCY WESTSIDE HOSPITAL	0.9270	0.0583	0.9853	30927.44	<del>6174.48</del>
050380	GOOD SAMARITAN HOSPITAL	0.3060	0.0271	0.3331	41211.90	<del>6427.47</del>
050382	CVMC—INTERCOMMUNITY	0.2900	0.0226	0.3126	35095.07	<del>6787.42</del>
050385	PALM DRIVE HOSPITAL	0.5250	0.0410	0.5660	37306.38	<del>5721.93</del>

050390	HEMET VALLEY MEDICAL CENTER	0.3070	0.0294	0.3364	34044.48	<del>5989.00</del>
050391	SANTA TERESITA HOSPITAL	0.3840	0.0294	0.4134	35093.61	<del>5726.27</del>
050392	TRINITY HOSPITAL	0.5780	0.0047	0.5827	30927.29	<del>8130.07</del>
050393	DOWNEY REGIONAL MED CTR	0.2510	0.0269	0.2779	35144.44	<del>6912.38</del>
050394	COMM MEM HOSP OF SAN BUENAVENTURA	0.2220	0.0123	0.2343	33338.72	<del>5125.39</del>
050396	SANTA BARBARA COTTAGE HOSPITAL	0.2170	0.0184	0.2354	34968.74	<del>5452.19</del>
050397	COALINGA REGIONAL MEDICAL CENTER	0.5490	0.0934	0.6424	34344.24	<del>9883.78</del>
050407	CHINESE HOSPITAL	0.4500	0.0244	0.4744	40962.50	<del>6683.50</del>
050410	SANGER GENERAL HOSPITAL	0.5800	0.0254	0.6054	34342.48	<del>5033.65</del>
050411	KAISER FOUNDATION HOSPITALS HARBOR	0.2780	0.0373	0.3153	35434.44	<del>5515.67</del>
050414	MERCY HOSPITAL OF FOLSOM	0.2440	0.0243	0.2653	35438.83	<del>5468.96</del>
050417	SUTTER COAST HOSPITAL	0.4830	0.0744	0.5544	30927.60	<del>6158.64</del>
050419	MERCY MEDICAL CENTER MT. SHASTA	0.3510	0.0340	0.3820	33966.34	<del>5651.64</del>
050420	ROBERT F. KENNEDY	0.3220	0.0339	0.3559	35443.22	<del>7871.62</del>
050423	PALO VERDE HOSPITAL	0.3460	0.0280	0.3740	34034.55	<del>5553.04</del>
050424	SCRIPPS GREEN HOSPITAL	0.2900	0.0253	0.3153	33597.65	<del>5825.86</del>
050425	KFH SACRAMENTO	0.9270	0.0454	0.9724	35403.40	<del>5710.28</del>
050426	WEST ANAHEIM MED CTR	0.1790	0.0162	0.1952	34357.55	<del>6458.87</del>
050430	MODOC MEDICAL CENTER	0.6400	0.0305	0.6405	30927.39	<del>6829.63</del>
050432	GARFIELD MEDICAL CTR.	0.0700	0.0009	0.0709	35047.95	<del>9813.97</del>
050433	INDIAN VALLEY HOSPITAL	0.6240	0.0286	0.6526	30927.38	<del>6794.19</del>
050434	COLUSA COMMUNITY HOSPITAL	0.5340	0.0324	0.5634	30927.42	<del>7871.23</del>
050435	FALLBROOK DISTRICT HOSPITAL	0.2580	0.0135	0.2715	33574.20	<del>6046.57</del>
050438	HUNTINGTON MEMORIAL HOSPITAL	0.2990	0.0343	0.3303	35442.83	<del>6334.12</del>
050441	STANFORD HOSPITAL AND CLINICS	0.3690	0.0393	0.4083	44248.32	<del>9095.27</del>
050444	SUTTER MERCED MEDICAL CENTER	0.2130	0.0244	0.2374	30927.54	<del>6537.95</del>
050447	VILLA VIEW COMMUNITY HOSPITAL	0.5780	0.0475	0.6255	33593.92	<del>7980.34</del>

050448	RIDGECREST REGIONAL HOSPITAL	0.4090	0.0327	0.4417	30927.46	<del>5222.60</del>
050454	UC SAN FRANCISCO MEDICAL CENTER	0.2730	0.0234	0.2964	40969.80	<del>11310.83</del>
050455	SAN JOAQUIN COMMUNITY HOSPITAL	0.3020	0.0164	0.3184	30927.40	<del>5828.31</del>
050456	GARDENA PHYSICIAN'S HOSP INC	0.4530	0.0530	0.5060	35120.72	<del>5564.40</del>
050457	ST. MARY MEDICAL CENTER	0.2220	0.0226	0.2446	42291.55	<del>7777.76</del>
050464	DOCTORS MEDICAL CENTER OF MODESTO	0.0530	0.0018	0.0548	33805.13	<del>6724.81</del>
050468	MEMORIAL HOSPITAL OF GARDENA	0.2930	0.0194	0.3124	35087.01	<del>7288.15</del>
050469	COLORADO RIVER MEDICAL CENTER	0.2780	0.0287	0.3067	30927.51	<del>6586.06</del>
050470	SELMA COMMUNITY HOSPITAL	0.1960	0.0139	0.2099	31312.17	<del>5079.50</del>
050471	GOOD SAMARITAN HOSPITAL	0.3150	0.0310	0.3460	35108.75	<del>7374.17</del>
050476	SUTTER LAKESIDE HOSPITAL	0.4360	0.0369	0.4729	30927.47	<del>6505.72</del>
050477	MIDWAY HOSPITAL MEDICAL CENTER	0.0840	0.0139	0.0979	35150.17	<del>6479.27</del>
050478	SANTA YNEZ VALLEY COTTAGE HOSPITAL	0.4770	0.0434	0.5204	31968.49	<del>6596.12</del>
050481	WEST HILLS REG MEDICAL CENTER	0.2200	0.0244	0.2444	35116.84	<del>5471.63</del>
050485	LONG BEACH MEMORIAL MEDICAL CENTER	0.4120	0.0289	0.4409	35089.74	<del>6526.99</del>
050488	EDEN MEDICAL CENTER	0.2700	0.0137	0.2837	42287.37	<del>6866.84</del>
050491	SANTA ANA HOSPITAL MEDICAL CENTER	0.1820	0.0325	0.2145	34414.54	<del>5604.58</del>
050492	CLOVIS COMMUNITY HOSPITAL	0.3160	0.0427	0.3587	31311.53	<del>5320.38</del>
050494	TAHOE FOREST HOSPITAL	0.4760	0.0388	0.5148	35047.31	<del>7954.15</del>
050496	MT. DIABLO MEDICAL CENTER	0.1890	0.0144	0.2034	42289.50	<del>6863.13</del>
050497	DOS PALOS MEMORIAL HOSPITAL	0.3710	0.0655	0.4365	30927.66	<del>4971.85</del>
050498	SUTTER AUBURN FAITH HOSPITAL	0.2470	0.0252	0.2722	35139.60	<del>5642.87</del>
050502	ST. VINCENT MEDICAL CENTER	0.2230	0.0213	0.2443	35106.84	<del>7656.60</del>
050503	SCRIPPS MEM HOSP ENCINITAS	0.2810	0.0227	0.3037	33592.88	<del>5244.16</del>
050506	SIERRA VISTA REGINAL MED CTR	0.0880	0.0083	0.0963	34134.11	<del>5525.55</del>
050510	KFH SAN RAFAEL	0.6340	0.0309	0.6649	42287.19	<del>6585.05</del>
050512	KFH HAYWARD	0.8680	0.0245	0.8925	42285.39	<del>6656.65</del>

050515	KAISER FOUND. HOSPITALS SAN DIEGO	0.2830	0.0268	0.3098	33603.08	<del>5320.42</del>
050516	MERCY SAN JUAN HOSPITAL	0.2100	0.0242	0.2342	35148.09	<del>6431.60</del>
050517	VICTOR VALLEY COMMUNITY HOSP.	0.3060	0.0267	0.3327	34039.12	<del>7531.44</del>
050523	SUTTER DELTA MEDICAL CENTER	0.2510	0.0183	0.2693	42289.23	<del>7053.61</del>
050526	HUNTINGTON BEACH MEDICAL CENTER	0.2300	0.0304	0.2604	34384.77	<del>6480.96</del>
050528	MEMORIAL HOSPITAL LOS BANOS	0.2150	0.0136	0.2286	30927.42	<del>6750.48</del>
050531	BELLFLOWER MEDICAL CENTER	0.2400	0.0120	0.2520	35075.56	<del>8184.24</del>
050534	JOHN.F. KENNEDY MEMORIAL HOSP.	0.1590	0.0078	0.1668	34010.74	<del>7621.77</del>
050535	COASTAL COMMUNITIES HOSPITAL	0.1550	0.0197	0.1747	34382.31	<del>8350.15</del>
050537	SUTTER DAVIS HOSPITAL	0.2400	0.0495	0.2895	30927.72	<del>5073.43</del>
050539	REDBUD COMMUNITY HOSPITAL	0.3400	0.0274	0.3674	30927.46	<del>5681.73</del>
050541	KFH REDWOOD CITY	0.8380	0.0367	0.8747	42286.77	<del>6870.58</del>
050542	KERN VALLEY HOSPITAL DISTRICT	0.2920	0.0645	0.3565	30927.74	<del>4935.24</del>
050543	COLLEGE HOSPITAL COSTA MESA	0.2230	0.0056	0.2286	34308.89	<del>8000.88</del>
050545	LANTERMAN DEVELOPMENTAL CENTER	1.0390	0.0133	1.0523	35047.90	<del>5726.27</del>
050546	PORTERVILLE DEVELOPMENTAL CENTER	0.7980	0.0063	0.8043	30927.29	<del>4971.85</del>
050547	SONOMA DEVELOPMENTAL CENTER	0.3220	0.0175	0.3395	37316.42	<del>5996.48</del>
050548	FAIRVIEW DEVELOPMENTAL CENTER	0.3280	0.0320	0.3600	34362.45	<del>5604.58</del>
050549	LOS ROBLES REGIONAL MEDICAL CENTER	0.2710	0.0179	0.2889	35022.24	<del>5379.45</del>
050550	CHAPMAN MEDICAL CENTER	0.1990	0.0370	0.2360	34418.92	<del>5542.26</del>
050551	LOS ALAMITOS MEDICAL CTR.	0.1000	0.0079	0.1079	34349.41	<del>5606.93</del>
050552	MOTION PICTURE AND TELEVISION FUND	0.9660	0.0740	1.0400	35094.17	<del>5464.52</del>
050557	MEMORIAL HOSPITAL MODESTO	0.1460	0.0145	0.1605	33796.21	<del>5703.26</del>
050559	DANIEL FREEMAN MARINA HOSPITAL	0.2480	0.0380	0.2860	35142.96	<del>5627.38</del>
050561	KAISER FOUND. HOSPITAL WEST LA	0.2160	0.0243	0.2403	35117.86	<del>5496.69</del>
050567	MISSION HOSPITAL REGIONAL MED CENTER	0.2890	0.0238	0.3128	34351.80	<del>5586.89</del>
050568	MADERA COMMUNITY HOSPITAL	0.4160	0.0162	0.4322	31312.52	<del>6091.99</del>

050569	MENDOCINO COAST DISTRICT HOSPITAL	0.6570	0.0690	0.7260	37295.52	<del>6356.15</del>
050570	FOUNTAIN VALLEY REG MEDICAL CENTER	0.1280	0.0155	0.1435	34378.36	<del>7631.93</del>
050571	SUBURBAN MEDICAL CENTER	0.1720	0.0222	0.1942	35128.29	<del>8674.18</del>
050573	EISENHOWER MEMORIAL HOSPITAL	0.2760	0.0346	0.3106	34065.50	<del>5310.61</del>
050575	TRI CITY REGIONAL MEDICAL CENTERS	0.3280	0.0308	0.3588	35105.78	<del>7067.63</del>
050577	SANTA MARTA HOSPITAL	0.3950	0.0229	0.4179	35081.24	<del>8426.38</del>
050578	MARTIN LUTHER KING, JR./DREW MEDICAL	0.2400	0.0273	0.2673	35118.66	<del>9820.70</del>
050579	CENTURY CITY HOSP	0.1590	0.0037	0.1627	35055.89	<del>6323.53</del>
050580	LAPALMA INTERCOMMUNITY HOSPITAL	0.3220	0.0310	0.3530	34361.56	<del>6943.14</del>
050581	LAKEWOOD REGIONAL MED. CTR.	0.1940	0.0170	0.2110	35101.61	<del>6479.62</del>
050583	ALVARADO COMMUNITY HOSPITAL	0.1250	0.0053	0.1303	33563.36	<del>5943.89</del>
050584	KPC GLOBAL MEDICAL	0.2440	0.0141	0.2581	34017.41	<del>6760.93</del>
050585	SAN CLEMENTE HOSPITAL	0.3360	0.0303	0.3663	34357.32	<del>5604.58</del>
050586	CHINO VALLEY MEDICAL CENTER	0.3120	0.0290	0.3410	34043.17	<del>6698.22</del>
050588	SAN DIMAS COMMUNITY HOSPITAL	0.1520	0.0230	0.1750	35141.82	<del>5726.27</del>
050589	PLACENTIA LINDA COMMUNITY HOSPITAL	0.2110	0.0072	0.2182	34315.96	<del>5492.13</del>
050590	METHODIST HOSPITAL OF SACRAMENTO	0.2600	0.0166	0.2766	35113.91	<del>7732.82</del>
050591	MONTEREY PARK HOSPITAL	0.1300	0.0080	0.1380	35083.74	<del>8962.76</del>
050592	BREA COMMUNITY HOSPITAL	0.4480	0.0478	0.4958	34368.71	<del>5633.22</del>
050594	WESTERN MEDICAL CENTER ANAHEIM	0.1440	0.0178	0.1618	35124.89	<del>8262.68</del>
050597	FOOTHILL PRESBYTERIAN HOSPITAL	0.3980	0.0189	0.4169	35073.75	<del>5770.89</del>
050599	UC DAVIS MEDICAL CENTER	0.1510	0.0166	0.1676	35144.70	<del>9163.93</del>
050601	TARZANA ENCINO REGIONAL MED CTR	0.0880	0.0039	0.0919	35071.46	<del>6221.53</del>
050603	SADDLEBACK MEMORIAL MEDICAL CENTER	0.3240	0.0231	0.3471	34343.87	<del>5358.24</del>
050604	KFH SANTA TERESA	0.7500	0.0339	0.7839	41206.12	<del>6425.21</del>
050608	DELANO REGIONAL MEDICAL CNT.	0.2510	0.0471	0.2981	30927.68	<del>7127.25</del>
050609	KAISER FOUNDATION HOSPITALS ANAHEIM	0.2530	0.0255	0.2785	35110.30	<del>5892.83</del>

050613	SETON MEDICAL CENTER	0.3220	0.0340	0.3530	40972.10	<del>6377.58</del>
050615	GREATER EL MONTE COMMUNITY HOSPITAL	0.1570	0.0143	0.1713	35103.91	<del>9251.45</del>
050616	ST. JOHN'S PLEASANT VALLEY HOSPITAL	0.2750	0.0236	0.2986	33335.47	<del>5113.70</del>
050618	BEAR VALLEY COMMUNITY HOSPITAL	0.6510	0.0427	0.6937	30927.43	<del>8109.48</del>
050623	HIGH DESERT HOSPITAL	0.2010	0.0095	0.2105	35073.59	<del>5726.27</del>
050624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	0.1800	0.0348	0.2148	35166.00	<del>5609.71</del>
050625	CEDARS SINAI MEDICAL CENTER	0.2360	0.0266	0.2626	35118.00	<del>7249.66</del>
050630	INLAND VALLEY REGIONAL MEDICAL CTR	0.1690	0.0044	0.1734	33992.62	<del>5528.51</del>
050633	TWIN CITIES COMMUNITY HOSPITAL	0.0920	0.0028	0.0948	34144.33	<del>5385.72</del>
050636	POMERADO HOSPITAL	0.2840	0.0233	0.3073	33593.82	<del>5230.52</del>
050641	EAST L.A. DOCTOR'S HOSPITAL	0.3130	0.0289	0.3419	35104.74	<del>8724.30</del>
050643	PHS INDIAN HEALTH SERVICES HOSPITAL	0.6060	0.0309	0.6369	40759.26	<del>6547.26</del>
050644	LOS ANGELES METROPOLITAN MED CENTER	0.2220	0.0320	0.2540	35137.52	<del>8741.52</del>
050662	AGNEWS DEVELOPMENTAL CENTER	0.6920	0.0044	0.6964	41197.62	<del>6723.38</del>
050663	LOS ANGELES COMMUNITY HOSPITAL	0.2600	0.0278	0.2878	35114.28	<del>8807.46</del>
050667	NELSON M. HOLDERMAN	0.3220	0.0997	0.4217	38402.16	<del>5905.34</del>
050668	LAGUNA HONDA HOSPITAL	0.6570	0.0150	0.6720	42284.90	<del>6898.83</del>
050674	KFH SOUTH SACRAMENTO	0.8810	0.0259	0.9069	35089.10	<del>5830.01</del>
050677	KAISER FOUND. HOSP. WOODLAND HILLS	0.2500	0.0219	0.2719	35101.59	<del>5778.82</del>
050678	ORANGE COAST MEMORIAL MEDICAL CENTER	0.3280	0.0193	0.3473	34334.74	<del>6927.94</del>
050680	VACAVALLEY HOSPITAL	0.2050	0.0186	0.2236	38497.36	<del>6188.77</del>
050682	KINGSBURG DISTRICT HOSPITAL	0.4440	0.0094	0.4534	31312.73	<del>5033.65</del>
050684	MENIFEE VALLEY MEDICAL CENTER	0.2870	0.0553	0.3423	34107.99	<del>5299.22</del>
050686	KAISER FOUND. HOSPITALS RIVERSIDE	0.2540	0.0255	0.2795	34364.40	<del>5624.18</del>
050688	ST. LOUISE REGIONAL HOSPITAL	0.2540	0.0296	0.2836	41220.19	<del>6723.38</del>
050689	SAN RAMON REG. MEDICAL CENTER	0.1320	0.0070	0.1390	42287.56	<del>6587.73</del>

050690	<del>KFH SANTA ROSA</del>	0.8070	0.0264	0.8334	37326.14	<del>5726.22</del>
050693	<del>IRVINE MEDICAL CENTER</del>	0.2240	0.0970	0.3210	34539.86	<del>5362.06</del>
050694	<del>MORENO VALLEY COMMUNITY HOSPITAL</del>	0.2700	0.0486	0.3186	34100.36	<del>7017.97</del>
050695	<del>ST. DOMINIC'S HOSPITAL</del>	0.2660	0.0194	0.2854	31887.90	<del>5126.14</del>
050696	<del>USC UNIVERSITY HOSPITAL</del>	0.1140	0.0179	0.1319	35145.21	<del>7079.84</del>
050697	<del>PATIENTS' HOSPITAL OF REDDING</del>	0.5090	0.0217	0.5307	33973.09	<del>5330.69</del>
050704	<del>RANCHO SPRINGS MEDICAL CENTER</del>	0.3070	0.0254	0.3324	34035.86	<del>5553.01</del>
050704	<del>MISSION COMMUNITY HOSPITAL</del>	0.4030	0.0243	0.4273	35082.87	<del>8515.18</del>
050707	<del>RECOVERY INN OF MENLO PARK</del>	0.3220	0.0852	0.4072	41003.62	<del>6377.58</del>
050708	<del>FRESNO SURGERY CENTER</del>	0.3480	0.0990	0.4470	31310.28	<del>4803.43</del>
050709	<del>DESERT VALLEY HOSPITAL</del>	0.2820	0.0182	0.3002	34022.49	<del>5553.01</del>
050710	<del>KFH FRESNO</del>	1.0070	0.0542	1.0612	31312.36	<del>4806.91</del>
050713	<del>LINCOLN HOSPITAL</del>	1.1230	0.0438	1.1668	35067.59	<del>5726.27</del>
050714	<del>SANTA CRUZ MATERINTY &amp; SURGERY HOSP</del>	0.4670	0.0892	0.5562	37404.83	<del>5743.70</del>
050717	<del>RANCHO LOS AMIGOS NATL.REHAB.CTR.</del>	0.2530	0.0343	0.2873	35132.30	<del>7683.35</del>
050718	<del>VALLEY PLAZA DOCTORS HOSPITAL</del>	0.4680	0.0241	0.4921	34012.62	<del>5553.01</del>
050720	<del>TUSTIN HOSPITAL AND MEDICAL CENTER</del>	0.5330	0.0490	0.5820	34358.54	<del>5604.58</del>
050722	<del>SHARP MARY BIRCH HOSPITAL FOR WOMEN</del>	0.3260	0.0310	0.3570	33603.36	<del>5446.07</del>
050723	<del>KAISER FOUND HOSPITAL BALDWIN</del>	0.2090	0.0499	0.2589	35190.30	<del>6135.46</del>
050724	<del>BAKERSFIELD HEART HOSPITAL</del>	0.3260	0.0320	0.3580	30927.50	<del>4971.85</del>
050725	<del>CITY OF ANGELS MEDICAL CENTER</del>	0.3220	0.1394	0.4614	35276.78	<del>8757.21</del>
050726	<del>STANISLAUS SURGICAL HOSPITAL</del>	0.3140	0.1029	0.4169	33771.94	<del>5184.61</del>
050727	<del>COMMUNITY HOSPITAL OF LONG BEACH</del>	0.3260	0.0320	0.3580	35108.58	<del>5475.04</del>
050728	<del>SUTTER WARRACK HOSPITAL</del>	0.3880	0.0124	0.4001	37326.66	<del>5721.93</del>
050729	<del>DANIEL FREEMAN HOSPITAL</del>	0.2260	0.0230	0.2490	35110.94	<del>7274.90</del>
050730	<del>DANIEL FREEMAN MARINA HOSPITAL</del>	0.2430	0.0310	0.2740	35127.36	<del>5689.52</del>

~~Full Payment Impact File (impfile04zip) at <http://www.cms.gov/providers/hipps/ippspufs.asp>  
Record Layout at [http://cms.hhs.gov/providers/hipps/impact\\_rcd\\_lay.pdf](http://cms.hhs.gov/providers/hipps/impact_rcd_lay.pdf)~~

