

breach definition and self-disclosure on behalf of the entity. Any determinations that are made will be documented.

- 14.3 Based on review of findings, if deemed a material breach, the Compliance Officer will notify OPA and applicable manufacturers.

15. REFERENCES

- 15.1 Sec. 340B of the Public Health Service Act (Pub. L. 102-585), as amended by the Patient Protection and Affordable Care Act (Pub. L. 111-148), Health Care and Education Reconciliation Act (Pub. L. 111-152) and Medicare and Medicaid Extenders Act of 2010 (Pub. L. 111-309).
- 15.2 Sample 340B Policy & Procedures Manual – A Guide for Disproportionate Share Hospital (DSH) Leaders. Version 06302015. Accessed 9/1/2015.
- 15.3 11-digit NDC replenishment. www.340bpvp.com - **FAQ ID: 1222**
Last Modified: 11/10/2014.
- 15.4 "Does a provider need to identify claims where Medi-Cal beneficiaries receive 340B purchased drugs?" <http://www.dhcs.ca.gov/provgovpart/pages/drugrebatefaq.aspx#30> accessed 10/08/15.
- 15.5 340B Compliance Self-Assessment: Policy – A Quick Self-Assessment for DSH Leaders. Version 05062015. Accessed 9/1/2015.
- 15.6 340B Drug Pricing Program – Contract Pharmacy Services, 75 Fed. Reg. 43, 10272-10279

Document History:

Release Dates: 01/2012, 11/2015		Retire Date: N/A	
Sponsored By: Department of Pharmacy		Replaces Policy: N/A	
Date Reviewed	Reviewed By:	Revisions Made?	Revision Description
11/17/2015	340B Oversight Committee – e-vote quorum received	Yes	Reviewed and revised policy to update to standards in the Apexus sample policy version 06302015; changes for retention added based on mega-guidance release
11/18/15	Hospital Wide Policy Approval Committee (PAC)	No	
5/25/2016	340B Oversight Committee	Yes	Updated name from RCRM to RUHS-Medical Center. Added section 2.7, 4.3, 12 for contract pharmacy. Section 6.1-6.2 was modified to describe new process with Verity AutoSplit software. Enhanced sec 10. Preventing Diversion to describe elements of Verity AutoSplit
8/1/16	PAC E-Vote	No	
9/12/16	P&T Committee	No	
10/13/16	MEC	No	
3/8/2017	HEC	No	

Appendix A: Glossary of Terms

340B Program: The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act. Section 340B limits the cost of drugs to Federal purchasers and to certain grantees of Federal agencies.

340B Program Drug Exceptions: The following items will be excluded from the 340B Program because they do not adhere to the