~~Composite Rate (in italics) reflects Sole Community Hospital adjustment~~

~~Authority: Sections 133, 4603.5, 5307.1, 5307.3, and 5318, Labor Code.~~

~~Reference: Sections 4600, 4603.2, 5307.1, and 5318, Labor Code.~~

**Section 9789.23 Hospital Cost to Charge Ratios, Hospital Specific Outliers, and Hospital Composite Factors**

<u>PROV</u>	<u>NAME</u>	<u>COMPOSITE</u>	<u>HOSP SPEC OUTLIER</u>	<u>COST-TO- CHARGE RATIO</u>	<u>OPERATING CCR</u>	<u>CAPITAL CCR</u>
050002	ST. ROSE HOSPITAL	8518.90	42288.50	0.4650	0.43700	0.02800
050006	ST JOSEPH - EUREKA	5163.71	30927.39	0.3791	0.36100	0.01810
050007	MILLS PENINSULA MEDICAL CENTER	6385.51	40970.00	0.2847	0.26200	0.02270
050008	CPMC - DAVIES CAMPUS	6920.34	40963.69	0.2689	0.25400	0.01490
050009	QUEEN OF THE VALLEY HOSPITAL	6278.87	38494.09	0.3324	0.30300	0.02940
050013	ST HELENA HOSPITAL	6453.06	38501.60	0.3562	0.32900	0.02720
050014	SUTTER AMADOR HOSPITAL	4976.59	30927.63	0.4007	0.34600	0.05470
050015	NORTHERN INYO HOSPITAL	7728.46	30927.43	0.7577	0.70900	0.04870
050016	ARROYO GRANDE COMMUNITY HOSPITAL	5313.28	34128.70	0.2772	0.24500	0.03220
050017	MERCY GENERAL HOSPITAL	6442.48	35103.21	0.2045	0.19500	0.00950
050018	PACIFIC ALLIANCE MEDICAL CNTR	9827.02	35057.47	0.4973	0.48500	0.01230
050022	RIVERSIDE COMMUNITY	6225.81	34014.95	0.1856	0.17600	0.00960
050024	PARADISE VALLEY HOSPITAL	7744.84	33596.70	0.3942	0.36300	0.03120
050025	UCSD MEDICAL CENTER	8285.37	33596.47	0.4158	0.38300	0.03280
050026	GROSSMONT HOSPITAL	5974.07	33609.23	0.2692	0.24400	0.02520
050028	MAD RIVER COMMUNITY HOSPITAL	5247.91	30927.41	0.4440	0.42000	0.02400
050029	ST.LUKE MEDICAL CENTER	7770.34	35124.56	0.1168	0.10400	0.01280
050030	OROVILLE HOSPITAL	5893.90	31423.97	0.3975	0.36400	0.03350
050036	MEMORIAL HOSPITAL	5377.83	30927.44	0.3412	0.31800	0.02320
050038	SANTA CLARA VALLEY MEDICAL CENTER	11316.88	41220.79	0.4020	0.35900	0.04300
050039	ENLOE MEDICAL CENTER	5204.44	31424.13	0.3199	0.29600	0.02390
050040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	10318.51	35130.75	0.2674	0.23600	0.03140

<u>050042</u>	<u>ST ELIZABETH COMMUNITY HOSPITAL</u>	<u>5875.16</u>	<u>33966.90</u>	<u>0.3817</u>	<u>0.35200</u>	<u>0.02970</u>
<u>050043</u>	<u>SUMMIT MEDICAL CENTER</u>	<u>8652.27</u>	<u>42286.36</u>	<u>0.3003</u>	<u>0.28900</u>	<u>0.01130</u>
<u>050045</u>	<u>EL CENTRO REGIONAL MED. CTR.</u>	<u>6421.08</u>	<u>30976.17</u>	<u>0.4148</u>	<u>0.39300</u>	<u>0.02180</u>
<u>050046</u>	<u>OJAI VALLEY COMMUNITY HOSPITAL</u>	<u>5188.83</u>	<u>33332.87</u>	<u>0.6713</u>	<u>0.60400</u>	<u>0.06730</u>
<u>050047</u>	<u>CALIFORNIA PACIFIC MEDICAL CENTER</u>	<u>7760.92</u>	<u>40965.57</u>	<u>0.2219</u>	<u>0.20800</u>	<u>0.01390</u>
<u>050054</u>	<u>SAN GORGONIO MEMORIAL HOSPITAL</u>	<u>5879.30</u>	<u>34037.33</u>	<u>0.3634</u>	<u>0.33500</u>	<u>0.02840</u>
<u>050055</u>	<u>ST. LUKES HOSPITAL</u>	<u>9537.43</u>	<u>40963.50</u>	<u>0.3639</u>	<u>0.34400</u>	<u>0.01990</u>
<u>050056</u>	<u>ANTELOPE VALLEY HOSPITAL</u>	<u>7120.39</u>	<u>35126.94</u>	<u>0.2682</u>	<u>0.23800</u>	<u>0.03020</u>
<u>050057</u>	<u>KAWEAH DELTA HEALTH CARE DISTRICT</u>	<u>5752.68</u>	<u>30927.48</u>	<u>0.2689</u>	<u>0.24700</u>	<u>0.02190</u>
<u>050058</u>	<u>GLENDALE MEMORIAL HOSPITAL &amp; HLTH CT</u>	<u>8172.54</u>	<u>35093.73</u>	<u>0.2238</u>	<u>0.20800</u>	<u>0.01580</u>
<u>050060</u>	<u>COMMUNITY MEDICAL CENTER - FRESNO</u>	<u>7713.28</u>	<u>31312.18</u>	<u>0.3339</u>	<u>0.31200</u>	<u>0.02190</u>
<u>050061</u>	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>4976.16</u>	<u>31967.18</u>	<u>0.3196</u>	<u>0.28300</u>	<u>0.03660</u>
<u>050063</u>	<u>QUEEN OF ANGELS - HILLYWD PRES MC</u>	<u>9069.81</u>	<u>35108.53</u>	<u>0.1142</u>	<u>0.10400</u>	<u>0.01020</u>
<u>050065</u>	<u>WMC SANTA ANA</u>	<u>7227.14</u>	<u>34368.80</u>	<u>0.1295</u>	<u>0.11700</u>	<u>0.01250</u>
<u>050067</u>	<u>OAK VALLEY DISTRICT HOSPITAL</u>	<u>5838.12</u>	<u>33807.81</u>	<u>0.3332</u>	<u>0.32800</u>	<u>0.00520</u>
<u>050069</u>	<u>ST. JOSEPH HOSPITAL</u>	<u>5728.32</u>	<u>34317.09</u>	<u>0.2765</u>	<u>0.26700</u>	<u>0.00950</u>
<u>050070</u>	<u>KFH - SOUTH SAN FRANCISCO</u>	<u>6377.58</u>	<u>40956.94</u>	<u>0.8737</u>	<u>0.84800</u>	<u>0.02570</u>
<u>050071</u>	<u>KFH - SANTA CLARA</u>	<u>7312.45</u>	<u>42285.97</u>	<u>0.8371</u>	<u>0.80900</u>	<u>0.02810</u>
<u>050072</u>	<u>KFH - WALNUT CREEK</u>	<u>6728.66</u>	<u>42287.25</u>	<u>0.9025</u>	<u>0.86000</u>	<u>0.04250</u>
<u>050073</u>	<u>KFH - VALLEJO</u>	<u>6649.91</u>	<u>42255.31</u>	<u>0.8792</u>	<u>0.85800</u>	<u>0.02120</u>
<u>050075</u>	<u>KFH - OAKLAND</u>	<u>7411.05</u>	<u>42285.81</u>	<u>0.9410</u>	<u>0.91100</u>	<u>0.03000</u>
<u>050076</u>	<u>KFH - SAN FRANCISCO</u>	<u>7523.88</u>	<u>40959.71</u>	<u>1.0230</u>	<u>0.98200</u>	<u>0.04100</u>
<u>050077</u>	<u>SCRIPPS MERCY HOSPITAL</u>	<u>6765.31</u>	<u>33582.07</u>	<u>0.2634</u>	<u>0.24700</u>	<u>0.01640</u>
<u>050078</u>	<u>SAN PEDRO PENINSULA HOSPITAL</u>	<u>6365.22</u>	<u>35108.08</u>	<u>0.2941</u>	<u>0.26800</u>	<u>0.02610</u>
<u>050079</u>	<u>DOCTORS MEDICAL CENTER-SAN PABLO</u>	<u>8292.63</u>	<u>42285.75</u>	<u>0.1218</u>	<u>0.11800</u>	<u>0.00380</u>
<u>050082</u>	<u>ST. JOHN'S REGIONAL MEDICAL CENTER</u>	<u>6058.97</u>	<u>33342.53</u>	<u>0.3076</u>	<u>0.30100</u>	<u>0.00660</u>

<u>050084</u>	<u>ST. JOSEPH'S MEDICAL CENTER</u>	<u>5805.68</u>	<u>31887.75</u>	<u>0.2239</u>	<u>0.20800</u>	<u>0.01590</u>
<u>050088</u>	<u>SAN LUIS OBISPO GEN HOSPITAL</u>	<u>5896.41</u>	<u>34146.37</u>	<u>0.6916</u>	<u>0.67900</u>	<u>0.01260</u>
<u>050089</u>	<u>COMMUNITY HOSPITAL OF SAN BERNARDINO</u>	<u>8199.69</u>	<u>34049.24</u>	<u>0.2104</u>	<u>0.19100</u>	<u>0.01940</u>
<u>050090</u>	<u>SONOMA VALLEY HEALTH CARE DIST.</u>	<u>6030.01</u>	<u>37294.75</u>	<u>0.4118</u>	<u>0.37200</u>	<u>0.03980</u>
<u>050091</u>	<u>ST. MARY MEDICAL CENTER</u>	<u>10067.78</u>	<u>35124.11</u>	<u>0.2660</u>	<u>0.23700</u>	<u>0.02900</u>
<u>050093</u>	<u>SAINT AGNES MEDICAL CENTER</u>	<u>5262.34</u>	<u>31312.10</u>	<u>0.3450</u>	<u>0.32000</u>	<u>0.02500</u>
<u>050095</u>	<u>WASHINTON HOSPITAL DISTRICT</u>	<u>6582.95</u>	<u>42291.26</u>	<u>0.3580</u>	<u>0.32600</u>	<u>0.03200</u>
<u>050096</u>	<u>DOCTOR'S HOSP. OF WEST COVINA</u>	<u>6202.52</u>	<u>35126.89</u>	<u>0.3741</u>	<u>0.33200</u>	<u>0.04210</u>
<u>050099</u>	<u>SAN ANTONIO COMMUNITY HOSPITAL</u>	<u>5695.85</u>	<u>34032.43</u>	<u>0.0539</u>	<u>0.05000</u>	<u>0.00390</u>
<u>050100</u>	<u>SHARP MEMORIAL HOSPITAL</u>	<u>5856.29</u>	<u>33598.92</u>	<u>0.2766</u>	<u>0.25400</u>	<u>0.02260</u>
<u>050101</u>	<u>SUTTER SOLANO MEDICAL CENTER</u>	<u>8568.74</u>	<u>42213.63</u>	<u>0.2587</u>	<u>0.24300</u>	<u>0.01570</u>
<u>050102</u>	<u>PARKVIEW COMMUNITY HOSPITAL</u>	<u>6752.32</u>	<u>34028.07</u>	<u>0.4642</u>	<u>0.43300</u>	<u>0.03120</u>
<u>050103</u>	<u>WHITE MEMORIAL MEDICAL CENTER</u>	<u>8931.73</u>	<u>35112.69</u>	<u>0.2474</u>	<u>0.22400</u>	<u>0.02340</u>
<u>050104</u>	<u>ST. FRANCIS MEDICAL CENTER</u>	<u>8685.22</u>	<u>35106.28</u>	<u>0.2463</u>	<u>0.22500</u>	<u>0.02130</u>
<u>050107</u>	<u>MARIAN MEDICAL CENTER</u>	<u>5726.44</u>	<u>31967.98</u>	<u>0.2023</u>	<u>0.18300</u>	<u>0.01930</u>
<u>050108</u>	<u>SUTTER MEDICAL CENTER-SACRAMENTO</u>	<u>6618.77</u>	<u>35160.54</u>	<u>0.2191</u>	<u>0.19300</u>	<u>0.02610</u>
<u>050110</u>	<u>LOMPOC DISTRICT HOSPITAL</u>	<u>4976.16</u>	<u>31969.62</u>	<u>0.4431</u>	<u>0.41800</u>	<u>0.02510</u>
<u>050111</u>	<u>TEMPLE COMMUNITY HOSPITAL</u>	<u>8287.13</u>	<u>35091.83</u>	<u>0.3402</u>	<u>0.31700</u>	<u>0.02320</u>
<u>050112</u>	<u>SANTA MONICA HOSPITAL</u>	<u>6027.22</u>	<u>35075.65</u>	<u>0.4022</u>	<u>0.38300</u>	<u>0.01920</u>
<u>050113</u>	<u>SAN MATEO COUNTY GENERAL HOSPITAL</u>	<u>7503.91</u>	<u>40971.27</u>	<u>0.7964</u>	<u>0.72900</u>	<u>0.06740</u>
<u>050114</u>	<u>SHERMAN OAKS HOSP AND HLTH CENTER</u>	<u>5745.28</u>	<u>35110.48</u>	<u>0.2070</u>	<u>0.18800</u>	<u>0.01900</u>
<u>050115</u>	<u>PALOMAR MEDICAL CENTER</u>	<u>5967.55</u>	<u>33597.58</u>	<u>0.3131</u>	<u>0.28800</u>	<u>0.02510</u>
<u>050116</u>	<u>NORTHRIDGE HOSPITAL - ROSCO</u>	<u>7131.09</u>	<u>35110.55</u>	<u>0.1872</u>	<u>0.17000</u>	<u>0.01720</u>
<u>050117</u>	<u>MERCY HOSPITAL &amp; HEALTH SYSTEM</u>	<u>5489.31</u>	<u>30927.41</u>	<u>0.3237</u>	<u>0.30600</u>	<u>0.01770</u>
<u>050118</u>	<u>DOCTORS HOSPITAL OF MANTECA</u>	<u>5146.76</u>	<u>31889.21</u>	<u>0.0734</u>	<u>0.07100</u>	<u>0.00240</u>
<u>050121</u>	<u>HANFORD COMM. MEDICAL CENTER</u>	<u>5344.81</u>	<u>30927.47</u>	<u>0.2635</u>	<u>0.24300</u>	<u>0.02050</u>

<u>050122</u>	<u>DAMERON HOSPITAL</u>	<u>5794.86</u>	<u>31888.60</u>	<u>0.2260</u>	<u>0.21500</u>	<u>0.01100</u>
<u>050124</u>	<u>VERDUGO HILLS HOSPITAL</u>	<u>5464.52</u>	<u>35135.76</u>	<u>0.2933</u>	<u>0.25700</u>	<u>0.03630</u>
<u>050125</u>	<u>REGIONAL MEDICAL CENTER OF SAN JOSE</u>	<u>8965.85</u>	<u>41211.15</u>	<u>0.3134</u>	<u>0.29300</u>	<u>0.02040</u>
<u>050126</u>	<u>VALLEY PRESBYTERIAN HOSPITAL</u>	<u>7697.23</u>	<u>35111.41</u>	<u>0.3098</u>	<u>0.28100</u>	<u>0.02880</u>
<u>050127</u>	<u>WOODLAND MEMORIAL HOSPITAL</u>	<u>5352.47</u>	<u>30927.49</u>	<u>0.3372</u>	<u>0.30800</u>	<u>0.02920</u>
<u>050128</u>	<u>TRI-CITY MEDICAL CENTER</u>	<u>5621.92</u>	<u>33615.49</u>	<u>0.3759</u>	<u>0.33800</u>	<u>0.03790</u>
<u>050129</u>	<u>ST. BERNARDINE MEDICAL CENTER</u>	<u>6836.53</u>	<u>34069.24</u>	<u>0.2409</u>	<u>0.21300</u>	<u>0.02790</u>
<u>050131</u>	<u>NOVATO COMMUNITY HOSPITAL</u>	<u>6377.58</u>	<u>40975.97</u>	<u>0.4536</u>	<u>0.40700</u>	<u>0.04660</u>
<u>050132</u>	<u>SAN GABRIEL VALLEY MEDICAL CENTER</u>	<u>7967.12</u>	<u>35110.09</u>	<u>0.2344</u>	<u>0.21300</u>	<u>0.02140</u>
<u>050133</u>	<u>RIDEOUT MEMORIAL HOSPITAL</u>	<u>5356.05</u>	<u>31430.45</u>	<u>0.5751</u>	<u>0.52300</u>	<u>0.05210</u>
<u>050135</u>	<u>HOLLYWOOD COMM HOSP OF HOLLYWOOD</u>	<u>6932.92</u>	<u>35124.92</u>	<u>0.3562</u>	<u>0.31700</u>	<u>0.03920</u>
<u>050136</u>	<u>PETALUMA VALLEY HOSPITAL</u>	<u>6098.02</u>	<u>37308.23</u>	<u>0.3382</u>	<u>0.31500</u>	<u>0.02320</u>
<u>050137</u>	<u>KAISER FOUND. HOSP - PANORAMA</u>	<u>5502.50</u>	<u>35105.99</u>	<u>0.2648</u>	<u>0.24200</u>	<u>0.02280</u>
<u>050138</u>	<u>KAISER FOUNDATION HOSPITALS - SUNSET</u>	<u>6413.12</u>	<u>35120.05</u>	<u>0.2522</u>	<u>0.22600</u>	<u>0.02620</u>
<u>050139</u>	<u>KAISER FOUND. HOSPITALS - BELLFLOWER</u>	<u>5532.29</u>	<u>35078.81</u>	<u>0.3596</u>	<u>0.34100</u>	<u>0.01860</u>
<u>050140</u>	<u>KAISER FOUND. HOSPITALS - FONTANA</u>	<u>5728.48</u>	<u>34063.73</u>	<u>0.5041</u>	<u>0.44900</u>	<u>0.05510</u>
<u>050144</u>	<u>BROTMAN MEDICAL CENTER</u>	<u>6598.12</u>	<u>35122.62</u>	<u>0.2240</u>	<u>0.20000</u>	<u>0.02400</u>
<u>050145</u>	<u>COMMUNITY HOSP. MONTEREY PENINSULA</u>	<u>6317.44</u>	<u>40466.37</u>	<u>0.5021</u>	<u>0.44700</u>	<u>0.05510</u>
<u>050148</u>	<u>PLUMAS DISTRICT HOSPITAL MCARE RPT</u>	<u>5834.79</u>	<u>30927.40</u>	<u>0.5771</u>	<u>0.54700</u>	<u>0.03010</u>
<u>050149</u>	<u>CALIFORNIA HOSPITAL MEDICAL CENTER</u>	<u>9679.52</u>	<u>35118.26</u>	<u>0.2460</u>	<u>0.22100</u>	<u>0.02500</u>
<u>050150</u>	<u>SIERRA NEVADA MEMORIAL HOSPITAL</u>	<u>5455.00</u>	<u>35034.36</u>	<u>0.4211</u>	<u>0.36800</u>	<u>0.05310</u>
<u>050152</u>	<u>SAINT FRANCIS MEMORIAL HOSPITAL</u>	<u>7886.23</u>	<u>40977.75</u>	<u>0.2482</u>	<u>0.22100</u>	<u>0.02720</u>
<u>050153</u>	<u>O'CONNOR HOSPITAL</u>	<u>6831.37</u>	<u>41215.30</u>	<u>0.2334</u>	<u>0.21400</u>	<u>0.01940</u>
<u>050155</u>	<u>MONROVIA COMMUNITY HOSPITAL</u>	<u>6226.61</u>	<u>35111.57</u>	<u>0.4036</u>	<u>0.36600</u>	<u>0.03760</u>
<u>050158</u>	<u>ENCINO TARZANA MEDICAL CENTER</u>	<u>6079.13</u>	<u>35101.53</u>	<u>0.1131</u>	<u>0.10400</u>	<u>0.00910</u>
<u>050159</u>	<u>VENTURA COUNTY MEDICAL CENTER</u>	<u>8764.60</u>	<u>33340.09</u>	<u>0.4350</u>	<u>0.41700</u>	<u>0.01800</u>

<u>050167</u>	<u>SAN JOAQUIN GENERAL HOSPITAL</u>	<u>8364.07</u>	<u>31886.92</u>	<u>0.4023</u>	<u>0.36500</u>	<u>0.03730</u>
<u>050168</u>	<u>ST. JUDE MEDICAL CENTER</u>	<u>5671.65</u>	<u>34349.58</u>	<u>0.2806</u>	<u>0.26000</u>	<u>0.02060</u>
<u>050169</u>	<u>PRESBYTERIAN INTERCOMMUNITY HOSP</u>	<u>6380.77</u>	<u>35111.96</u>	<u>0.2317</u>	<u>0.21000</u>	<u>0.02170</u>
<u>050172</u>	<u>REDWOOD MEMORIAL HOSPITAL</u>	<u>5193.23</u>	<u>30927.34</u>	<u>0.4090</u>	<u>0.39800</u>	<u>0.01100</u>
<u>050173</u>	<u>ANAHEIM GENERAL HOSPITAL</u>	<u>7468.39</u>	<u>34363.87</u>	<u>0.2870</u>	<u>0.26100</u>	<u>0.02600</u>
<u>050174</u>	<u>SANTA ROSA MEMORIAL HOSPITAL</u>	<u>6255.45</u>	<u>38491.74</u>	<u>0.2049</u>	<u>0.18600</u>	<u>0.01890</u>
<u>050175</u>	<u>WHITTIER HOSPITAL MEDICAL CENTER</u>	<u>6877.59</u>	<u>35099.14</u>	<u>0.1485</u>	<u>0.13700</u>	<u>0.01150</u>
<u>050177</u>	<u>SANTA PAULA MEMORIAL HOSPITAL</u>	<u>5758.22</u>	<u>33341.61</u>	<u>0.5355</u>	<u>0.52000</u>	<u>0.01550</u>
<u>050179</u>	<u>EMANUEL MEDICAL CENTER</u>	<u>6100.50</u>	<u>33806.16</u>	<u>0.2290</u>	<u>0.22300</u>	<u>0.00600</u>
<u>050180</u>	<u>JOHN MUIR MEDICAL CENTER</u>	<u>6596.80</u>	<u>42290.19</u>	<u>0.2343</u>	<u>0.21600</u>	<u>0.01830</u>
<u>050188</u>	<u>COMM HOSP.&amp; REHAB- LOS GATOS</u>	<u>6426.72</u>	<u>41224.59</u>	<u>0.1369</u>	<u>0.12000</u>	<u>0.01690</u>
<u>050189</u>	<u>MEE MEMORIAL HOSPITAL</u>	<u>6994.89</u>	<u>40519.57</u>	<u>0.4609</u>	<u>0.43800</u>	<u>0.02290</u>
<u>050191</u>	<u>ST. MARY MEDICAL CENTER</u>	<u>8164.30</u>	<u>35094.19</u>	<u>0.2627</u>	<u>0.24400</u>	<u>0.01870</u>
<u>050192</u>	<u>SIERRA KINGS DISTRICT HOSPITAL</u>	<u>7302.47</u>	<u>30927.50</u>	<u>0.5488</u>	<u>0.49900</u>	<u>0.04980</u>
<u>050193</u>	<u>SOUTH COAST MEDICAL CENTER</u>	<u>5352.49</u>	<u>34376.71</u>	<u>0.3065</u>	<u>0.27400</u>	<u>0.03250</u>
<u>050194</u>	<u>WATSONVILLE COMMUNITY</u>	<u>7948.33</u>	<u>37468.81</u>	<u>0.2189</u>	<u>0.21200</u>	<u>0.00690</u>
<u>050195</u>	<u>WASHINGTON HOSPITAL DISTRICT</u>	<u>7646.53</u>	<u>42290.06</u>	<u>0.3260</u>	<u>0.30100</u>	<u>0.02500</u>
<u>050196</u>	<u>CENTRAL VALLEY GEN. HOSPITAL</u>	<u>5342.24</u>	<u>30927.42</u>	<u>0.2855</u>	<u>0.26900</u>	<u>0.01650</u>
<u>050197</u>	<u>SEQUOIA HEALTH SERVICES</u>	<u>6390.81</u>	<u>40966.74</u>	<u>0.2605</u>	<u>0.24300</u>	<u>0.01750</u>
<u>050204</u>	<u>LANCASTER COMMUNITY HOSPITAL</u>	<u>5633.69</u>	<u>35104.77</u>	<u>0.2720</u>	<u>0.24900</u>	<u>0.02300</u>
<u>050205</u>	<u>HUNTINGTON EAST VALLEY HOSPITAL</u>	<u>7563.47</u>	<u>35097.49</u>	<u>0.3623</u>	<u>0.33500</u>	<u>0.02730</u>
<u>050207</u>	<u>FREMONT MEDICAL CENTER</u>	<u>5648.97</u>	<u>31430.96</u>	<u>0.5495</u>	<u>0.51600</u>	<u>0.03350</u>
<u>050211</u>	<u>ALAMEDA HOSPITAL</u>	<u>6600.41</u>	<u>42288.82</u>	<u>0.2264</u>	<u>0.21200</u>	<u>0.01440</u>
<u>050214</u>	<u>GRANADA HILLS HOSPITAL</u>	<u>6941.57</u>	<u>35079.52</u>	<u>0.3610</u>	<u>0.34200</u>	<u>0.01900</u>
<u>050215</u>	<u>SAN JOSE MEDICAL CENTER</u>	<u>8340.87</u>	<u>41215.43</u>	<u>0.3514</u>	<u>0.32200</u>	<u>0.02940</u>
<u>050217</u>	<u>FAIRCHILD MEDICAL CENTER</u>	<u>5286.97</u>	<u>30927.53</u>	<u>0.5556</u>	<u>0.50000</u>	<u>0.05560</u>

<u>050219</u>	<u>COAST PLAZA DOCTORS HOSPITAL</u>	<u>7573.18</u>	<u>35091.68</u>	<u>0.2779</u>	<u>0.25900</u>	<u>0.01890</u>
<u>050222</u>	<u>SHARP CHULA VISTA MEDICAL CTR</u>	<u>6690.72</u>	<u>33594.22</u>	<u>0.2425</u>	<u>0.22400</u>	<u>0.01850</u>
<u>050224</u>	<u>HOAG MEMORIAL HOSPITAL PRESBYTERIAN</u>	<u>5354.71</u>	<u>34346.88</u>	<u>0.4076</u>	<u>0.37900</u>	<u>0.02860</u>
<u>050225</u>	<u>FEATHER RIVER HOSPITAL</u>	<u>5109.82</u>	<u>31424.12</u>	<u>0.4140</u>	<u>0.38300</u>	<u>0.03100</u>
<u>050226</u>	<u>ANAHEIM MEMORIAL MEDICAL CENTER</u>	<u>5935.24</u>	<u>34353.19</u>	<u>0.2765</u>	<u>0.25500</u>	<u>0.02150</u>
<u>050228</u>	<u>SAN FRANCISCO GENERAL HOSPITAL</u>	<u>11994.78</u>	<u>42286.03</u>	<u>0.5146</u>	<u>0.49700</u>	<u>0.01760</u>
<u>050230</u>	<u>GARDEN GROVE MEDICAL CENTER</u>	<u>8953.46</u>	<u>35124.56</u>	<u>0.1022</u>	<u>0.09100</u>	<u>0.01120</u>
<u>050231</u>	<u>POMONA VALLEY HOSPITAL MED CTR</u>	<u>7623.45</u>	<u>35098.03</u>	<u>0.2262</u>	<u>0.20900</u>	<u>0.01720</u>
<u>050232</u>	<u>FRENCH HOSPITAL MEDICAL CENTER</u>	<u>5320.20</u>	<u>34131.37</u>	<u>0.2515</u>	<u>0.22600</u>	<u>0.02550</u>
<u>050234</u>	<u>SHARP CORONADO HOSPITAL</u>	<u>5803.04</u>	<u>33583.04</u>	<u>0.2808</u>	<u>0.26300</u>	<u>0.01780</u>
<u>050235</u>	<u>PROVIDENCE SAINT JOSEPH MED. CENTER</u>	<u>6067.45</u>	<u>35102.02</u>	<u>0.2960</u>	<u>0.27200</u>	<u>0.02400</u>
<u>050236</u>	<u>SIMI VALLEY HOSPITAL</u>	<u>5708.67</u>	<u>35066.52</u>	<u>0.3289</u>	<u>0.31700</u>	<u>0.01190</u>
<u>050238</u>	<u>METHODIST HOSPITAL OF SO. CALIF.</u>	<u>5824.03</u>	<u>35134.01</u>	<u>0.2789</u>	<u>0.24500</u>	<u>0.03390</u>
<u>050239</u>	<u>GLENDALE ADVENTIST MEDICAL CENTER</u>	<u>7786.41</u>	<u>35095.68</u>	<u>0.3107</u>	<u>0.28800</u>	<u>0.02270</u>
<u>050240</u>	<u>CENTINELA HOSPITAL MEDICAL CENTER</u>	<u>7402.95</u>	<u>35130.04</u>	<u>0.3690</u>	<u>0.32600</u>	<u>0.04300</u>
<u>050242</u>	<u>DOMINICAN SANTA CRUZ HOSPITAL</u>	<u>6432.74</u>	<u>37438.20</u>	<u>0.3198</u>	<u>0.29000</u>	<u>0.02980</u>
<u>050243</u>	<u>DESERT HOSPITAL</u>	<u>6319.96</u>	<u>34085.73</u>	<u>0.1168</u>	<u>0.10100</u>	<u>0.01580</u>
<u>050245</u>	<u>ARROWHEAD REGIONAL MEDICAL CENTER</u>	<u>8536.83</u>	<u>34218.75</u>	<u>0.4889</u>	<u>0.34600</u>	<u>0.14290</u>
<u>050248</u>	<u>NATIVIDAD MEDICAL CENTER</u>	<u>10296.87</u>	<u>40444.33</u>	<u>0.2912</u>	<u>0.25200</u>	<u>0.03920</u>
<u>050251</u>	<u>LASSEN COMMUNITY HOSPITAL</u>	<u>5716.37</u>	<u>32499.51</u>	<u>0.5571</u>	<u>0.52800</u>	<u>0.02910</u>
<u>050253</u>	<u>BELLWOOD GENERAL HOSPITAL</u>	<u>7167.12</u>	<u>34357.09</u>	<u>0.4294</u>	<u>0.39400</u>	<u>0.03540</u>
<u>050254</u>	<u>MARSHALL HOSPITAL</u>	<u>5688.25</u>	<u>35159.08</u>	<u>0.3931</u>	<u>0.34700</u>	<u>0.04610</u>
<u>050256</u>	<u>ORTHOPAEDIC HOSPITAL</u>	<u>8255.59</u>	<u>35090.32</u>	<u>0.3877</u>	<u>0.36200</u>	<u>0.02570</u>
<u>050257</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>5342.24</u>	<u>30927.53</u>	<u>0.3670</u>	<u>0.33000</u>	<u>0.03700</u>
<u>050261</u>	<u>SIERRA VIEW DISTRICT HOSPITAL</u>	<u>5886.24</u>	<u>30927.69</u>	<u>0.3591</u>	<u>0.30200</u>	<u>0.05710</u>
<u>050262</u>	<u>UCLA MEDICAL CENTER</u>	<u>8543.27</u>	<u>35102.65</u>	<u>0.4030</u>	<u>0.37000</u>	<u>0.03300</u>

<u>050264</u>	<u>SAN LEANDRO HOSPITAL</u>	<u>6873.42</u>	<u>42290.13</u>	<u>0.2298</u>	<u>0.21200</u>	<u>0.01780</u>
<u>050267</u>	<u>DANIEL FREEMAN MEMORIAL HOSPITAL</u>	<u>7407.98</u>	<u>35158.52</u>	<u>0.1357</u>	<u>0.11500</u>	<u>0.02070</u>
<u>050270</u>	<u>SMH - CHULA VISTA</u>	<u>7423.07</u>	<u>33612.36</u>	<u>0.2880</u>	<u>0.26000</u>	<u>0.02800</u>
<u>050272</u>	<u>REDLANDS COMMUNITY HOSPITAL</u>	<u>5557.04</u>	<u>34041.84</u>	<u>0.3175</u>	<u>0.29100</u>	<u>0.02650</u>
<u>050276</u>	<u>CONTRA COSTA REGIONAL MEDICAL CNTR</u>	<u>10372.55</u>	<u>42293.09</u>	<u>0.6541</u>	<u>0.58300</u>	<u>0.07110</u>
<u>050277</u>	<u>PACIFIC HOSPITAL OF LONG BEACH</u>	<u>8407.69</u>	<u>35120.34</u>	<u>0.1976</u>	<u>0.17700</u>	<u>0.02060</u>
<u>050278</u>	<u>PROVIDENCE HOLY CROSS MED. CENTER</u>	<u>6404.19</u>	<u>35084.60</u>	<u>0.2540</u>	<u>0.23900</u>	<u>0.01500</u>
<u>050279</u>	<u>HI - DESERT MEDICAL CENTER</u>	<u>6375.54</u>	<u>34060.32</u>	<u>0.5186</u>	<u>0.46400</u>	<u>0.05460</u>
<u>050280</u>	<u>MERCY MEDICAL CENTER REDDING</u>	<u>6161.72</u>	<u>33966.81</u>	<u>0.2756</u>	<u>0.25400</u>	<u>0.02160</u>
<u>050281</u>	<u>ALHAMBRA HOSPITAL</u>	<u>9105.23</u>	<u>35076.23</u>	<u>0.3363</u>	<u>0.32000</u>	<u>0.01630</u>
<u>050283</u>	<u>VALLEY MEMORIAL HOSPITAL</u>	<u>6595.45</u>	<u>42292.76</u>	<u>0.2358</u>	<u>0.21100</u>	<u>0.02480</u>
<u>050289</u>	<u>SETON MEDICAL CENTER</u>	<u>7701.79</u>	<u>40972.30</u>	<u>0.2326</u>	<u>0.21200</u>	<u>0.02060</u>
<u>050290</u>	<u>SAINT JOHN'S HOSPITAL</u>	<u>5471.17</u>	<u>35094.20</u>	<u>0.2121</u>	<u>0.19700</u>	<u>0.01510</u>
<u>050291</u>	<u>SUTTER MEDICAL CENTER OF SANTA ROSA RIVERSIDE COUNTY REGIONAL MED CENTER</u>	<u>8301.24</u>	<u>37320.99</u>	<u>0.4280</u>	<u>0.41000</u>	<u>0.01800</u>
<u>050292</u>	<u>MERCY HOSPITAL</u>	<u>5239.89</u>	<u>30927.54</u>	<u>0.3786</u>	<u>0.33900</u>	<u>0.03960</u>
<u>050296</u>	<u>HAZEL HAWKINS MEM. HOSPITAL</u>	<u>6966.12</u>	<u>40499.95</u>	<u>0.4622</u>	<u>0.42900</u>	<u>0.03320</u>
<u>050298</u>	<u>BARSTOW COMMUNITY HOSPITAL NORTHRIDGE HOSPITAL MEDICAL CENTER- S</u>	<u>5879.30</u>	<u>34066.24</u>	<u>0.2681</u>	<u>0.23800</u>	<u>0.03010</u>
<u>050299</u>	<u>ST MARY REGIONAL MEDICAL CENTER</u>	<u>8717.55</u>	<u>35082.94</u>	<u>0.2704</u>	<u>0.25500</u>	<u>0.01540</u>
<u>050300</u>	<u>UKIAH VALLEY MEDICAL CENTER</u>	<u>6492.36</u>	<u>34035.96</u>	<u>0.3097</u>	<u>0.28600</u>	<u>0.02370</u>
<u>050301</u>	<u>ALTA BATES MEDICAL CENTER</u>	<u>5342.24</u>	<u>30927.35</u>	<u>0.2985</u>	<u>0.28900</u>	<u>0.00950</u>
<u>050305</u>	<u>EL CAMINO HOSPITAL</u>	<u>7641.45</u>	<u>42290.32</u>	<u>0.2379</u>	<u>0.21900</u>	<u>0.01890</u>
<u>050308</u>	<u>SUTTER ROSEVILLE MEDICAL CENTER</u>	<u>6429.45</u>	<u>41210.45</u>	<u>0.3369</u>	<u>0.31600</u>	<u>0.02090</u>
<u>050309</u>	<u>REDDING MEDICAL CENTER</u>	<u>5679.83</u>	<u>35161.16</u>	<u>0.1568</u>	<u>0.13800</u>	<u>0.01880</u>
<u>050312</u>	<u>REDDING MEDICAL CENTER</u>	<u>5440.30</u>	<u>33974.79</u>	<u>0.0846</u>	<u>0.08200</u>	<u>0.00260</u>

<u>050313</u>	<u>SUTTER TRACY COMMUNITY HOSPITAL</u>	<u>5203.45</u>	<u>31886.53</u>	<u>0.2541</u>	<u>0.22800</u>	<u>0.02610</u>
<u>050315</u>	<u>KERN MEDICAL CENTER</u>	<u>8445.81</u>	<u>30927.42</u>	<u>0.3957</u>	<u>0.37200</u>	<u>0.02370</u>
<u>050320</u>	<u>ALAMEDA COUNTY MEDICAL CENTER</u>	<u>11104.70</u>	<u>42285.57</u>	<u>0.5491</u>	<u>0.53300</u>	<u>0.01610</u>
<u>050324</u>	<u>SCRIPPS MEM HOSPITAL-LA JOLLA</u>	<u>5242.66</u>	<u>33594.58</u>	<u>0.2751</u>	<u>0.25400</u>	<u>0.02110</u>
<u>050325</u>	<u>TUOLUMNE GENERAL HOSPITAL</u>	<u>5790.03</u>	<u>33525.06</u>	<u>0.4536</u>	<u>0.43600</u>	<u>0.01760</u>
<u>050327</u>	<u>LOMA LINDA UNIVERSITY MEDICAL CTR.</u>	<u>8304.85</u>	<u>34044.74</u>	<u>0.3395</u>	<u>0.31000</u>	<u>0.02950</u>
<u>050329</u>	<u>CORONA REGIONAL MEDICAL CENTER</u>	<u>6168.85</u>	<u>34040.75</u>	<u>0.2397</u>	<u>0.22000</u>	<u>0.01970</u>
<u>050331</u>	<u>HEALSDBURG GENERAL HOSPITAL</u>	<u>5806.06</u>	<u>37331.20</u>	<u>0.6056</u>	<u>0.59300</u>	<u>0.01260</u>
<u>050333</u>	<u>SENECA DISTRICT HOSPITAL</u>	<u>6589.36</u>	<u>30927.41</u>	<u>0.5842</u>	<u>0.55100</u>	<u>0.03320</u>
<u>050334</u>	<u>SALINAS VALLEY MEMORIAL HOSPITAL</u>	<u>6699.99</u>	<u>40515.18</u>	<u>0.5490</u>	<u>0.51900</u>	<u>0.03000</u>
<u>050335</u>	<u>SONORA COMMUNITY HOSPITAL</u>	<u>5217.48</u>	<u>33523.30</u>	<u>0.3512</u>	<u>0.33300</u>	<u>0.01820</u>
<u>050336</u>	<u>LODI MEMORIAL HOSPITAL</u>	<u>5371.11</u>	<u>31887.99</u>	<u>0.1796</u>	<u>0.16800</u>	<u>0.01160</u>
<u>050342</u>	<u>PIONEERS MEM. HOSPITAL</u>	<u>5342.24</u>	<u>30927.65</u>	<u>0.4822</u>	<u>0.41200</u>	<u>0.07020</u>
<u>050348</u>	<u>UCI MEDICAL CENTER</u>	<u>9516.61</u>	<u>34348.58</u>	<u>0.2479</u>	<u>0.23000</u>	<u>0.01790</u>
<u>050349</u>	<u>CORCORAN DISTRICT HOSPITAL</u>	<u>5342.24</u>	<u>30927.38</u>	<u>0.5201</u>	<u>0.49700</u>	<u>0.02310</u>
<u>050350</u>	<u>BEVERLY COMMUNITY HOSPITAL</u>	<u>7447.59</u>	<u>35084.42</u>	<u>0.3570</u>	<u>0.33600</u>	<u>0.02100</u>
<u>050351</u>	<u>TORRANCE MEMORIAL MEDICAL CENTER</u>	<u>5610.31</u>	<u>35109.50</u>	<u>0.2540</u>	<u>0.23100</u>	<u>0.02300</u>
<u>050352</u>	<u>BARTON MEMORIAL HOSP</u>	<u>6006.40</u>	<u>35136.65</u>	<u>0.4390</u>	<u>0.40000</u>	<u>0.03900</u>
<u>050353</u>	<u>LITTLE COMPANY OF MARY HOSPITAL</u>	<u>5816.36</u>	<u>35102.60</u>	<u>0.3202</u>	<u>0.29400</u>	<u>0.02620</u>
<u>050355</u>	<u>SIERRA VALLEY DISTRICT HOSPITAL</u>	<u>5414.54</u>	<u>30927.45</u>	<u>0.4420</u>	<u>0.41100</u>	<u>0.03100</u>
<u>050357</u>	<u>GOLETA VALLEY COTTAGE HOSPITAL</u>	<u>4976.16</u>	<u>31969.93</u>	<u>0.2798</u>	<u>0.26600</u>	<u>0.01380</u>
<u>050359</u>	<u>TULARE DISTRICT HOSPITAL</u>	<u>5778.91</u>	<u>30927.48</u>	<u>0.5066</u>	<u>0.46500</u>	<u>0.04160</u>
<u>050360</u>	<u>MARIN GENERAL HOSPITAL</u>	<u>6551.67</u>	<u>40969.80</u>	<u>0.3724</u>	<u>0.34300</u>	<u>0.02940</u>
<u>050366</u>	<u>MARK TWAIN ST. JOSEPHS HOPITAL</u>	<u>6492.49</u>	<u>30927.45</u>	<u>0.3930</u>	<u>0.36600</u>	<u>0.02700</u>
<u>050367</u>	<u>NORTHBAY MEDICAL CENTER</u>	<u>7025.81</u>	<u>38487.91</u>	<u>0.2429</u>	<u>0.21900</u>	<u>0.02390</u>
<u>050369</u>	<u>CVMC - QUEEN OF THE VALLEY</u>	<u>7816.48</u>	<u>35093.32</u>	<u>0.3011</u>	<u>0.28000</u>	<u>0.02110</u>

<u>050373</u>	<u>LAC+USC MEDICAL CENTER</u>	<u>10218.83</u>	<u>35085.24</u>	<u>0.2489</u>	<u>0.23400</u>	<u>0.01490</u>
<u>050376</u>	<u>HARBOR-UCLA MEDICAL CENTER</u>	<u>10538.45</u>	<u>35052.73</u>	<u>0.1814</u>	<u>0.17800</u>	<u>0.00340</u>
<u>050378</u>	<u>PACIFICA OF THE VALLEY</u>	<u>8920.71</u>	<u>35111.81</u>	<u>0.4611</u>	<u>0.41800</u>	<u>0.04310</u>
<u>050379</u>	<u>MERCY WESTSIDE HOSPITAL</u>	<u>6174.48</u>	<u>30927.44</u>	<u>0.8853</u>	<u>0.82700</u>	<u>0.05830</u>
<u>050380</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>6427.47</u>	<u>41214.90</u>	<u>0.3331</u>	<u>0.30600</u>	<u>0.02710</u>
<u>050382</u>	<u>CVMC - INTERCOMMUNITY</u>	<u>6787.42</u>	<u>35095.07</u>	<u>0.3126</u>	<u>0.29000</u>	<u>0.02260</u>
<u>050385</u>	<u>PALM DRIVE HOSPITAL</u>	<u>5806.06</u>	<u>37306.38</u>	<u>0.5660</u>	<u>0.52500</u>	<u>0.04100</u>
<u>050390</u>	<u>HEMET VALLEY MEDICAL CENTER</u>	<u>5989.00</u>	<u>34044.48</u>	<u>0.3361</u>	<u>0.30700</u>	<u>0.02910</u>
<u>050391</u>	<u>SANTA TERESITA HOSPITAL</u>	<u>6062.82</u>	<u>35093.61</u>	<u>0.4131</u>	<u>0.38400</u>	<u>0.02910</u>
<u>050392</u>	<u>TRINITY HOSPITAL</u>	<u>8130.07</u>	<u>30927.29</u>	<u>0.5827</u>	<u>0.57800</u>	<u>0.00470</u>
<u>050393</u>	<u>DOWNEY REGIONAL MED CTR</u>	<u>6939.85</u>	<u>35114.44</u>	<u>0.2779</u>	<u>0.25100</u>	<u>0.02690</u>
<u>050394</u>	<u>COMM MEM HOSP OF SAN BUENAVENTURA</u>	<u>5200.51</u>	<u>33338.72</u>	<u>0.2343</u>	<u>0.22200</u>	<u>0.01230</u>
<u>050396</u>	<u>SANTA BARBARA COTTAGE HOSPITAL</u>	<u>5554.58</u>	<u>31968.71</u>	<u>0.2354</u>	<u>0.21700</u>	<u>0.01840</u>
<u>050397</u>	<u>COALINGA REGIONAL MEDICAL CENTER</u>	<u>9883.78</u>	<u>31311.21</u>	<u>0.6421</u>	<u>0.54900</u>	<u>0.09310</u>
<u>050407</u>	<u>CHINESE HOSPITAL</u>	<u>7076.82</u>	<u>40962.50</u>	<u>0.4741</u>	<u>0.45000</u>	<u>0.02410</u>
<u>050410</u>	<u>SANGER GENERAL HOSPITAL</u>	<u>5408.67</u>	<u>31312.48</u>	<u>0.6051</u>	<u>0.58000</u>	<u>0.02510</u>
<u>050411</u>	<u>KAISER FOUNDATION HOSPITALS -HARBOR</u>	<u>5519.41</u>	<u>35131.44</u>	<u>0.3153</u>	<u>0.27800</u>	<u>0.03730</u>
<u>050414</u>	<u>MERCY HOSPITAL OF FOLSOM</u>	<u>5468.96</u>	<u>35138.83</u>	<u>0.2653</u>	<u>0.24100</u>	<u>0.02430</u>
<u>050417</u>	<u>SUTTER COAST HOSPITAL</u>	<u>6158.64</u>	<u>30927.60</u>	<u>0.5541</u>	<u>0.48300</u>	<u>0.07110</u>
<u>050419</u>	<u>MERCY MEDICAL CENTER MT. SHASTA</u>	<u>5655.40</u>	<u>33966.34</u>	<u>0.3820</u>	<u>0.35100</u>	<u>0.03100</u>
<u>050420</u>	<u>ROBERT F. KENNEDY</u>	<u>7871.62</u>	<u>35113.22</u>	<u>0.3559</u>	<u>0.32200</u>	<u>0.03390</u>
<u>050423</u>	<u>PALO VERDE HOSPITAL</u>	<u>5879.30</u>	<u>34034.55</u>	<u>0.3740</u>	<u>0.34600</u>	<u>0.02800</u>
<u>050424</u>	<u>SCRIPPS GREEN HOSPITAL</u>	<u>5873.96</u>	<u>33597.65</u>	<u>0.3153</u>	<u>0.29000</u>	<u>0.02530</u>
<u>050425</u>	<u>KFH - SACRAMENTO</u>	<u>5729.90</u>	<u>35103.40</u>	<u>0.9724</u>	<u>0.92700</u>	<u>0.04540</u>
<u>050426</u>	<u>WEST ANAHEIM MED CTR</u>	<u>6458.87</u>	<u>34357.55</u>	<u>0.1952</u>	<u>0.17900</u>	<u>0.01620</u>
<u>050430</u>	<u>MODOC MEDICAL CENTER</u>	<u>6829.63</u>	<u>30927.39</u>	<u>0.6405</u>	<u>0.61000</u>	<u>0.03050</u>

<u>050432</u>	<u>GARFIELD MEDICAL CTR.</u>	<u>9813.97</u>	<u>35047.95</u>	<u>0.0709</u>	<u>0.07000</u>	<u>0.00090</u>
<u>050433</u>	<u>INDIAN VALLEY HOSPITAL</u>	<u>6794.19</u>	<u>30927.38</u>	<u>0.6526</u>	<u>0.62400</u>	<u>0.02860</u>
<u>050434</u>	<u>COLUSA COMMUNITY HOSPITAL</u>	<u>7871.23</u>	<u>30927.42</u>	<u>0.5631</u>	<u>0.53100</u>	<u>0.03210</u>
<u>050435</u>	<u>FALLBROOK DISTRICT HOSPITAL</u>	<u>6046.57</u>	<u>33571.20</u>	<u>0.2715</u>	<u>0.25800</u>	<u>0.01350</u>
<u>050438</u>	<u>HUNTINGTON MEMORIAL HOSPITAL</u>	<u>6348.94</u>	<u>35112.83</u>	<u>0.3303</u>	<u>0.29900</u>	<u>0.03130</u>
<u>050441</u>	<u>STANFORD HOSPITAL AND CLINICS</u>	<u>9270.96</u>	<u>41218.32</u>	<u>0.4083</u>	<u>0.36900</u>	<u>0.03930</u>
<u>050444</u>	<u>SUTTER MERCED MEDICAL CENTER</u>	<u>6658.33</u>	<u>30927.54</u>	<u>0.2374</u>	<u>0.21300</u>	<u>0.02440</u>
<u>050447</u>	<u>VILLA VIEW COMMUNITY HOSPITAL</u>	<u>7980.34</u>	<u>33593.92</u>	<u>0.6255</u>	<u>0.57800</u>	<u>0.04750</u>
<u>050448</u>	<u>RIDGECREST REGIONAL HOSPITAL</u>	<u>5222.60</u>	<u>30927.46</u>	<u>0.4417</u>	<u>0.40900</u>	<u>0.03270</u>
<u>050454</u>	<u>UC SAN FRANCISCO MEDICAL CENTER</u>	<u>11563.78</u>	<u>40969.80</u>	<u>0.2964</u>	<u>0.27300</u>	<u>0.02340</u>
<u>050455</u>	<u>SAN JOAQUIN COMMUNITY HOSPITAL</u>	<u>5914.82</u>	<u>30927.40</u>	<u>0.3184</u>	<u>0.30200</u>	<u>0.01640</u>
<u>050456</u>	<u>GARDENA PHYSICIAN'S HOSP INC</u>	<u>5571.10</u>	<u>35120.72</u>	<u>0.5060</u>	<u>0.45300</u>	<u>0.05300</u>
<u>050457</u>	<u>ST. MARY MEDICAL CENTER</u>	<u>7812.98</u>	<u>42291.55</u>	<u>0.2446</u>	<u>0.22200</u>	<u>0.02260</u>
<u>050464</u>	<u>DOCTORS MEDICAL CENTER OF MODESTO</u>	<u>6839.89</u>	<u>33805.13</u>	<u>0.0548</u>	<u>0.05300</u>	<u>0.00180</u>
<u>050468</u>	<u>MEMORIAL HOSPITAL OF GARDENA</u>	<u>7288.15</u>	<u>35087.01</u>	<u>0.3124</u>	<u>0.29300</u>	<u>0.01940</u>
<u>050469</u>	<u>COLORADO RIVER MEDICAL CENTER</u>	<u>6586.06</u>	<u>30927.51</u>	<u>0.3067</u>	<u>0.27800</u>	<u>0.02870</u>
<u>050470</u>	<u>SELMA COMMUNITY HOSPITAL</u>	<u>5354.91</u>	<u>31312.17</u>	<u>0.2099</u>	<u>0.19600</u>	<u>0.01390</u>
<u>050471</u>	<u>GOOD SAMARITAN HOSPITAL</u>	<u>7382.30</u>	<u>35108.75</u>	<u>0.3460</u>	<u>0.31500</u>	<u>0.03100</u>
<u>050476</u>	<u>SUTTER LAKESIDE HOSPITAL</u>	<u>6505.72</u>	<u>30927.47</u>	<u>0.4729</u>	<u>0.43600</u>	<u>0.03690</u>
<u>050477</u>	<u>MIDWAY HOSPITAL MEDICAL CENTER</u>	<u>6482.73</u>	<u>35150.17</u>	<u>0.0979</u>	<u>0.08400</u>	<u>0.01390</u>
<u>050478</u>	<u>SANTA YNEZ VALLEY COTTAGE HOSPITAL</u>	<u>6596.12</u>	<u>31968.49</u>	<u>0.5204</u>	<u>0.47700</u>	<u>0.04340</u>
<u>050481</u>	<u>WEST HILLS REG MEDICAL CENTER</u>	<u>5471.63</u>	<u>35116.84</u>	<u>0.2444</u>	<u>0.22000</u>	<u>0.02440</u>
<u>050485</u>	<u>LONG BEACH MEMORIAL MEDICAL CENTER</u>	<u>6557.28</u>	<u>35089.74</u>	<u>0.4409</u>	<u>0.41200</u>	<u>0.02890</u>
<u>050488</u>	<u>EDEN MEDICAL CENTER</u>	<u>6866.84</u>	<u>42287.37</u>	<u>0.2837</u>	<u>0.27000</u>	<u>0.01370</u>
<u>050491</u>	<u>SANTA ANA HOSPITAL MEDICAL CENTER</u>	<u>5933.92</u>	<u>34414.54</u>	<u>0.2145</u>	<u>0.18200</u>	<u>0.03250</u>
<u>050492</u>	<u>CLOVIS COMMUNITY HOSPITAL</u>	<u>5398.86</u>	<u>31311.53</u>	<u>0.3587</u>	<u>0.31600</u>	<u>0.04270</u>

<u>050494</u>	<u>TAHOE FOREST HOSPITAL</u>	<u>7954.15</u>	<u>35047.31</u>	<u>0.5148</u>	<u>0.47600</u>	<u>0.03880</u>
<u>050496</u>	<u>MT. DIABLO MEDICAL CENTER</u>	<u>6863.33</u>	<u>42289.50</u>	<u>0.2034</u>	<u>0.18900</u>	<u>0.01440</u>
<u>050497</u>	<u>DOS PALOS MEMORIAL HOSPITAL</u>	<u>5342.24</u>	<u>30927.66</u>	<u>0.4365</u>	<u>0.37100</u>	<u>0.06550</u>
<u>050498</u>	<u>SUTTER AUBURN FAITH HOSPITAL</u>	<u>5642.87</u>	<u>35139.60</u>	<u>0.2722</u>	<u>0.24700</u>	<u>0.02520</u>
<u>050502</u>	<u>ST. VINCENT MEDICAL CENTER</u>	<u>7658.32</u>	<u>35106.84</u>	<u>0.2443</u>	<u>0.22300</u>	<u>0.02130</u>
<u>050503</u>	<u>SCRIPPS MEM HOSP - ENCINITAS</u>	<u>5244.16</u>	<u>33592.88</u>	<u>0.3037</u>	<u>0.28100</u>	<u>0.02270</u>
<u>050506</u>	<u>SIERRA VISTA REGINAL MED CTR</u>	<u>5606.84</u>	<u>34134.11</u>	<u>0.0963</u>	<u>0.08800</u>	<u>0.00830</u>
<u>050510</u>	<u>KFH - SAN RAFAEL</u>	<u>6585.05</u>	<u>42287.19</u>	<u>0.6649</u>	<u>0.63400</u>	<u>0.03090</u>
<u>050512</u>	<u>KFH - HAYWARD</u>	<u>6662.49</u>	<u>42285.39</u>	<u>0.8925</u>	<u>0.86800</u>	<u>0.02450</u>
<u>050515</u>	<u>KAISER FOUND. HOSPITALS -SAN DIEGO</u>	<u>5327.59</u>	<u>33603.08</u>	<u>0.3098</u>	<u>0.28300</u>	<u>0.02680</u>
<u>050516</u>	<u>MERCY SAN JUAN HOSPITAL</u>	<u>6431.84</u>	<u>35148.09</u>	<u>0.2342</u>	<u>0.21000</u>	<u>0.02420</u>
<u>050517</u>	<u>VICTOR VALLEY COMMUNITY HOSP.</u>	<u>7531.44</u>	<u>34039.12</u>	<u>0.3327</u>	<u>0.30600</u>	<u>0.02670</u>
<u>050523</u>	<u>SUTTER DELTA MEDICAL CENTER</u>	<u>7053.61</u>	<u>42289.23</u>	<u>0.2693</u>	<u>0.25100</u>	<u>0.01830</u>
<u>050526</u>	<u>HUNTINGTON BEACH MEDICAL CENTER</u>	<u>6480.96</u>	<u>34384.77</u>	<u>0.2601</u>	<u>0.23000</u>	<u>0.03010</u>
<u>050528</u>	<u>MEMORIAL HOSPITAL - LOS BANOS</u>	<u>6750.48</u>	<u>30927.42</u>	<u>0.2286</u>	<u>0.21500</u>	<u>0.01360</u>
<u>050531</u>	<u>BELLFLOWER MEDICAL CENTER</u>	<u>8184.24</u>	<u>35075.56</u>	<u>0.2520</u>	<u>0.24000</u>	<u>0.01200</u>
<u>050534</u>	<u>JOHN.F. KENNEDY MEMORIAL HOSP.</u>	<u>7621.77</u>	<u>34010.74</u>	<u>0.1668</u>	<u>0.15900</u>	<u>0.00780</u>
<u>050535</u>	<u>COASTAL COMMUNITIES HOSPITAL</u>	<u>8350.15</u>	<u>34382.31</u>	<u>0.1747</u>	<u>0.15500</u>	<u>0.01970</u>
<u>050537</u>	<u>SUTTER DAVIS HOSPITAL</u>	<u>5291.46</u>	<u>30927.72</u>	<u>0.2895</u>	<u>0.24000</u>	<u>0.04950</u>
<u>050539</u>	<u>REDBUD COMMUNITY HOSPITAL</u>	<u>5681.73</u>	<u>30927.46</u>	<u>0.3671</u>	<u>0.34000</u>	<u>0.02710</u>
<u>050541</u>	<u>KFH - REDWOOD CITY</u>	<u>6894.25</u>	<u>42286.77</u>	<u>0.8747</u>	<u>0.83800</u>	<u>0.03670</u>
<u>050542</u>	<u>KERN VALLEY HOSPITAL DISTRICT</u>	<u>4935.24</u>	<u>30927.74</u>	<u>0.3565</u>	<u>0.29200</u>	<u>0.06450</u>
<u>050543</u>	<u>COLLEGE HOSPITAL COSTA MESA</u>	<u>8000.88</u>	<u>34308.89</u>	<u>0.2286</u>	<u>0.22300</u>	<u>0.00560</u>
<u>050545</u>	<u>LANTERMAN DEVELOPMENTAL CENTER</u>	<u>6062.82</u>	<u>35047.90</u>	<u>1.0523</u>	<u>1.03900</u>	<u>0.01330</u>
<u>050546</u>	<u>PORTERVILLE DEVELOPMENTAL CENTER</u>	<u>5342.24</u>	<u>30927.29</u>	<u>0.8043</u>	<u>0.79800</u>	<u>0.00630</u>
<u>050547</u>	<u>SONOMA DEVELOPMENTAL CENTER</u>	<u>6443.69</u>	<u>37316.42</u>	<u>0.3395</u>	<u>0.32200</u>	<u>0.01750</u>

<u>050548</u>	<u>FAIRVIEW DEVELOPMENTAL CENTER</u>	<u>5933.92</u>	<u>34362.45</u>	<u>0.3600</u>	<u>0.32800</u>	<u>0.03200</u>
<u>050549</u>	<u>LOS ROBLES REGIONAL MEDICAL CENTER</u>	<u>5458.39</u>	<u>35022.24</u>	<u>0.2889</u>	<u>0.27100</u>	<u>0.01790</u>
<u>050550</u>	<u>CHAPMAN MEDICAL CENTER</u>	<u>5542.26</u>	<u>34418.92</u>	<u>0.2360</u>	<u>0.19900</u>	<u>0.03700</u>
<u>050551</u>	<u>LOS ALAMITOS MEDICAL CTR.</u>	<u>5606.93</u>	<u>34349.41</u>	<u>0.1079</u>	<u>0.10000</u>	<u>0.00790</u>
<u>050552</u>	<u>MOTION PICTURE AND TELEVISION FUND</u>	<u>5464.52</u>	<u>35094.17</u>	<u>1.0400</u>	<u>0.96600</u>	<u>0.07400</u>
<u>050557</u>	<u>MEMORIAL HOSPITAL MODESTO</u>	<u>5787.39</u>	<u>33796.21</u>	<u>0.1605</u>	<u>0.14600</u>	<u>0.01450</u>
<u>050559</u>	<u>DANIEL FREEMAN MARINA HOSPITAL</u>	<u>5627.38</u>	<u>35142.96</u>	<u>0.2860</u>	<u>0.24800</u>	<u>0.03800</u>
<u>050561</u>	<u>KAISER FOUND. HOSPITAL - WEST LA</u>	<u>5498.53</u>	<u>35117.86</u>	<u>0.2403</u>	<u>0.21600</u>	<u>0.02430</u>
<u>050567</u>	<u>MISSION HOSPITAL REGIONAL MED CENTER</u>	<u>5586.89</u>	<u>34351.80</u>	<u>0.3128</u>	<u>0.28900</u>	<u>0.02380</u>
<u>050568</u>	<u>MADERA COMMUNITY HOSPITAL</u>	<u>6182.58</u>	<u>31312.52</u>	<u>0.4322</u>	<u>0.41600</u>	<u>0.01620</u>
<u>050569</u>	<u>MENDOCINO COAST DISTRICT HOSPITAL</u>	<u>6356.15</u>	<u>37295.52</u>	<u>0.7260</u>	<u>0.65700</u>	<u>0.06900</u>
<u>050570</u>	<u>FOUNTAIN VALLEY REG MEDICAL CENTER</u>	<u>7633.39</u>	<u>34378.36</u>	<u>0.1435</u>	<u>0.12800</u>	<u>0.01550</u>
<u>050571</u>	<u>SUBURBAN MEDICAL CENTER</u>	<u>8674.18</u>	<u>35128.29</u>	<u>0.1942</u>	<u>0.17200</u>	<u>0.02220</u>
<u>050573</u>	<u>EISENHOWER MEMORIAL HOSPITAL</u>	<u>5310.61</u>	<u>34065.50</u>	<u>0.3106</u>	<u>0.27600</u>	<u>0.03460</u>
<u>050575</u>	<u>TRI-CITY REGIONAL MEDICAL CENTERS</u>	<u>7067.63</u>	<u>35105.78</u>	<u>0.3588</u>	<u>0.32800</u>	<u>0.03080</u>
<u>050577</u>	<u>SANTA MARTA HOSPITAL</u>	<u>8426.38</u>	<u>35081.24</u>	<u>0.4179</u>	<u>0.39500</u>	<u>0.02290</u>
<u>050578</u>	<u>MARTIN LUTHER KING, JR./DREW MEDICAL</u>	<u>9938.53</u>	<u>35118.66</u>	<u>0.2673</u>	<u>0.24000</u>	<u>0.02730</u>
<u>050579</u>	<u>CENTURY CITY HOSP</u>	<u>6326.98</u>	<u>35055.89</u>	<u>0.1627</u>	<u>0.15900</u>	<u>0.00370</u>
<u>050580</u>	<u>LAPALMA INTERCOMMUNITY HOSPITAL</u>	<u>6943.14</u>	<u>34361.56</u>	<u>0.3530</u>	<u>0.32200</u>	<u>0.03100</u>
<u>050581</u>	<u>LAKEWOOD REGIONAL MED. CTR.</u>	<u>6481.58</u>	<u>35101.61</u>	<u>0.2110</u>	<u>0.19400</u>	<u>0.01700</u>
<u>050583</u>	<u>ALVARADO COMMUNITY HOSPITAL</u>	<u>5943.89</u>	<u>33563.36</u>	<u>0.1303</u>	<u>0.12500</u>	<u>0.00530</u>
<u>050584</u>	<u>KPC GLOBAL MEDICAL</u>	<u>6778.93</u>	<u>34017.41</u>	<u>0.2581</u>	<u>0.24400</u>	<u>0.01410</u>
<u>050585</u>	<u>SAN CLEMENTE HOSPITAL</u>	<u>5671.70</u>	<u>34357.32</u>	<u>0.3663</u>	<u>0.33600</u>	<u>0.03030</u>
<u>050586</u>	<u>CHINO VALLEY MEDICAL CENTER</u>	<u>6698.22</u>	<u>34043.17</u>	<u>0.3410</u>	<u>0.31200</u>	<u>0.02900</u>
<u>050588</u>	<u>SAN DIMAS COMMUNITY HOSPITAL</u>	<u>6062.82</u>	<u>35141.82</u>	<u>0.1750</u>	<u>0.15200</u>	<u>0.02300</u>
<u>050589</u>	<u>PLACENTIA LINDA COMMUNITY HOSPITAL</u>	<u>5492.13</u>	<u>34315.96</u>	<u>0.2182</u>	<u>0.21100</u>	<u>0.00720</u>

<u>050590</u>	<u>METHODIST HOSPITAL OF SACRAMENTO</u>	<u>7758.10</u>	<u>35113.91</u>	<u>0.2766</u>	<u>0.26000</u>	<u>0.01660</u>
<u>050591</u>	<u>MONTEREY PARK HOSPITAL</u>	<u>8962.76</u>	<u>35083.74</u>	<u>0.1380</u>	<u>0.13000</u>	<u>0.00800</u>
<u>050592</u>	<u>BREA COMMUNITY HOSPITAL</u>	<u>5633.22</u>	<u>34368.71</u>	<u>0.4958</u>	<u>0.44800</u>	<u>0.04780</u>
<u>050594</u>	<u>WESTERN MEDICAL CENTER ANAHEIM</u>	<u>8264.25</u>	<u>35124.89</u>	<u>0.1618</u>	<u>0.14400</u>	<u>0.01780</u>
<u>050597</u>	<u>FOOTHILL PRESBYTERIAN HOSPITAL</u>	<u>5770.89</u>	<u>35073.75</u>	<u>0.4169</u>	<u>0.39800</u>	<u>0.01890</u>
<u>050599</u>	<u>UC DAVIS MEDICAL CENTER</u>	<u>9320.03</u>	<u>35144.70</u>	<u>0.1676</u>	<u>0.15100</u>	<u>0.01660</u>
<u>050601</u>	<u>TARZANA ENCINO REGIONAL MED CTR</u>	<u>6222.93</u>	<u>35071.46</u>	<u>0.0919</u>	<u>0.08800</u>	<u>0.00390</u>
<u>050603</u>	<u>SADDLEBACK MEMORIAL MEDICAL CENTER</u>	<u>5358.24</u>	<u>34343.87</u>	<u>0.3471</u>	<u>0.32400</u>	<u>0.02310</u>
<u>050604</u>	<u>KFH - SANTA TERESA</u>	<u>6425.21</u>	<u>41206.12</u>	<u>0.7839</u>	<u>0.75000</u>	<u>0.03390</u>
<u>050608</u>	<u>DELANO REGIONAL MEDICAL CNT.</u>	<u>7238.21</u>	<u>30927.68</u>	<u>0.2981</u>	<u>0.25100</u>	<u>0.04710</u>
<u>050609</u>	<u>KAISER FOUNDATION HOSPITALS -ANAHEIM</u>	<u>5927.61</u>	<u>35110.30</u>	<u>0.2785</u>	<u>0.25300</u>	<u>0.02550</u>
<u>050613</u>	<u>SETON MEDICAL CENTER GREATER EL MONTE COMMUNITY HOSPITAL</u>	<u>6377.58</u>	<u>40972.10</u>	<u>0.3530</u>	<u>0.32200</u>	<u>0.03100</u>
<u>050615</u>	<u>HOSPITAL</u>	<u>9251.45</u>	<u>35103.91</u>	<u>0.1713</u>	<u>0.15700</u>	<u>0.01430</u>
<u>050616</u>	<u>ST. JOHN'S PLEASANT VALLEY HOSPITAL</u>	<u>5188.83</u>	<u>33335.47</u>	<u>0.2986</u>	<u>0.27500</u>	<u>0.02360</u>
<u>050618</u>	<u>BEAR VALLEY COMMUNITY HOSPITAL</u>	<u>8109.48</u>	<u>30927.43</u>	<u>0.6937</u>	<u>0.65100</u>	<u>0.04270</u>
<u>050623</u>	<u>HIGH DESERT HOSPITAL HENRY MAYO NEWHALL MEMORIAL HOSPITAL</u>	<u>6062.82</u>	<u>35073.59</u>	<u>0.2105</u>	<u>0.20100</u>	<u>0.00950</u>
<u>050624</u>	<u>HOSPITAL</u>	<u>5609.71</u>	<u>35166.00</u>	<u>0.2148</u>	<u>0.18000</u>	<u>0.03480</u>
<u>050625</u>	<u>CEDARS-SINAI MEDICAL CENTER</u>	<u>7314.78</u>	<u>35118.00</u>	<u>0.2626</u>	<u>0.23600</u>	<u>0.02660</u>
<u>050630</u>	<u>INLAND VALLEY REGIONAL MEDICAL CTR</u>	<u>5528.51</u>	<u>33992.62</u>	<u>0.1734</u>	<u>0.16900</u>	<u>0.00440</u>
<u>050633</u>	<u>TWIN CITIES COMMUNITY HOSPITAL</u>	<u>5465.06</u>	<u>34144.33</u>	<u>0.0948</u>	<u>0.09200</u>	<u>0.00280</u>
<u>050636</u>	<u>POMERADO HOSPITAL</u>	<u>5230.52</u>	<u>33593.82</u>	<u>0.3073</u>	<u>0.28400</u>	<u>0.02330</u>
<u>050641</u>	<u>EAST L.A. DOCTOR'S HOSPITAL</u>	<u>8724.30</u>	<u>35104.74</u>	<u>0.3419</u>	<u>0.31300</u>	<u>0.02890</u>
<u>050643</u>	<u>PHS INDIAN HEALTH SERVICES HOSPITAL</u>	<u>6910.52</u>	<u>40759.26</u>	<u>0.6369</u>	<u>0.60600</u>	<u>0.03086</u>
<u>050644</u>	<u>L.A. METROPOLITAN MED. CENTER</u>	<u>8741.52</u>	<u>35137.52</u>	<u>0.2540</u>	<u>0.22200</u>	<u>0.03200</u>
<u>050662</u>	<u>AGNEWS DEVELOPMENTAL CENTER</u>	<u>7119.07</u>	<u>41197.62</u>	<u>0.6964</u>	<u>0.69200</u>	<u>0.00440</u>

<u>050663</u>	<u>LOS ANGELES COMMUNITY HOSPITAL</u>	<u>8807.46</u>	<u>35114.28</u>	<u>0.2878</u>	<u>0.26000</u>	<u>0.02780</u>
<u>050667</u>	<u>NELSON M. HOLDERMAN</u>	<u>5992.19</u>	<u>38402.16</u>	<u>0.4217</u>	<u>0.32200</u>	<u>0.09970</u>
<u>050668</u>	<u>LAGUNA HONDA HOSPITAL</u>	<u>7304.96</u>	<u>42284.90</u>	<u>0.6720</u>	<u>0.65700</u>	<u>0.01500</u>
<u>050674</u>	<u>KFH SOUTH SACRAMENTO</u>	<u>5858.56</u>	<u>35089.10</u>	<u>0.9069</u>	<u>0.88100</u>	<u>0.02590</u>
<u>050677</u>	<u>KAISER FOUND. HOSP. - WOODLAND HILLS</u>	<u>5804.51</u>	<u>35101.59</u>	<u>0.2719</u>	<u>0.25000</u>	<u>0.02190</u>
<u>050678</u>	<u>ORANGE COAST MEMORIAL MEDICAL CENTER</u>	<u>6927.94</u>	<u>34334.74</u>	<u>0.3473</u>	<u>0.32800</u>	<u>0.01930</u>
<u>050680</u>	<u>VACAVALLEY HOSPITAL</u>	<u>6585.59</u>	<u>38497.36</u>	<u>0.2236</u>	<u>0.20500</u>	<u>0.01860</u>
<u>050682</u>	<u>KINGSBURG DISTRICT HOSPITAL</u>	<u>5408.67</u>	<u>31312.73</u>	<u>0.4534</u>	<u>0.44400</u>	<u>0.00940</u>
<u>050684</u>	<u>MENIFEE VALLEY MEDICAL CENTER</u>	<u>5299.22</u>	<u>34107.99</u>	<u>0.3423</u>	<u>0.28700</u>	<u>0.05530</u>
<u>050686</u>	<u>KAISER FOUND. HOSPITALS - RIVERSIDE</u>	<u>5646.28</u>	<u>34364.40</u>	<u>0.2795</u>	<u>0.25400</u>	<u>0.02550</u>
<u>050688</u>	<u>ST. LOUISE REGIONAL HOSPITAL</u>	<u>7119.07</u>	<u>41220.19</u>	<u>0.2836</u>	<u>0.25400</u>	<u>0.02960</u>
<u>050689</u>	<u>SAN RAMON REG. MEDICAL CENTER</u>	<u>6587.73</u>	<u>42287.56</u>	<u>0.1390</u>	<u>0.13200</u>	<u>0.00700</u>
<u>050690</u>	<u>KFH - SANTA ROSA</u>	<u>5810.35</u>	<u>37326.14</u>	<u>0.8331</u>	<u>0.80700</u>	<u>0.02610</u>
<u>050693</u>	<u>IRVINE MEDICAL CENTER</u>	<u>5362.06</u>	<u>34539.86</u>	<u>0.3210</u>	<u>0.22400</u>	<u>0.09700</u>
<u>050694</u>	<u>MORENO VALLEY COMMUNITY HOSPITAL</u>	<u>7017.97</u>	<u>34100.36</u>	<u>0.3186</u>	<u>0.27000</u>	<u>0.04860</u>
<u>050695</u>	<u>ST. DOMINIC'S HOSPITAL</u>	<u>5508.07</u>	<u>31887.90</u>	<u>0.2851</u>	<u>0.26600</u>	<u>0.01910</u>
<u>050696</u>	<u>USC UNIVERSITY HOSPITAL</u>	<u>7154.83</u>	<u>35145.21</u>	<u>0.1319</u>	<u>0.11400</u>	<u>0.01790</u>
<u>050697</u>	<u>PATIENTS' HOSPITAL OF REDDING</u>	<u>5409.17</u>	<u>33973.09</u>	<u>0.5307</u>	<u>0.50900</u>	<u>0.02170</u>
<u>050701</u>	<u>RANCHO SPRINGS MEDICAL CENTER</u>	<u>5815.09</u>	<u>34035.86</u>	<u>0.3324</u>	<u>0.30700</u>	<u>0.02540</u>
<u>050704</u>	<u>MISSION COMMUNITY HOSPITAL</u>	<u>8515.18</u>	<u>35082.87</u>	<u>0.4273</u>	<u>0.40300</u>	<u>0.02430</u>
<u>050707</u>	<u>RECOVERY INN OF MENLO PARK</u>	<u>6377.58</u>	<u>41003.62</u>	<u>0.4072</u>	<u>0.32200</u>	<u>0.08520</u>
<u>050708</u>	<u>FRESNO SURGERY CENTER</u>	<u>4873.98</u>	<u>31310.28</u>	<u>0.4470</u>	<u>0.34800</u>	<u>0.09900</u>
<u>050709</u>	<u>DESERT VALLEY HOSPITAL</u>	<u>5595.35</u>	<u>34022.49</u>	<u>0.3002</u>	<u>0.28200</u>	<u>0.01820</u>
<u>050710</u>	<u>KFH - FRESNO</u>	<u>4877.45</u>	<u>31312.36</u>	<u>1.0612</u>	<u>1.00700</u>	<u>0.05420</u>
<u>050713</u>	<u>LINCOLN HOSPITAL</u>	<u>6062.82</u>	<u>35067.59</u>	<u>1.1668</u>	<u>1.12300</u>	<u>0.04380</u>
<u>050714</u>	<u>SANTA CRUZ MATERINTY &amp; SURGERY HOSP</u>	<u>5828.15</u>	<u>37404.83</u>	<u>0.5562</u>	<u>0.46700</u>	<u>0.08920</u>

<u>050717</u>	<u>RANCHO LOS AMIGOS NATL.REHAB.CTR.</u>	<u>7701.55</u>	<u>35132.30</u>	<u>0.2873</u>	<u>0.25300</u>	<u>0.03430</u>
<u>050718</u>	<u>VALLEY PLAZA DOCTORS HOSPITAL</u>	<u>5879.30</u>	<u>34012.62</u>	<u>0.4921</u>	<u>0.46800</u>	<u>0.02410</u>
<u>050720</u>	<u>TUSTIN HOSPITAL AND MEDICAL CENTER</u>	<u>5631.51</u>	<u>34358.54</u>	<u>0.5820</u>	<u>0.53300</u>	<u>0.04900</u>
<u>050722</u>	<u>SHARP MARY BIRCH HOSPITAL FOR WOMEN</u>	<u>5446.07</u>	<u>33603.36</u>	<u>0.3570</u>	<u>0.32600</u>	<u>0.03100</u>
<u>050723</u>	<u>KAISER FOUND HOSPITAL - BALDWIN</u>	<u>6135.46</u>	<u>35190.30</u>	<u>0.2589</u>	<u>0.20900</u>	<u>0.04990</u>
<u>050724</u>	<u>BAKERSFIELD HEART HOSPITAL</u>	<u>5125.48</u>	<u>30927.50</u>	<u>0.3580</u>	<u>0.32600</u>	<u>0.03200</u>
<u>050725</u>	<u>CITY OF ANGELS MEDICAL CENTER</u>	<u>8758.45</u>	<u>35276.78</u>	<u>0.4614</u>	<u>0.32200</u>	<u>0.13940</u>
<u>050726</u>	<u>STANISLAUS SURGICAL HOSPITAL</u>	<u>5260.78</u>	<u>33771.94</u>	<u>0.4169</u>	<u>0.31400</u>	<u>0.10290</u>
<u>050727</u>	<u>COMMUNITY HOSPITAL OF LONG BEACH</u>	<u>5475.04</u>	<u>35108.58</u>	<u>0.3580</u>	<u>0.32600</u>	<u>0.03200</u>
<u>050728</u>	<u>SUTTER WARRACK HOSPITAL</u>	<u>5806.06</u>	<u>37326.66</u>	<u>0.4001</u>	<u>0.38800</u>	<u>0.01210</u>
<u>050729</u>	<u>DANIEL FREEMAN HOSPITAL</u>	<u>7274.90</u>	<u>35110.94</u>	<u>0.2490</u>	<u>0.22600</u>	<u>0.02300</u>
<u>050730</u>	<u>DANIEL FREEMAN MARINA HOSPITAL</u>	<u>5689.52</u>	<u>35127.36</u>	<u>0.2740</u>	<u>0.24300</u>	<u>0.03100</u>

**Full Payment Impact File (impfile04zip) at <http://www.cms.gov/providers/hipps/ippspufs.asp>**  
(Section 9789.23 reflects the modifications of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Public Law 108-173, §§401, 402 and 502, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.  
**Record Layout at [http://cms.hhs.gov/providers/hipps/impact\\_rcd\\_lay.pdf](http://cms.hhs.gov/providers/hipps/impact_rcd_lay.pdf)**

**Composite Rate (in italics) reflects Sole Community Hospital adjustment**

Authority: Sections 133, 4603.5, 5307.1, 5307.3, and 5318, Labor Code.

Reference: Sections 4600, 4603.2, 5307.1, and 5318, Labor Code.

**Section 9789.30. Hospital Outpatient Departments and Ambulatory Surgical Centers - Definitions.**

- (a) “Adjusted Conversion Factor” means the CMS’ conversion factor for 2003 of  $\$52.151 \times$  the market basket inflation factor of  $1.034 \times (0.4 + (0.6 \times \text{wage index}))$ .
- (b) “Ambulatory Payment Classifications (APC)” means the Centers for Medicare & Medicaid Services’ (CMS) list of ambulatory payment classifications of hospital outpatient services.
- (c) “Ambulatory Surgical Center (ASC)” means any surgical clinic as defined in the California Health and Safety Code Section 1204, subdivision (b)(1), any ambulatory surgical center that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act, or any surgical clinic accredited by an accrediting agency as approved by the Licensing Division of the Medical Board of California pursuant to Health and Safety Code Sections 1248.15 and 1248.4.
- (d) “Annual Utilization Report of Specialty Clinics” means the Annual Utilization Report of Clinics ~~which that~~ is filed by February 15 of each year with the Office of Statewide Health Planning and Development by the ASCs as required by Section 127285 and Section 1216 of the Health and Safety Code.
- (e) “APC Payment Rate” means CMS’ hospital outpatient prospective payment system rate for Calendar Year 2004 as set forth in the Federal Register on November 7, 2003, Volume 68, No. 216, Addendum B, pages 63488 through 63655 conformed to comply with CMS-1471-CN, Federal Register, Volume 68, No. 250 (December 31, 2003), pages 75442 through 75445, and CMS-1371-IFC, Federal Register, Volume 69, No. 3 (January 6, 2004), pages 820 through 844.
- (f) “APC Relative Weight” means CMS’ APC relative weight as set forth in CMS’ hospital outpatient prospective payment system for the Calendar Year 2004 as set forth in the Federal Register on November 7, 2003, Volume 68, No. 216, Addendum B, pages 63488 through 63655 conformed to comply with CMS-1471-CN, Federal Register, Volume 68, No. 250 (December 31, 2003), pages 75442 through 75445, and CMS-1371-IFC, Federal Register, Volume 69, No. 3 (January 6, 2004), pages 820 through 844.
- (g) “CMS” means the Centers for Medicare & Medicaid Services of the United States Department of Health and Human Services.
- (h) “Cost to Charge Ratio for ASC” means the ratio of the facility’s total operating costs to total gross charges during the preceding calendar year.
- (i) “Cost to Charge Ratio for Hospital Outpatient Department” means the hospital cost-to-charge used by the Medicare fiscal intermediary to determine high cost outlier payments.

- (j) “HCPCS” means CMS’ Healthcare Common Procedure Coding System, which describes products, supplies, procedures and health professional services and includes, the American Medical Associations (AMA’s) Physician “*Current Procedural Terminology*”, Fourth Edition (CPT-4) codes, alphanumeric codes, and related modifiers.
- (k) “HCPCS Level I Codes” are the AMA’s CPT-4 codes and modifiers for professional services and procedures.
- (l) “HCPCS Level II Codes” are national alphanumeric codes and modifiers maintained by CMS for health care products and supplies, as well as some codes for professional services not included in the AMA’s CPT-4.
- (m) “Health facility” means any facility as defined in Section 1250 of the Health and Safety Code.
- (n) “Hospital Outpatient Department” means any hospital outpatient department of a health facility as defined in the California Health and Safety Code Section 1250 and any hospital outpatient department that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act.
- (o) “Hospital Outpatient Department Services” means services furnished by any health facility as defined in the California Health and Safety Code Section 1250 and any hospital that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act to a patient who has not been admitted as an inpatient but who is registered as an outpatient in the records of the hospital.
- (p) “Market Basket Inflation Factor” means 3.4%, the market basket percentage increase determined by CMS for FY 2004, as set forth in the Federal Register on August 1, 2003, Volume 68, at page 45346.
- (q) “Outpatient Prospective Payment System (OPPS)” means Medicare’s payment system for outpatient services at hospitals. These outpatient services are classified according to a list of ambulatory payment classifications (APCs).
- (r) “Total Gross Charges” means the facility’s total usual and customary charges to patients and third-party payers before reductions for contractual allowances, bad debts, courtesy allowances and charity care.
- (s) “Total Operating Costs” means the direct cost incurred in providing care to patients. Included in operating cost are: salaries and wages, rent or mortgage, employee benefits, supplies, equipment purchase and maintenance, professional fees, advertising, overhead, etc. It does not include start up costs.
- (t) “Wage Index” means CMS’ wage index for urban, rural and hospitals that are reclassified as described in CMS’ 2004 Hospital Outpatient Prospective Payment System (HOPPS),

adopted for the Calendar Year 2004, published in the Federal Register on November 7, 2003, Volume 68, No. 216, Addenda H through J, pages 63682 through 63690.

- (u) “Workers’ Compensation Multiplier” means the 120% Medicare multiplier required by Labor Code Section 5307.1, or the 122% multiplier that includes an extra 2% reimbursement for high cost outlier cases.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

### **Section 9789.31. Hospital Outpatient Departments and Ambulatory Surgical Centers – Adoption of Standards.**

- (a) The Administrative Director incorporates by reference, the Centers for Medicare and Medicaid Services’ (CMS) 2004 Hospital Outpatient Prospective Payment System (HOPPS), adopted for the Calendar Year 2004, published in the Federal Register on November 7, 2003, Volume 68, No. 216, Addenda A through J, pages 63478 through 63690 (CMS-1471-FC), as changed by CMS-1471-CN, Federal Register, Volume 68, No. 250 (December 31, 2003), pages 75442 through 75445, and CMS-1371-IFC, Federal Register, Volume 69, No. 3 (January 6, 2004), pages 820 through 844. See <http://www.cms.hhs.gov/regulations/hopps/>. The payment system includes as follows:

- (1) Addendum A “List of Ambulatory Payment Classifications (APCs) with Status Indicators, Relative Weights, Payment Rates, and Copayment Amounts Calendar Year 2004.”
- (2) Addendum B “Payment Status by HCPCS Code and Related Information Calendar Year 2004.”
- (3) Addendum D1 “Payment Status Indicators for Hospital Outpatient Prospective Payment System.”
- (4) Addendum D2 “Code Conditions.”
- (5) Addendum E “CPT Codes Which Would Be Paid Only As Inpatient Procedures.”
- (6) Addendum H “Wage Index For Urban Areas”
- (7) Addendum I “Wage Index For Rural Areas”
- (8) Addendum J “Wage Index For Hospitals That Are Reclassified.”

- (b) The Administrative Director incorporates by reference the American Medical Associations’ Physician “*Current Procedural Terminology*,” 2004 Edition.

- (c) The Administrative Director incorporates by reference CMS' 2004 Alphanumeric "Healthcare Common Procedure Coding System (HCPCS)."

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

**Section 9789.32. Outpatient Hospital Department and Ambulatory Surgical Center Fee Schedule – Applicability.**

- (a) Sections 9789.30 through 9789.368 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures rendered after January 1, 2004. For purposes of this section, emergency room visits shall be defined by CPT codes 99281-99285 and surgical procedures shall be defined by CPT codes 10040-69990. A facility fee is payable only for the specified emergency room and surgical codes and for supplies, drugs, devices, blood products and biologicals that are an integral part of the emergency room visit or surgical procedure. A supply, drug, device, blood product and biological is considered an integral part of an emergency room visit or surgical procedure if:
- (1) the item has a status code N and is packaged into the APC payment for the emergency room visit or surgical procedure (in which case no additional fee is allowable) or,
  - (2) the item is assigned to the same APC as the emergency room visit or surgical procedure and has a status indicator H or,
  - (3) the item is furnished in conjunction with an emergency room visit or surgical procedure and has been assigned Status Code G, H or K.

Payment for other services furnished in conjunction with a surgical procedure or emergency room visit shall be in accordance with subdivision (c) of this Section.

- (b) Sections 9789.30 through 9789.368 apply to any hospital outpatient department as defined in Section 9789.30(n) and any hospital outpatient department that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act and any ASC as defined in the California Health and Safety Code Section 1204, subdivision (b)(1), any ambulatory surgical center that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. SEC. 1395 et seq.) of the federal Social Security Act, and any surgical clinic accredited by an accrediting agency as approved by the Licensing Division of the Medical Board of California pursuant to Health and Safety Code Sections 1248.15 and 1248.4, performing procedures and services on an outpatient basis.
- (c) The maximum allowable fees for services, drugs and supplies furnished by hospitals and ambulatory surgical centers that do not meet the requirements in (a) for a facility fee

payment and are not bundled in the APC payment rate for a surgical service or emergency room visit will be determined as follows:

- ~~(1) The maximum allowable fees for the technical component of the diagnostic services shall be determined according to Section 9789.10 and Section 9789.11.~~
  - ~~(2)~~(1) The maximum allowable fees for the professional component of medical services that are not included in the APC payment rate for emergency room visits and surgical procedures, and which are performed by physicians and other licensed health care providers shall be paid according to Section 9789.10 and Section 9789.11.
  - ~~(3)~~(2) The maximum allowable fees for organ acquisition costs and corneal tissue acquisition costs shall be based on the documented paid cost of procuring the organ or tissue.
  - ~~(4)~~(3) The maximum allowable fee for drugs not otherwise covered by a Medicare fee schedule payment for facility service shall be 100% of the fee prescribed by Medi-Cal pursuant to Labor Code Section 5307.1 subdivision (a), or, where applicable, Section 9789.40.
  - ~~(5)~~(4) The maximum allowable fee for clinical diagnostic tests shall be determined according to Section 9789.50.
  - ~~(5) The maximum allowable fees for the technical component of the diagnostic services with a status code indicator "X" shall be determined according to Section 9789.10 and Section 9789.11.~~
  - (6) The maximum allowable fee for durable medical equipment, prosthetics and orthotics shall be determined according to Section 9789.60.
  - (7) The maximum allowable fee for ambulance service shall be determined according to Section 9789.70.
- (d) Only hospitals may charge or collect a facility fee for emergency room visits. Only hospital outpatient departments and ambulatory surgical centers as defined in Section 9789.30(n) and Section 9789.30(c) may charge or collect a facility fee for surgical services provided on an outpatient basis.
- (e) Hospital outpatient departments and ambulatory surgical centers shall not be reimbursed for procedures on the inpatient only list, Section 9789.31(a)(5), Addendum E, except that pre-authorized services rendered are payable at the pre-negotiated fee arrangement. The pre-authorization must be provided by an authorized agent of the claims administrator to the provider. The fee agreement and pre-authorization must be memorialized in writing prior to performing the medical services.

- (f) Critical access hospitals and hospitals that are excluded from acute PPS are exempt from this fee schedule.
- (g) Out of state hospital outpatient departments and ambulatory surgical centers are exempt from this fee schedule.
- (h) Hospital outpatient departments and ambulatory surgical centers billing for facility fees and other services under this Section shall present with their bill the name and physical address of the facility, the facility's Medicare Provider Number or UPIN (or, in the absence of the Medicare number, the OSHPD Facility Number). The bill shall include the dates of service, the diagnosis and procedure codes and charges for each service, and the applicable APC codes.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

**Section 9789.33. Hospital Outpatient Departments and Ambulatory Surgical Facilities Fee Schedule – Determination of Maximum Reasonable Fee.**

- (a) For Services rendered after January 1, 2004, the maximum allowable payment for outpatient facility fees for hospital emergency room services or for surgical services performed at a hospital outpatient department or at an ambulatory surgical center shall be determined based on the following. The 1.22 factor shall be used in lieu of an additional payment for high cost outlier cases.

- (1) Procedure codes with status code indicators “S”, “T”, “X” or “V”:

*(APC relative weight x \$52.151) x (.40 + .60 x applicable wage index) x inflation factor of 1.034 x 1.22*

(A) Table A in Section 9789.34 contains an “adjusted conversion factor” which incorporates the standard conversion factor, wage index and inflation factor. The maximum payment rate for ASCs and non-listed hospitals can be determined as follows:

*APC relative weight x adjusted conversion factor x 1.22*

(B) Table B in Section 9789.35 contains an “adjusted conversion factor” which incorporates the standard conversion factor, wage index and inflation factor. The maximum payment rate for the listed hospitals can be determined as follows:

*APC relative weight x adjusted conversion factor x 1.22*

- (2) Procedure codes for drugs and biologicals with status code indicator “G”:

*APC payment rate x 1.22*

- (3) Procedure codes for devices with status code indicator “H”:

*Documented paid costs, net of discounts and rebates, plus 10% not to exceed \$250.00, plus any sales tax and/or shipping and handling charges actually paid.*

- (4) Procedure codes for drugs and biologicals with status code indicator “K”:

*APC payment rate x 1.22*

- (b) Alternative payment methodology. In lieu of the maximum allowable fees set forth under (a), the maximum allowable fees for a facility meeting the requirements in subdivisions (c)(1) through (c)(5) will be determined as follows:

- (1) Standard payment:

- (A) Procedure codes with status code indicators “S”, “T”, or “V”:

*(APC relative weight x \$52.151) x (.40 + .60 x applicable wage index) x inflation factor of 1.034 x 1.20*

- (B) Procedure codes for drugs and biologicals with status code indicator “G”:

*APC payment rate x 1.20*

- (C) Procedure codes for devices with status code indicator “H”:

*Documented paid costs, net of discounts and rebates, plus 10% not to exceed \$250.00, plus any sales tax and/or shipping and handling charges actually paid.*

- (D) Procedure codes for drugs and biologicals with status code indicator “K”

*APC payment rate x 1.20*

- (E) Procedures codes for surgical procedures with status code indicator “X” when no APC payment is made for a procedure with status code indicator “S”, “T”, or “V”:

*APC relative weight x adjusted conversion factor x 1.20*

- (2) Additional payment for high cost outlier case:

$$[(\text{Facility charges} \times \text{cost-to-charge ratio}) - (\text{standard payment} \times 2.6)] \times .50$$

- (3) In determining the additional payment, the facility's charges and ~~standard~~ payment for devices with status code indicator "H" shall be excluded from the computation.
- (c) The following requirements shall be met for election of the alternative payment methodology:
- (1) A facility seeking to be paid for high cost outlier cases under subdivision 9789.33(b) must file a written election using DWC Form 15 "Election for High Cost Outlier," contained in Section 9789.37. The form must be filed by March 1 of each year and shall be effective for one year commencing with services furnished on or after April 1 of the year in which the election is made.
  - (2) The maximum allowable fees applicable to a facility that does not file a timely election satisfying the requirements set forth in this subdivision and Section 9789.37 shall be determined under subdivision (a).
  - (3) The maximum allowable fees applicable to a hospital that does not participate under the Medicare program shall be determined under subdivision (a).
  - (4) The cost-to-charge ratio applicable to a hospital participating in the Medicare program shall be the hospital's cost-to-charge ratio used by the Medicare fiscal intermediary to determine high cost outlier payments under 42 C.F.R. § 419.43(d), which is incorporated by reference, as contained in Section 9789.38 Appendix X. The cost-to-charge ratio being used by the intermediary for services furnished on February 15 of the year the election is filed shall be included on the hospital's election form.
  - (5) The cost-to-charge ratio applicable to an ambulatory surgery center shall be the ratio of the facility's total operating costs to total gross charges during the preceding calendar year. Total Operating Costs are the direct costs incurred in providing care to patients. Included in operating cost are: salaries and wages, rent or mortgage, employee benefits, supplies, equipment purchase and maintenance, professional fees, advertising, overhead, etc. It does not include start up costs. Total gross charges are defined as the facility's total usual and customary charges to all patients and third-party party payers before reductions for contractual allowances, bad debts, courtesy allowances and charity care. The facility's election form, as contained in Section 9789.37 shall include a completed Annual Utilization Report of Specialty Clinics filed with Office of Statewide Health Planning and Development (OSHPD) for the preceding calendar year, which is incorporated by reference. The facility's election form shall

further include the facility's total operating costs during the preceding calendar year, the facility's total gross charges during the preceding calendar year, and a certification under penalty of perjury signed by the Chief Executive Officer and a Certified Public Accountant, as to the accuracy of the information. Upon request from the Administrative Director, an independent audit may be conducted at the expense of the ASC. (Note: While ASCs may not typically file Annual Utilization Report of Specialty Clinics with OSHPD, any ASC applying for the alternative payment methodology must file the equivalent, subject to the Division of Workers' Compensation's audit.) A copy of the Annual Utilization Report of Specialty Clinics may be obtained at OSHPD's website at <http://www.oshpd.ca.gov/HID/HID/clinic/util/index.htm#Forms> or upon request to the Administrative Director at: Division of Workers' Compensation (Attention: OMFS-Outpatient) P.O. Box 420603, San Francisco, CA 94142.

- (6) Before April 1 of each year the AD shall post a list of those facilities that have elected to be paid under this paragraph and the facility-specific cost-to-charge ratio that shall be used to determine additional fees allowable for high cost outlier cases. The list shall be posted on the Division of Workers' Compensation website: [http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm) or is available upon request to the Administrative Director at: Division of Workers' Compensation (Attention: OMFS-Outpatient), P.O. Box 420603, San Francisco, CA 94142

(d) Any ambulatory surgical center that believes its cost-to-charge ratio in connection with its election to participate in the alternative payment methodology for high cost outlier cases under Section 9789.33(b) was erroneously determined because of error in tabulating data may request the Administrative Director for a re-determination of its cost-to-charge ratio. Such request shall be in writing, shall state the alleged error, and shall be supported by written documentation. Within 30 days after receiving a complete written request, the Administrative Director shall make a redetermination of the cost-to-charge ratio or reaffirm the published cost-to-charge ratio.

~~(d)~~(e) The OPSS rules in 42 C.F.R § 419.44 regarding reimbursement for multiple procedures are incorporated by reference as contained in Section 9789.38 Appendix X.

~~(e)~~(f) The OPSS rules in 42 C.F.R. §§ 419.62, 419.64, and 419.66 regarding transitional pass-through payments for innovative medical devices, drugs and biologicals shall be incorporated by reference, as contained in Section 9789.38 Appendix X, except that payment for these items shall be in accordance with subdivisions (a) or (b) as applicable.

~~(f)~~(g) The payment determined under subdivisions (a) and (b) include reimbursement for all of the included cost items specified in 42 CFR § 419.2(b)(1)-(12), which is incorporated by reference as contained in Section 9789.38 Appendix X.

~~(h)~~ The maximum allowable fee shall be determined without regard to ~~In addition, all of the~~ cost items specified in 42 C.F.R. § 419.2(c)~~1-6~~ (1), (2), (3), (4), and (6), as contained in Section 9789.38 Appendix X, ~~are included in the maximum allowable payment rate and are incorporated by reference as contained in Section 9789.38 Appendix X.~~ Cost item set forth at 42 C.F.R. §419(c)(5), as contained in Section 9789.38 Appendix X, is payable pursuant to Section 9789.32(c)(2). Cost items set forth at 42 C.F.R. §419(c)(7) and (8), as contained in Section 9789.38 Appendix X, are payable pursuant to Section 9789.32(c)(3).

~~(g)~~(i) The maximum allowable fees shall be determined without regard to the provisions in 42 C.F.R. § 419.70.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.  
Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

**Section 9789.34. Table A.**  
**(See Addenda H and I set forth in Section 9789.31)**

MSA Code	Urban/Rural Area	Constituent Counties	Wage Index	Adjusted Conversion Factor <del>(Before CA WC Adjustment)</del> Factor*
680	Bakersfield, CA	Kern	0.9967	53.82
1620	Chico-Paradise, CA	Butte	1.0193	54.55
2840	Fresno, CA	Fresno Madera	1.0142	54.38
4480	Los Angeles-Long Beach, CA	Los Angeles	1.1832	59.85
4940	Merced, CA	Merced	0.9967	53.82
5170	Modesto, CA	Stanislaus	1.1275	58.05
5775	Oakland, CA	Alameda Contra Costa	1.5119	70.49
5945	Orange County, CA	Orange	1.1492	58.75
6690	Redding, CA	Shasta	1.1352	58.30
6780	Riverside-San Bernardino, CA	Riverside San Bernardino	1.1348	58.29
6920	Sacramento, CA	El Dorado Placer Sacramento	1.1845	59.89
7120	Salinas, CA	Monterey	1.4339	67.96
7320	San Diego, CA	San Diego	1.1147	57.64
7360	San Francisco, CA	Marin San Francisco San Mateo	1.4514	68.53
7400	San Jose, CA	Santa Clara	1.4626	68.89
7460	San Luis Obispo-Atascadero-Paso Robles, CA	San Luis Obispo	1.1429	58.55

7480	Santa Barbara-Santa Maria-Lompoc, CA	Santa Barbara	1.0441	55.35
7485	Santa Cruz-Watsonville, CA	Santa Cruz	1.2942	63.44
7500	Santa Rosa, CA	Sonoma	1.2877	63.23
8120	Stockton-Lodi, CA	San Joaquin	1.0404	55.23
8720	Vallejo-Fairfield-Napa, CA	Napa Solano	1.3425	65.01
8735	Ventura, CA	Ventura	1.1064	57.37
8780	Visalia-Tulare-Porterville, CA	Tulare	0.9967	53.82
9270	Yolo, CA	Yolo	0.9967	53.82
9340	Yuba City, CA	Sutter Yuba	1.0196	54.56
Non-MSA Areas of State			0.9967	53.82

**\* \$52.151 x (.40 + .60 x applicable wage index) x inflation factor of 1.034**

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

Section 9789.35. Table B.  
(See Addenda H, I and J set forth in Section 9789.31)

PROVIDER #	NAME	WIGRN - MSA WAGE INDEX	Adjusted Conversion Factor (before CA WC Adjustment Factor)
050002	ST. ROSE HOSPITAL	1.5119	70.49
050006	ST JOSEPH - EUREKA	0.9967	53.82
050007	MILLS PENINSULA MEDICAL CENTER	1.4514	68.53
050008	CPMC - DAVIES CAMPUS	1.4514	68.53
050009	QUEEN OF THE VALLEY HOSPITAL	1.3425	65.01
050013	ST HELENA HOSPITAL	1.3425	65.01
050014	SUTTER AMADOR HOSPITAL	0.9967	53.82
050015	NORTHERN INYO HOSPITAL	0.9967	53.82
050016	ARROYO GRANDE COMMUNITY HOSPITAL	1.1429	58.55
050017	MERCY GENERAL HOSPITAL	1.1845	59.89
050018	PACIFIC ALLIANCE MEDICAL CNTR	1.1832	59.85
050022	RIVERSIDE COMMUNITY	1.1348	58.29
050024	PARADISE VALLEY HOSPITAL	1.1147	57.64
050025	UCSD MEDICAL CENTER	1.1147	57.64
050026	GROSSMONT HOSPITAL	1.1147	57.64
050028	MAD RIVER COMMUNITY HOSPITAL	0.9967	53.82
050029	ST.LUKE MEDICAL CENTER	1.1832	59.85
050030	OROVILLE HOSPITAL	1.0193	54.55
050036	MEMORIAL HOSPITAL	0.9967	53.82
050038	SANTA CLARA VALLEY MEDICAL CENTER	1.4626	68.89
050039	ENLOE MEDICAL CENTER	1.0193	54.55
050040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	1.1832	59.85
050042	ST ELIZABETH COMMUNITY HOSPITAL	1.1352	58.30
050043	SUMMIT MEDICAL CENTER	1.5119	70.49
050045	EL CENTRO REGIONAL MED. CTR.	0.9967	53.82
050046	OJAI VALLEY COMMUNITY HOSPITAL	1.1064	57.37
050047	CALIFORNIA PACIFIC MEDICAL CENTER	1.4514	68.53
050054	SAN GORGONIO MEMORIAL HOSPITAL	1.1348	58.29
050055	ST. LUKES HOSPITAL	1.4514	68.53
050056	ANTELOPE VALLEY HOSPITAL	1.1832	59.85
050057	KAWEAH DELTA HEALTH CARE DISTRICT	0.9967	53.82
050058	GLENDALE MEMORIAL HOSPITAL & HLTH CT	1.1832	59.85
050060	COMMUNITY MEDICAL CENTER - FRESNO	1.0142	54.38
050061	ST. FRANCIS MEDICAL CENTER	1.0441	55.35
050063	QUEEN OF ANGELS - HLLYWD PRES MC	1.1832	59.85
050065	WMC SANTA ANA	1.1492	58.75
050067	OAK VALLEY DISTRICT HOSPITAL	1.1275	58.05
050069	ST. JOSEPH HOSPITAL	1.1492	58.75
050070	KFH - SOUTH SAN FRANCISCO	1.4514	68.53
050071	KFH - SANTA CLARA	1.5119	70.49
050072	KFH - WALNUT CREEK	1.5119	70.49
050073	KFH - VALLEJO	1.5119	70.49

050075	KFH - OAKLAND	1.5119	70.49
050076	KFH - SAN FRANCISCO	1.4514	68.53
050077	SCRIPPS MERCY HOSPITAL	1.1147	57.64
050078	SAN PEDRO PENINSULA HOSPITAL	1.1832	59.85
050079	DOCTORS MEDICAL CENTER-SAN PABLO	1.5119	70.49
050082	ST. JOHN'S REGIONAL MEDICAL CENTER	1.1064	57.37
050084	ST. JOSEPH'S MEDICAL CENTER	1.0404	55.23
050088	SAN LUIS OBISPO GEN HOSPITAL	1.1429	58.55
050089	COMMUNITY HOSPITAL OF SAN BERNARDINO	1.1348	58.29
050090	SONOMA VALLEY HEALTH CARE DIST.	1.2877	63.23
050091	HUNTINGTON PARK	1.1832	59.85
050093	SAINT AGNES MEDICAL CENTER	1.0142	54.38
050095	LAURAL GROVE HOSPITAL	1.5119	70.49
050096	DOCTOR'S HOSP. OF WEST COVINA	1.1832	59.85
050099	SAN ANTONIO COMMUNITY HOSPITAL	1.1348	58.29
050100	SHARP MEMORIAL HOSPITAL	1.1147	57.64
050101	SUTTER SOLANO MEDICAL CENTER	1.5119	70.49
050102	PARKVIEW COMMUNITY HOSPITAL	1.1348	58.29
050103	WHITE MEMORIAL MEDICAL CENTER	1.1832	59.85
050104	ST. FRANCIS MEDICAL CENTER	1.1832	59.85
050107	MARIAN MEDICAL CENTER	1.0441	55.35
050108	SUTTER MEDICAL CENTER-SACRAMENTO	1.1845	59.89
050110	LOMPOC DISTRICT HOSPITAL	1.0441	55.35
050111	TEMPLE COMMUNITY HOSPITAL	1.1832	59.85
050112	SANTA MONICA HOSPITAL	1.1832	59.85
050113	SAN MATEO COUNTY GENERAL HOSPITAL	1.4514	68.53
050114	SHERMAN OAKS HOSP AND HLTH CENTER	1.1832	59.85
050115	PALOMAR MEDICAL CENTER	1.1147	57.64
050116	NORTHRIDGE HOSPITAL - ROSCO	1.1832	59.85
050117	MERCY HOSPITAL & HEALTH SYSTEM	0.9967	53.82
050118	DOCTORS HOSPITAL OF MANTECA	1.0404	55.23
050121	HANFORD COMM. MEDICAL CENTER	0.9967	53.82
050122	DAMERON HOSPITAL	1.0404	55.23
050124	VERDUGO HILLS HOSPITAL	1.1832	59.85
050125	REGIONAL MEDICAL CENTER OF SAN JOSE	1.4626	68.89
050126	VALLEY PRESBYTERIAN HOSPITAL	1.1832	59.85
050127	WOODLAND MEMORIAL HOSPITAL	0.9967	53.82
050128	TRI-CITY MEDICAL CENTER	1.1147	57.64
050129	ST. BERNARDINE MEDICAL CENTER	1.1348	58.29
050131	NOVATO COMMUNITY HOSPITAL	1.4514	68.53
050132	SAN GABRIEL VALLEY MEDICAL CENTER	1.1832	59.85
050133	RIDEOUT MEMORIAL HOSPITAL	1.0196	54.56
050135	HOLLYWOOD COMM HOSP OF HOLLYWOOD	1.1832	59.85
050136	PETALUMA VALLEY HOSPITAL	1.2877	63.23
050137	KAISER FOUND. HOSP - PANORAMA	1.1832	59.85
050138	KAISER FOUNDATION HOSPITALS - SUNSET	1.1832	59.85
050139	KAISER FOUND. HOSPITALS - BELLFLOWER	1.1832	59.85
050140	KAISER FOUND. HOSPITALS - FONTANA	1.1348	58.29
050144	BROTMAN MEDICAL CENTER	1.1832	59.85
050145	COMMUNITY HOSP. MONTEREY PENINSULA	1.4339	67.96

050148	PLUMAS DISTRICT HOSPITAL MCARE RPT	0.9967	53.82
050149	CALIFORNIA HOSPITAL MEDICAL CENTER	1.1832	59.85
050150	SIERRA NEVADA MEMORIAL HOSPITAL	1.1845	59.89
050152	SAINT FRANCIS MEMORIAL HOSPITAL	1.4514	68.53
050153	O'CONNOR HOSPITAL	1.4626	68.89
050155	MONROVIA COMMUNITY HOSPITAL	1.1832	59.85
050158	ENCINO TARZANA MEDICAL CENTER	1.1832	59.85
050159	VENTURA COUNTY MEDICAL CENTER	1.1064	57.37
050167	SAN JOAQUIN GENERAL HOSPITAL	1.0404	55.23
050168	ST. JUDE MEDICAL CENTER	1.1492	58.75
050169	PRESBYTERIAN INTERCOMMUNITY HOSP	1.1832	59.85
050172	REDWOOD MEMORIAL HOSPITAL	0.9967	53.82
050173	ANAHEIM GENERAL HOSPITAL	1.1492	58.75
050174	SANTA ROSA MEMORIAL HOSPITAL	1.3425	65.01
050175	WHITTIER HOSPITAL MEDICAL CENTER	1.1832	59.85
050177	SANTA PAULA MEMORIAL HOSPITAL	1.1064	57.37
050179	EMANUEL MEDICAL CENTER	1.1275	58.05
050180	JOHN MUIR MEDICAL CENTER	1.5119	70.49
050188	COMM HOSP.& REHAB- LOS GATOS	1.4626	68.89
050189	MEE MEMORIAL HOSPITAL	1.4339	67.96
050191	ST. MARY MEDICAL CENTER	1.1832	59.85
050192	SIERRA KINGS DISTRICT HOSPITAL	0.9967	53.82
050193	SOUTH COAST MEDICAL CENTER	1.1492	58.75
050194	WATSONVILLE COMMUNITY	1.2942	63.44
050195	WASHINGTON HOSPITAL DISTRICT	1.5119	70.49
050196	CENTRAL VALLEY GEN. HOSPITAL	0.9967	53.82
050197	SEQUOIA HEALTH SERVICES	1.4514	68.53
050204	LANCASTER COMMUNITY HOSPITAL	1.1832	59.85
050205	HUNTINGTON EAST VALLEY HOSPITAL	1.1832	59.85
050207	FREMONT MEDICAL CENTER	1.0196	54.56
050211	ALAMEDA HOSPITAL	1.5119	70.49
050214	GRANADA HILLS HOSPITAL	1.1832	59.85
050215	SAN JOSE MEDICAL CENTER	1.4626	68.89
050217	FAIRCHILD MEDICAL CENTER	0.9967	53.82
050219	COAST PLAZA DOCTORS HOSPITAL	1.1832	59.85
050222	SHARP CHULA VISTA MEDICAL CTR	1.1147	57.64
050224	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	1.1492	58.75
050225	FEATHER RIVER HOSPITAL	1.0193	54.55
050226	ANAHEIM MEMORIAL MEDICAL CENTER	1.1492	58.75
050228	SAN FRANCISCO GENERAL HOSPITAL	1.5119	70.49
050230	GARDEN GROVE MEDICAL CENTER	1.1832	59.85
050231	POMONA VALLEY HOSPITAL MED CTR	1.1832	59.85
050232	FRENCH HOSPITAL MEDICAL CENTER	1.1429	58.55
050234	SHARP CORONADO HOSPITAL	1.1147	57.64
050235	PROVIDENCE SAINT JOSEPH MED. CENTER	1.1832	59.85
050236	SIMI VALLEY HOSPITAL	1.1832	59.85
050238	METHODIST HOSPITAL OF SO. CALIF.	1.1832	59.85
050239	GLENDALE ADVENTIST MEDICAL CENTER	1.1832	59.85
050240	CENTINELA HOSPITAL MEDICAL CENTER	1.1832	59.85
050242	DOMINICAN SANTA CRUZ HOSPITAL	1.2942	63.44

050243	DESERT HOSPITAL	1.1348	58.29
050245	ARROWHEAD REGIONAL MEDICAL CENTER	1.1348	58.29
050248	NATIVIDAD MEDICAL CENTER	1.4339	67.96
050251	LASSEN COMMUNITY HOSPITAL	1.0682	56.13
050253	BELLWOOD GENERAL HOSPITAL	1.1492	58.75
050254	MARSHALL HOSPITAL	1.1845	59.89
050256	ORTHOPAEDIC HOSPITAL	1.1832	59.85
050257	GOOD SAMARITAN HOSPITAL	0.9967	53.82
050261	SIERRA VIEW DISTRICT HOSPITAL	0.9967	53.82
050262	UCLA MEDICAL CENTER	1.1832	59.85
050264	SAN LEANDRO HOSPITAL	1.5119	70.49
050267	DANIEL FREEMAN MEMORIAL HOSPITAL	1.1832	59.85
050270	SMH - CHULA VISTA	1.1147	57.64
050272	REDLANDS COMMUNITY HOSPITAL	1.1348	58.29
050276	CONTRA COSTA REGIONAL MEDICAL CNTR	1.5119	70.49
050277	PACIFIC HOSPITAL OF LONG BEACH	1.1832	59.85
050278	PROVIDENCE HOLY CROSS MED. CENTER	1.1832	59.85
050279	HI - DESERT MEDICAL CENTER	1.1348	58.29
050280	MERCY MEDICAL CENTER REDDING	1.1352	58.30
050281	ALHAMBRA HOSPITAL	1.1832	59.85
050283	VALLEY MEMORIAL HOSPITAL	1.5119	70.49
050289	SETON MEDICAL CENTER	1.4514	68.53
050290	SAINT JOHN'S HOSPITAL	1.1832	59.85
050291	SUTTER MEDICAL CENTER OF SANTA ROSA	1.2877	63.23
050292	RIVERSIDE COUNTY REGIONAL MED CENTER	1.1348	58.29
050295	MERCY HOSPITAL	0.9967	53.82
050296	HAZEL HAWKINS MEM. HOSPITAL	1.4339	67.96
050298	BARSTOW COMMUNITY HOSPITAL	1.1348	58.29
050299	NORTHRIDGE HOSPITAL MEDICAL CENTER-S	1.1832	59.85
050300	ST MARY REGIONAL MEDICAL CENTER	1.1348	58.29
050301	UKIAH VALLEY MEDICAL CENTER	0.9967	53.82
050305	ALTA BATES MEDICAL CENTER	1.5119	70.49
050308	EL CAMINO HOSPITAL	1.4626	68.89
050309	SUTTER ROSEVILLE MEDICAL CENTER	1.1845	59.89
050312	REDDING MEDICAL CENTER	1.1352	58.30
050313	SUTTER TRACY COMMUNITY HOSPITAL	1.0404	55.23
050315	KERN MEDICAL CENTER	0.9967	53.82
050320	ALAMEDA COUNTY MEDICAL CENTER	1.5119	70.49
050324	SCRIPPS MEM HOSPITAL-LA JOLLA	1.1147	57.64
050325	TUOLUMNE GENERAL HOSPITAL	1.1148	57.64
050327	LOMA LINDA UNIVERSITY MEDICAL CTR.	1.1348	58.29
050329	CORONA REGIONAL MEDICAL CENTER	1.1348	58.29
050331	HEALSDBURG GENERAL HOSPITAL	1.2877	63.23
050333	SENECA DISTRICT HOSPITAL	0.9967	53.82
050334	SALINAS VALLEY MEMORIAL HOSPITAL	1.4339	67.96
050335	SONORA COMMUNITY HOSPITAL	1.1148	57.64
050336	LODI MEMORIAL HOSPITAL	1.0404	55.23
050342	PIONEERS MEM. HOSPITAL	0.9967	53.82
050348	UCI MEDICAL CENTER	1.1492	58.75
050349	CORCORAN DISTRICT HOSPITAL	0.9967	53.82

050350	BEVERLY COMMUNITY HOSPITAL	1.1832	59.85
050351	TORRANCE MEMORIAL MEDICAL CENTER	1.1832	59.85
050352	BARTON MEMORIAL HOSP	1.1845	59.89
050353	LITTLE COMPANY OF MARY HOSPITAL	1.1832	59.85
050355	SIERRA VALLEY DISTRICT HOSPITAL	0.9967	53.82
050357	GOLETA VALLEY COTTAGE HOSPITAL	1.0441	55.35
050359	TULARE DISTRICT HOSPITAL	0.9967	53.82
050360	MARIN GENERAL HOSPITAL	1.4514	68.53
050366	MARK TWAIN ST. JOSEPHS HOPITAL	0.9967	53.82
050367	NORTHBAY MEDICAL CENTER	1.3425	65.01
050369	CVMC - QUEEN OF THE VALLEY	1.1832	59.85
050373	LAC+USC MEDICAL CENTER	1.1832	59.85
050376	HARBOR-UCLA MEDICAL CENTER	1.1832	59.85
050378	PACIFICA OF THE VALLEY	1.1832	59.85
050379	MERCY WESTSIDE HOSPITAL	0.9967	53.82
050380	GOOD SAMARITAN HOSPITAL	1.4626	68.89
050382	CVMC - INTERCOMMUNITY	1.1832	59.85
050385	PALM DRIVE HOSPITAL	1.2877	63.23
050390	HEMET VALLEY MEDICAL CENTER	1.1348	58.29
050391	SANTA TERESITA HOSPITAL	1.1832	59.85
050392	TRINITY HOSPITAL	0.9967	53.82
050393	DOWNEY REGIONAL MED CTR	1.1832	59.85
050394	COMM MEM HOSP OF SAN BUENAVENTURA	1.1064	57.37
050396	SANTA BARBARA COTTAGE HOSPITAL	1.0441	55.35
050397	COALINGA REGIONAL MEDICAL CENTER	1.0142	54.38
050407	CHINESE HOSPITAL	1.4514	68.53
050410	SANGER GENERAL HOSPITAL	1.0142	54.38
050411	KAISER FOUNDATION HOSPITALS -HARBOR	1.1832	59.85
050414	MERCY HOSPITAL OF FOLSOM	1.1845	59.89
050417	SUTTER COAST HOSPITAL	0.9967	53.82
050419	MERCY MEDICAL CENTER MT. SHASTA	1.1352	58.30
050420	ROBERT F. KENNEDY	1.1832	59.85
050423	PALO VERDE HOSPITAL	1.1348	58.29
050424	SCRIPPS GREEN HOSPITAL	1.1147	57.64
050425	KFH - SACRAMENTO	1.1845	59.89
050426	WEST ANAHEIM MED CTR	1.1492	58.75
050430	MODOC MEDICAL CENTER	0.9967	53.82
050432	GARFIELD MEDICAL CTR.	1.1832	59.85
050433	INDIAN VALLEY HOSPITAL	0.9967	53.82
050434	COLUSA COMMUNITY HOSPITAL	0.9967	53.82
050435	FALLBROOK DISTRICT HOSPITAL	1.1147	57.64
050438	HUNTINGTON MEMORIAL HOSPITAL	1.1832	59.85
050441	STANFORD HOSPITAL AND CLINICS	1.4626	68.89
050444	SUTTER MERCED MEDICAL CENTER	0.9967	53.82
050447	VILLA VIEW COMMUNITY HOSPITAL	1.1147	57.64
050448	RIDGECREST REGIONAL HOSPITAL	0.9967	53.82
050454	UC SAN FRANCISCO MEDICAL CENTER	1.4514	68.53
050455	SAN JOAQUIN COMMUNITY HOSPITAL	0.9967	53.82
050456	GARDENA PHYSICIAN'S HOSP INC	1.1832	59.85
050457	ST. MARY MEDICAL CENTER	1.5119	70.49

050464	DOCTORS MEDICAL CENTER OF MODESTO	1.1275	58.05
050468	MEMORIAL HOSPITAL OF GARDENA	1.1832	59.85
050469	COLORADO RIVER MEDICAL CENTER	0.9967	53.82
050470	SELMA COMMUNITY HOSPITAL	1.0142	54.38
050471	GOOD SAMARITAN HOSPITAL	1.1832	59.85
050476	SUTTER LAKESIDE HOSPITAL	0.9967	53.82
050477	MIDWAY HOSPITAL MEDICAL CENTER	1.1832	59.85
050478	SANTA YNEZ VALLEY COTTAGE HOSPITAL	1.0441	55.35
050481	WEST HILLS REG MEDICAL CENTER	1.1832	59.85
050485	LONG BEACH MEMORIAL MEDICAL CENTER	1.1832	59.85
050488	EDEN MEDICAL CENTER	1.5119	70.49
050491	SANTA ANA HOSPITAL MEDICAL CENTER	1.1492	58.75
050492	CLOVIS COMMUNITY HOSPITAL	1.0142	54.38
050494	TAHOE FOREST HOSPITAL	1.1845	59.89
050496	MT. DIABLO MEDICAL CENTER	1.5119	70.49
050497	DOS PALOS MEMORIAL HOSPITAL	0.9967	53.82
050498	SUTTER AUBURN FAITH HOSPITAL	1.1845	59.89
050502	ST. VINCENT MEDICAL CENTER	1.1832	59.85
050503	SCRIPPS MEM HOSP - ENCINITAS	1.1147	57.64
050506	SIERRA VISTA REGINAL MED CTR	1.1429	58.55
050510	KFH - SAN RAFAEL	1.5119	70.49
050512	KFH - HAYWARD	1.5119	70.49
050515	KAISER FOUND. HOSPITALS -SAN DIEGO	1.1147	57.64
050516	MERCY SAN JUAN HOSPITAL	1.1845	59.89
050517	VICTOR VALLEY COMMUNITY HOSP.	1.1348	58.29
050523	SUTTER DELTA MEDICAL CENTER	1.5119	70.49
050526	HUNTINGTON BEACH MEDICAL CENTER	1.1492	58.75
050528	MEMORIAL HOSPITAL - LOS BANOS	0.9967	53.82
050531	BELLFLOWER MEDICAL CENTER	1.1832	59.85
050534	JOHN.F. KENNEDY MEMORIAL HOSP.	1.1348	58.29
050535	COASTAL COMMUNITIES HOSPITAL	1.1492	58.75
050537	SUTTER DAVIS HOSPITAL	0.9967	53.82
050539	REDBUD COMMUNITY HOSPITAL	0.9967	53.82
050541	KFH - REDWOOD CITY	1.5119	70.49
050542	KERN VALLEY HOSPITAL DISTRICT	0.9967	53.82
050543	COLLEGE HOSPITAL COSTA MESA	1.1492	58.75
050545	LANTERMAN DEVELOPMENTAL CENTER	1.1832	59.85
050546	PORTERVILLE DEVELOPMENTAL CENTER	0.9967	53.82
050547	SONOMA DEVELOPMENTAL CENTER	1.2877	63.23
050548	FAIRVIEW DEVELOPMENTAL CENTER	1.1492	58.75
050549	LOS ROBLES REGIONAL MEDICAL CENTER	1.1832	59.85
050550	CHAPMAN MEDICAL CENTER	1.1492	58.75
050551	LOS ALAMITOS MEDICAL CTR.	1.1492	58.75
050552	MOTION PICTURE AND TELEVISION FUND	1.1832	59.85
050557	MEMORIAL HOSPITAL MODESTO	1.1275	58.05
050559	DANIEL FREEMAN MARINA HOSPITAL	1.1832	59.85
050561	KAISER FOUND. HOSPITAL - WEST LA	1.1832	59.85
050567	MISSION HOSPITAL REGIONAL MED CENTER	1.1492	58.75
050568	MADERA COMMUNITY HOSPITAL	1.0142	54.38
050569	MENDOCINO COAST DISTRICT HOSPITAL	1.2877	63.23

050570	FOUNTAIN VALLEY REG MEDICAL CENTER	1.1492	58.75
050571	SUBURBAN MEDICAL CENTER	1.1832	59.85
050573	EISENHOWER MEMORIAL HOSPITAL	1.1348	58.29
050575	TRI-CITY REGIONAL MEDICAL CENTERS	1.1832	59.85
050577	SANTA MARTA HOSPITAL	1.1832	59.85
050578	MARTIN LUTHER KING, JR./DREW MEDICAL	1.1832	59.85
050579	CENTURY CITY HOSP	1.1832	59.85
050580	LAPALMA INTERCOMMUNITY HOSPITAL	1.1492	58.75
050581	LAKEWOOD REGIONAL MED. CTR.	1.1832	59.85
050583	ALVARADO COMMUNITY HOSPITAL	1.1147	57.64
050584	KPC GLOBAL MEDICAL	1.1348	58.29
050585	SAN CLEMENTE HOSPITAL	1.1492	58.75
050586	CHINO VALLEY MEDICAL CENTER	1.1348	58.29
050588	SAN DIMAS COMMUNITY HOSPITAL	1.1832	59.85
050589	PLACENTIA LINDA COMMUNITY HOSPITAL	1.1492	58.75
050590	METHODIST HOSPITAL OF SACRAMENTO	1.1845	59.89
050591	MONTEREY PARK HOSPITAL	1.1832	59.85
050592	BREA COMMUNITY HOSPITAL	1.1492	58.75
050594	WESTERN MEDICAL CENTER ANAHEIM	1.1832	59.85
050597	FOOTHILL PRESBYTERIAN HOSPITAL	1.1832	59.85
050599	UC DAVIS MEDICAL CENTER	1.1845	59.89
050601	TARZANA ENCINO REGIONAL MED CTR	1.1832	59.85
050603	SADDLEBACK MEMORIAL MEDICAL CENTER	1.1492	58.75
050604	KFH - SANTA TERESA	1.4626	68.89
050608	DELANO REGIONAL MEDICAL CNT.	0.9967	53.82
050609	KAISER FOUNDATION HOSPITALS -ANAHEIM	1.1832	59.85
050613	SETON MEDICAL CENTER	1.4514	68.53
050615	GREATER EL MONTE COMMUNITY HOSPITAL	1.1832	59.85
050616	ST. JOHN'S PLEASANT VALLEY HOSPITAL	1.1064	57.37
050618	BEAR VALLEY COMMUNITY HOSPITAL	0.9967	53.82
050623	HIGH DESERT HOSPITAL	1.1832	59.85
050624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	1.1832	59.85
050625	CEDARS-SINAI MEDICAL CENTER	1.1832	59.85
050630	INLAND VALLEY REGIONAL MEDICAL CTR	1.1348	58.29
050633	TWIN CITIES COMMUNITY HOSPITAL	1.1429	58.55
050636	POMERADO HOSPITAL	1.1147	57.64
050641	EAST L.A. DOCTOR'S HOSPITAL	1.1832	59.85
050643	PHS INDIAN HEALTH SERVICES HOSPITAL	1.4448	68.32
050644	LOS ANGELES METROPOLITAN MEDICAL CENTER	1.1832	59.85
050662	AGNEWS DEVELOPMENTAL CENTER	1.4626	68.89
050663	LOS ANGELES COMMUNITY HOSPITAL	1.1832	59.85
050667	NELSON M. HOLDERMAN	1.3425	65.01
050668	LAGUNA HONDA HOSPITAL	1.5119	70.49
050674	KFH SOUTH SACRAMENTO	1.1845	59.89
050677	KAISER FOUND. HOSP. - WOODLAND HILLS	1.1832	59.85
050678	ORANGE COAST MEMORIAL MEDICAL CENTER	1.1492	58.75
050680	VACAVALLEY HOSPITAL	1.3425	65.01
050682	KINGSBURG DISTRICT HOSPITAL	1.0142	54.38
050684	MENIFEE VALLEY MEDICAL CENTER	1.1348	58.29
050686	KAISER FOUND. HOSPITALS - RIVERSIDE	1.1492	58.75

050688	ST. LOUISE REGIONAL HOSPITAL	1.4626	68.89
050689	SAN RAMON REG. MEDICAL CENTER	1.5119	70.49
050690	KFH - SANTA ROSA	1.2877	63.23
050693	IRVINE MEDICAL CENTER	1.1492	58.75
050694	MORENO VALLEY COMMUNITY HOSPITAL	1.1348	58.29
050695	ST. DOMINIC'S HOSPITAL	1.0404	55.23
050696	USC UNIVERSITY HOSPITAL	1.1832	59.85
050697	PATIENTS' HOSPITAL OF REDDING	1.1352	58.30
050701	RANCHO SPRINGS MEDICAL CENTER	1.1348	58.29
050704	MISSION COMMUNITY HOSPITAL	1.1832	59.85
050707	RECOVERY INN OF MENLO PARK	1.4514	68.53
050708	FRESNO SURGERY CENTER	1.0142	54.38
050709	DESERT VALLEY HOSPITAL	1.1348	58.29
050710	KFH - FRESNO	1.0142	54.38
050713	LINCOLN HOSPITAL	1.1832	59.85
050714	SANTA CRUZ MATERINTY & SURGERY HOSP	1.2942	63.44
050717	RANCHO LOS AMIGOS NATL.REHAB.CTR.	1.1832	59.85
050718	VALLEY PLAZA DOCTORS HOSPITAL	1.1348	58.29
050720	TUSTIN HOSPITAL AND MEDICAL CENTER	1.1492	58.75
050722	SHARP MARY BIRCH HOSPITAL FOR WOMEN	1.1147	57.64
050723	KAISER FOUND HOSPITAL - BALDWIN	1.1832	59.85
050724	BAKERSFIELD HEART HOSPITAL	0.9967	53.82
050725	CITY OF ANGELS MEDICAL CENTER	1.1832	59.85
050726	STANISLAUS SURGICAL HOSPITAL	1.1275	58.05
050727	COMMUNTIY HOSPITAL OF LONG BEACH	1.1832	59.85
050728	SUTTER WARRACK HOSPITAL	1.2877	63.23
050729	DANIEL FREEMAN HOSPITAL	1.1832	59.85
050730	DANIEL FREEMAN MARIAN HOSPITAL	1.1832	59.85

*\* \$52.151 x (.40 + .60 x applicable wage index) x inflation factor of 1.034*

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

### **Section 9789.36. Update of Rules to Reflect Changes in the Medicare Payment System.**

Sections 9789.30 through 9789.38 shall be adjusted to conform to any relevant changes in the Medicare payment ~~system as required by law~~ schedule, including mid-year changes, no later than 60 days after the effective date of those changes. ~~The Administrative Director shall determine the effective date of the change and issue an order informing the public of the change and the effective date. Such order shall~~ Updates shall be posted on the Division's of Workers' Compensation webpage at Internet Website: [http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm). The annual updates to the Hospital Outpatient Departments and Ambulatory Surgical Centers Fee Schedule shall be effective every year on January 1.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

## **Section 9789.38. Appendix X.**

The federal regulations as incorporated by reference and/or referred to in Sections 9789.30 through 9789.36 are set forth below in numerical order.

### **42 C.F.R. § 419.2**

Basis of payment.

(a) Unit of payment. Under the hospital outpatient prospective payment system, predetermined amounts are paid for designated services furnished to Medicare beneficiaries. These services are identified by codes established under the Centers for Medicare & Medicaid Services Common Procedure Coding System (HCPCS). The prospective payment rate for each service or procedure for which payment is allowed under the hospital outpatient prospective payment system is determined according to the methodology described in subpart C of this part. The manner in which the Medicare payment amount and the beneficiary copayment amount for each service or procedure are determined is described in subpart D of this part.

(b) Determination of hospital outpatient prospective payment rates: Included costs. The prospective payment system establishes a national payment rate, standardized for geographic wage differences, that includes operating and capital-related costs that are directly related and integral to performing a procedure or furnishing a service on an outpatient basis. In general, these costs include, but are not limited to

- (1) Use of an operating suite, procedure room, or treatment room;
- (2) Use of recovery room;
- (3) Use of an observation bed;
- (4) Anesthesia, certain drugs, biologicals, and other pharmaceuticals; medical and surgical supplies and equipment; surgical dressings; and devices used for external reduction of fractures and dislocations;
- (5) Supplies and equipment for administering and monitoring anesthesia or sedation;
- (6) Intraocular lenses (IOLs);
- (7) Incidental services such as venipuncture;
- (8) Capital-related costs;
- (9) Implantable items used in connection with diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests;
- (10) Durable medical equipment that is implantable;

(11) Implantable prosthetic devices (other than dental) which replace all or part of an internal body organ (including colostomy bags and supplies directly related to colostomy care), including replacement of these devices; and;

(12) Costs incurred to procure donor tissue other than corneal tissue.

(c) Determination of hospital outpatient prospective payment rates: Excluded costs. The following costs are excluded from the hospital outpatient prospective payment system.

(1) The costs of direct graduate medical education activities as described in §413.86 of this chapter.

(2) The costs of nursing and allied health programs as described in §413.86 of this chapter.

(3) The costs associated with interns and residents not in approved teaching programs as described in §415.202 of this chapter.

(4) The costs of teaching physicians attributable to Part B services for hospitals that elect cost-based reimbursement for teaching physicians under §415.160.

(5) The reasonable costs of anesthesia services furnished to hospital outpatients by qualified nonphysician anesthetists (certified registered nurse anesthetists and anesthesiologists' assistants) employed by the hospital or obtained under arrangements, for hospitals that meet the requirements under §412.113(c) of this chapter.

(6) Bad debts for uncollectible deductibles and coinsurances as described in §413.80(b) of this chapter.

(7) Organ acquisition costs paid under Part B.

(8) Corneal tissue acquisition costs.

#### **42 C.F.R. § 419.32**

Calculation of prospective payment rates for hospital outpatient services.

(a) Conversion factor for 1999. CMS calculates a conversion factor in such a manner that payment for hospital outpatient services furnished in 1999 would have equaled the base expenditure target calculated in § 419.30, taking into account APC group weights and estimated service frequencies and reduced by the amounts that would be payable in 1999 as outlier payments under § 419.43(d) and transitional pass-through payments under § 419.43(e).

(b) Conversion factor for calendar year 2000 and subsequent years. (1) Subject to paragraph (b)(2) of this section, the conversion factor for a calendar year is equal to the

conversion factor calculated for the previous year adjusted as follows:

(i) For calendar year 2000, by the hospital inpatient market basket percentage increase applicable under section 1886(b)(3)(B)(iii) of the Act reduced by one percentage point.

(ii) For calendar year 2001 –

(A) For services furnished on or after January 1, 2001 and before April 1, 2001, by the hospital inpatient market basket percentage increase applicable under section 1886(b)(3)(B)(iii) of the Act reduced by one percentage point; and

(B) For services furnished on or after April 1, 2001 and before January 1, 2002, by the hospital inpatient market basket percentage increase applicable under section 1886(b)(3)(B)(iii) of the Act, and increased by a transitional percentage allowance equal to 0.32 percent.

(iii) For the portion of calendar year 2002 that is affected by these rules, by the hospital inpatient market basket percentage increase applicable under section 1886(b)(3)(B)(iii) of the Act reduced by one percentage point, without taking into account the transitional percentage allowance referenced in § 419.32(b)(ii)(B).

(iv) For calendar year 2003 and subsequent years, by the hospital inpatient market basket percentage increase applicable under section 1886(b)(3)(B)(iii) of the Act.

(2) Beginning in calendar year 2000, CMS may substitute for the hospital inpatient market basket percentage in paragraph (b) of this section a market basket percentage increase that is determined and applied to hospital outpatient services in the same manner that the hospital inpatient market basket percentage increase is determined and applied to inpatient hospital services.

(c) Payment rates. The payment rate for services and procedures for which payment is made under the hospital outpatient prospective payment system is the product of the conversion factor calculated under paragraph (a) or paragraph (b) of this section and the relative weight determined under § 419.31(b).

(d) Budget neutrality. (1) CMS adjusts the conversion factor as needed to ensure that updates and adjustments under § 419.50(a) are budget neutral.

(2) In determining adjustments for 2004 and 2005, CMS will not take into account any additional expenditures per section 1833(t)(14) of the Act that would not have been made but for enactment of section 621 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

#### **42 C.F.R. § 419.43**

Adjustments to national program payment and beneficiary copayment amounts.

(a) General rule. CMS determines national prospective payment rates for hospital outpatient department services and determines a wage adjustment factor to adjust the portion of the APC payment and national beneficiary copayment amount attributable to labor-related costs for relative differences in labor and labor-related costs across geographic regions in a budget neutral manner.

(b) Labor-related portion of payment and copayment rates for hospital outpatient services. CMS determines the portion of hospital outpatient costs attributable to labor and labor-related costs (known as the "labor-related portion" of hospital outpatient costs) in accordance with § 419.31(c)(1).

(c) Wage index factor. CMS uses the hospital inpatient prospective payment system wage index established in accordance with part 412 of this chapter to make the adjustment referred to in paragraph (a) of this section.

(d) Outlier adjustment -- (1) General rule. Subject to paragraph (d)(4) of this section, CMS provides for an additional payment for ~~each~~ a hospital outpatient service (or group of services) not excluded under paragraph (f) of this section for which a hospital's charges, adjusted to cost, exceed the following:

(i) A fixed multiple of the sum of –

(A) The applicable Medicare hospital outpatient payment amount determined under § 419.32(c), as adjusted under § 419.43 (other than for adjustments under this paragraph (d) or paragraph (e) of this section); and

(B) Any transitional pass-through payment under paragraph (e) of this section.

(ii) At the option of CMS, a fixed dollar amount.

(2) Amount of adjustment. The amount of the additional payment under paragraph (d)(1) of this section is determined by CMS and approximates the marginal cost of care beyond the applicable cutoff point under paragraph (d)(1) of this section.

(3) Limit on aggregate outlier adjustments -- (i) In general. The total of the additional payments made under this paragraph (d) for covered hospital outpatient department services furnished in a year (as estimated by CMS before the beginning of the year) may not exceed the applicable percentage specified in paragraph (d)(3)(ii) of this section of the total program payments (sum of both the Medicare and beneficiary payments to the hospital) estimated to be made under this part for all hospital outpatient services furnished in that year. If this paragraph is first applied to less than a full year, the limit applies only to the portion of the year.

(ii) Applicable percentage. For purposes of paragraph (d)(3)(i) of this section, the term "applicable percentage" means a percentage specified by CMS up to (but not to exceed) –

(A) For a year (or portion of a year) before 2004, 2.5 percent; and

(B) For 2004 and thereafter, 3.0 percent.

(4) Transitional authority. In applying paragraph (d)(1) of this section for hospital outpatient services furnished before January 1, 2002, CMS may –

(i) Apply paragraph (d)(1) of this section to a bill for these services related to an outpatient encounter (rather than for a specific service or group of services) using hospital outpatient payment amounts and transitional pass-through payments covered under the bill; and

(ii) Use an appropriate cost-to-charge ratio for the hospital or CMHC (as determined by CMS), rather than for specific departments within the hospital.

(e) Budget neutrality. CMS establishes payment under paragraph (d) of this section in a budget-neutral manner excluding services and groups specified in paragraph (f) of this section.

(f) Excluded services and groups. Drugs and biologicals that are paid under a separate APC and devices of brachytherapy, consisting of a seed or seeds (including radioactive source) are excluded from qualification for outlier payments.

#### **42 C.F.R. § 419.44**

(a) Multiple surgical procedures. When more than one surgical procedure for which payment is made under the hospital outpatient prospective payment system is performed during a single surgical encounter, the Medicare program payment amount and the beneficiary copayment amount are based on – -

(1) The full amounts for the procedure with the highest APC payment rate; and

(2) One-half of the full program and the beneficiary payment amounts for all other covered procedures.

(b) Terminated procedures. When a surgical procedure is terminated prior to completion due to extenuating circumstances or circumstances that threaten the well-being of the patient, the Medicare program payment amount and the beneficiary copayment amount are based on – -

(1) The full amounts if the procedure is discontinued after the induction of anesthesia or after the procedure is started; or

(2) One-half of the full program and the beneficiary coinsurance amounts if the procedure is discontinued after the patient is prepared for surgery and taken to the room where the procedure is to be performed but before anesthesia is induced.]

## **42 C.F.R. § 419.62**

Transitional pass-through payments: General rules.

(a) General. CMS provides for additional payments under §§ 419.64 and 419.66 for certain innovative medical devices, drugs, and biologicals.

(b) Budget neutrality. CMS establishes the additional payments under §§ 419.64 and 419.66 in a budget neutral manner.

(c) Uniform prospective reduction of pass-through payments. (1) If CMS estimates before the beginning of a calendar year that the total amount of pass-through payments under §§ 419.64 and 419.66 for the year would exceed the applicable percentage (as described in paragraph (c)(2) of this section) of the total amount of Medicare payments under the outpatient prospective payment system. CMS will reduce, pro rata, the amount of each of the additional payments under §§ 419.64 and 419.66 for that year to ensure that the applicable percentage is not exceeded.

(2) The applicable percentages are as follows:

(i) For a year before CY 2004, the applicable percentage is 2.5 percent.

(ii) For 2004 and subsequent years, the applicable percentage is a percentage specified by CMS up to (but not to exceed) 2.0 percent.

(d) CY 2002 incorporated amount. For the portion of CY 2002 affected by these rules, CMS incorporated 75 percent of the estimated pass-through costs (before the incorporation and any pro rata reduction) for devices into the procedure APCs associated with these devices.

## **42 C.F.R. § 419.64**

Transitional pass-through payments: drugs and biologicals.

(a) Eligibility for pass-through payment. CMS makes a transitional pass-through payment for the following drugs and biologicals that are furnished as part of an outpatient hospital service:

(1) Orphan drugs. A drug or biological that is used for a rare disease or condition and has been designated as an orphan drug under section 526 of the Federal Food, Drug and Cosmetic Act if payment for the drug or biological as an outpatient hospital service was being made on August 1, 2000.

(2) Cancer therapy drugs and biologicals. A drug or biological that is used in cancer therapy, including, but not limited to, a chemotherapeutic agent, an antiemetic, a hematopoietic growth factor, a colony stimulating factor, a biological response modifier,

and a bisphosphonate if payment for the drug or biological as an outpatient hospital service was being made on August 1, 2000.

(3) Radiopharmaceutical drugs and biological products. A radiopharmaceutical drug or biological product used in diagnostic, monitoring, and therapeutic nuclear medicine services if payment for the drug or biological as an outpatient hospital service was being made on August 1, 2000.

(4) Other drugs and biologicals. A drug or biological that meets the following conditions:

(i) It was first payable as an outpatient hospital service after December 31, 1996.

(ii) CMS has determined the cost of the drug or biological is not insignificant in relation to the amount payable for the applicable APC (as calculated under § 419.32(c)) as defined in paragraph (b) of this section.

(b) Cost. CMS determines the cost of a drug or biological to be not insignificant if it meets the following requirements:

(1) Services furnished before January 1, 2003. The expected reasonable cost of a drug or biological must exceed 10 percent of the applicable APC payment amount for the service related to the drug or biological.

(2) Services furnished after December 31, 2002. CMS considers the average cost of a new drug or biological to be not insignificant if it meets the following conditions:

(i) The estimated average reasonable cost of the drug or biological in the category exceeds 10 percent of the applicable APC payment amount for the service related to the drug or biological.

(ii) The estimated average reasonable cost of the drug or biological exceeds the cost of the drug or biological portion of the APC payment amount for the related service by at least 25 percent.

(iii) The difference between the estimated reasonable cost of the drug or biological and the estimated portion of the APC payment amount for the drug or biological exceeds 10 percent of the APC payment amount for the related service.

(c) Limited period of payment. CMS limits the eligibility for a pass-through payment under this section to a period of at least 2 years, but not more than 3 years, that begins as follows:

(1) For a drug or biological described in paragraphs (a)(1) through (a)(3) of this section -- August 1, 2000.

(2) For a drug or biological described in paragraph (a)(4) of this section--the date that CMS makes its first pass-through payment for the drug or biological.

(d) Amount of pass-through payment. (1) Subject to any reduction determined under § 419.62(b), the pass-through payment for a drug or biological as specified in section 1842(o)(1)(A) and (o)(1)(D)(i) of the Act is 95 percent of the average wholesale price of the drug or biological minus the portion of the APC payment amount CMS determines is associated with the drug or biological.

(2) Subject to any reduction determined under § 419.62(b), the pass-through payment for a drug or biological as specified in section 1842(o)(1)(B) and (o)(1)(E)(i) of the act is 85 percent of the average wholesale price, determined as of April 1, 2003, of the drug or biological minus the portion of the APC payment CMS determines is associated with the drug or biological.

## **42 C.F.R. § 419.66**

Transitional pass-through payments: medical devices.

(a) General rule. CMS makes a pass-through payment for a medical device that meets the requirements in paragraph (b) of this section and that is described by a category of devices established by CMS under the criteria in paragraph (c) of this section.

(b) Eligibility. A medical device must meet the following requirements:

(1) If required by the FDA, the device must have received FDA approval or clearance (except for a device that has received an FDA investigational device exemption (IDE) and has been classified as a Category B device by the FDA in accordance with §§ 405.203 through 405.207 and 405.211 through 405.215 of this chapter) or another appropriate FDA exemption.

(2) The device is determined to be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body part (as required by section 1862(a)(1)(A) of the Act).

(3) The device is an integral and subordinate part of the service furnished, is used for one patient only, comes in contact with human tissue, and is surgically implanted or inserted whether or not it remains with the patient when the patient is released from the hospital.

(4) The device is not any of the following:

(i) Equipment, an instrument, apparatus, implement, or item of this type for which depreciation and financing expenses are recovered as depreciable assets as defined in Chapter 1 of the Medicare Provider Reimbursement Manual (CMS Pub. 15-1).

(ii) A material or supply furnished incident to a service (for example, a suture, customized surgical kit, or clip, other than radiological site marker).

(iii) A material that may be used to replace human skin (for example, a biological or synthetic material).

(c) Criteria for establishing device categories. CMS uses the following criteria to establish a category of devices under this section:

(1) CMS determines that a device to be included in the category is not described by any of the existing categories or by any category previously in effect, and was not being paid for as an outpatient service as of December 31, 1996.

(2) CMS determines that a device to be included in the category has demonstrated that it will substantially improve the diagnosis or treatment of an illness or injury or improve the functioning of a malformed body part compared to the benefits of a device or devices in a previously established category or other available treatment.

(3) Except for medical devices identified in paragraph (e) of this section, CMS determines the cost of the device is not insignificant as described in paragraph (d) of this section.

(d) Cost criteria. CMS considers the average cost of a category of devices to be not insignificant if it meets the following conditions:

(1) The estimated average reasonable cost of devices in the category exceeds 25 percent of the applicable APC payment amount for the service related to the category of devices.

(2) The estimated average reasonable cost of the devices in the category exceeds the cost of the device-related portion of the APC payment amount for the related service by at least 25 percent.

(3) The difference between the estimated average reasonable cost of the devices in the category and the portion of the APC payment amount for the device exceeds 10 percent of the APC payment amount for the related service.

(e) Devices exempt from cost criteria. The following medical devices are not subject to the cost requirements described in paragraph (d) of this section, if payment for the device was being made as an outpatient service on August 1, 2000:

(1) A device of brachytherapy.

(2) A device of temperature-monitored cryoablation.

(f) Identifying a category for a device. A device is described by a category, if it meets the following conditions:

(1) Matches the long descriptor of the category code established by CMS.

(2) Conforms to guidance issued by CMS relating to the definition of terms and other information in conjunction with the category descriptors and codes.

(g) Limited period of payment for devices. CMS limits the eligibility for a pass-through payment established under this section to a period of at least 2 years, but not more than 3 years beginning on the date that CMS establishes a category of devices.

(h) Amount of pass-through payment. Subject to any reduction determined under § 419.62(b), the pass-through payment for a device is the hospital's charge for the device, adjusted to the actual cost for the device, minus the amount included in the APC payment amount for the device.

#### ~~42 C.F.R. § 419.70~~

##### ~~Transitional adjustment to limit decline in payment~~

~~(a) Before 2002. Except as provided in paragraph (d) of this section, for covered hospital outpatient services furnished before January 1, 2002, for which the prospective payment system amount (as defined in paragraph (c) of this section) is—~~

~~(1) At least 90 percent, but less than 100 percent, of the pre-BBA amount (as defined in paragraph (f) of this section), the amount of payment under this part is increased by 80 percent of the amount of this difference;~~

~~(2) At least 80 percent, but less than 90 percent, of the pre-BBA amount, the amount of payment under this part is increased by the amount by which the product of 0.71 and the pre-BBA amount exceeds the product of 0.70 and the prospective payment system amount;~~

~~(3) At least 70 percent, but less than 80 percent, of the pre-BBA amount, the amount of payment under this part is increased by the amount by which the product of 0.63 and the pre-BBA amount, exceeds the product of 0.60 and the PPS amount; or~~

~~(4) Less than 70 percent of the pre-BBA amount, the amount of payment under this part shall be increased by 21 percent of the pre-BBA amount.~~

~~(b) For 2002. Except as provided in paragraph (d) of this section, for covered hospital outpatient services furnished during 2002, for which the prospective payment system amount is—~~

~~(1) At least 90 percent, but less than 100 percent, of the pre-BBA amount, the amount of payment under this part is increased by 70 percent of the amount of this difference;~~

~~(2) At least 80 percent, but less than 90 percent, of the pre-BBA amount, the amount of payment under this part is increased by the amount by which the product of 0.61 and the~~

~~pre-BBA amount exceeds the product of 0.60 and the prospective payment system amount; or~~

~~(3) Less than 80 percent of the pre-BBA amount, the amount of payment under this part is increased by 13 percent of the pre-BBA amount.~~

~~(c) For 2003. Except as provided in paragraph (d) of this section, for covered hospital outpatient services furnished during 2003, for which the prospective payment system amount is—~~

~~(1) At least 90 percent, but less than 100 percent, of the pre-BBA amount, the amount of payment under this part is increased by 60 percent of the amount of this difference; or~~

~~(2) Less than 90 percent of the pre-BBA amount, the amount of payment under this part is increased by 6 percent of the pre-BBA amount.~~

~~(d) Hold harmless provisions—(1) Temporary treatment for small rural hospitals. For covered hospital outpatient services furnished in a calendar year before January 1, 2004 for which the prospective payment system amount is less than the pre-BBA amount, the amount of payment under this part is increased by the amount of that difference if the hospital—~~

~~(i) Is located in a rural area as defined in § 412.63(b) of this chapter or is treated as being located in a rural area under section 1886(d)(8)(E) of the Act; and~~

~~(ii) Has 100 or fewer beds as defined in § 412.105(b) of this chapter.~~

~~(2) Permanent treatment for cancer hospitals and children's hospitals. In the case of a hospital described in § 412.23(d) or § 412.23(f) of this chapter for which the prospective payment system amount is less than the pre-BBA amount for covered hospital outpatient services, the amount of payment under this part is increased by the amount of this difference.~~

~~(e) Prospective payment system amount defined. In this paragraph, the term "prospective payment system amount" means, with respect to covered hospital outpatient services, the amount payable under this part for these services (determined without regard to this paragraph or any reduction in coinsurance elected under § 419.42), including amounts payable as copayment under § 419.41, coinsurance under section 1866(a)(2)(A)(ii) of the Act, and the deductible under section 1833(b) of the Act.~~

~~(f) Pre-BBA amount defined—(1) General rule. In this paragraph, the "pre-BBA amount" means, with respect to covered hospital outpatient services furnished by a hospital or a community mental health center (CMHC) in a year, an amount equal to the product of the reasonable cost of the provider for these services for the portions of the provider's cost reporting period (or periods) occurring in the year and the base provider outpatient payment to cost ratio for the provider (as defined in paragraph (f)(2) of this section).~~

~~(2) Base payment to cost ratio defined. For purposes of this paragraph, CMS shall determine these ratios as if the amendments to sections 1833(i)(3)(B)(i)(II) and 1833(n)(1)(B)(i) of the Act made by section 4521 of the BBA, to require that the full amount beneficiaries paid as coinsurance under section 1862(a)(2)(A) of the Act are taken into account in determining Medicare Part B Trust Fund payment to the hospital, were in effect in 1996. The "base payment to cost ratio" for a hospital or CMHC means the ratio of—~~

~~(i) The provider's payment under this part for covered outpatient services furnished during the cost reporting period ending in 1996, including any payment for these services through cost sharing described in paragraph (c) of this section; and~~

~~(ii) The reasonable cost of these services for this period.~~

~~(g) Interim payments. CMS makes payments under this paragraph to hospitals and CMHCs on an interim basis, subject to retrospective adjustments based on settled cost reports.~~

~~(h) No effect on coinsurance. No payment made under this section affects the unadjusted coinsurance amount or the coinsurance amount described in § 419.41.~~

~~(i) Application without regard to budget neutrality. The additional payments made under this paragraph—~~

~~(1) Are not considered an adjustment under § 419.43(f); and~~

~~(2) Are not implemented in a budget neutral manner.~~

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

#### **Section 9789.40. Pharmacy.**

(a) The maximum reasonable fee for pharmacy services rendered after January 1, 2004 is 100% of the fee prescribed in the relevant Medi-Cal payment system. Medi-Cal rates will be made available on the Division of Workers' Compensation's Internet Website ([http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)) or upon request to the Administrative Director at:  
Division of Workers' Compensation (Attention: OMFS - Pharmacy)  
P.O. Box 420603  
San Francisco, CA 94142.

(b) For a pharmacy service or drug that is not covered by a Medi-Cal payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

### **Section 9789.50 Pathology and Laboratory**

- (a) Effective for services after January 1, 2004, the maximum reasonable fees for pathology and laboratory services shall not exceed one hundred twenty (120) percent of the rate for the same procedure code in the CMS' Clinical Diagnostic Laboratory Fee Schedule, as established by Sections 1833 and 1834 of the Social Security Act (42 U.S.C. §§ 1395l and 1395m) and applicable to California. The Clinical Diagnostic Laboratory Fee Schedule, which can be found on the CMS Internet Website (<http://www.cms.hhs.gov/paymentsystems>) is incorporated by reference and will be made available on the Division of Workers' Compensation's Internet Website ([http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)) or upon request to the Administrative Director at:  
Division of Workers' Compensation (Attention: OMFS)  
P.O. Box 420603  
San Francisco, CA 94142.
- (b) The following procedures in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Codes 99000, 99001, 99017, 99019, 99020, 99021, 99026, and 99027.
- (c) For any pathology and laboratory service not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

### **Section 9789.60. Durable Medical Equipment, Prosthetics, Orthotics, Supplies.**

- (a) For services, equipment, or goods provided after January 1, 2004, the maximum reasonable reimbursement for durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services shall not exceed one hundred twenty (120) percent of the rate set forth in the CMS' Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule, as established by Section 1834 of the Social Security Act (42 U.S.C. § 1395m) and applicable to California. The DMEPOS Fee Schedule, which can be found on the CMS Internet Website (<http://www.cms.hhs.gov/paymentsystems>) is incorporated by reference and will be made available on the Division of Workers' Compensation's Internet Website ([http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)) or upon request to the Administrative Director at:  
Division of Workers' Compensation (Attention: OMFS)  
P.O. Box 420603  
San Francisco, CA 94142.
- (b) The following procedures in the Special Services and Reports section of the OMFS 2003 will not be valid for services rendered after January 1, 2004: CPT Codes 99002 ~~and 99070~~.

- c) For durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.

**Section 9789.70. Ambulance Services.**

- (a) The maximum reasonable fee for ambulance services rendered after January 1, 2004 shall not exceed 120% of the applicable fee for the Calendar Year 2006 set forth in CMS's Ambulance Fee Schedule, which is established pursuant to Section 1834 of the Social Security Act (42 U.S.C. § 1395m) and applicable to California. The Ambulance Fee Schedule, which can be found at the CMS Internet Website (<http://cms.hhs.gov/paymentsystems>) is incorporated by reference and will be made available on the Division of Workers' Compensation's Internet Website ([http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)) or upon request to the Administrative Director at:  
Division of Workers' Compensation (Attention: OMFS)  
P.O. Box 420603  
San Francisco, CA 94142.

- (b) For any ambulance service not covered by a Medicare payment system, the maximum reasonable fee paid shall not exceed the fee specified in the OMFS 2003.

Authority: Sections 133, 4603.5, 5307.1, and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2, and 5307.1, Labor Code.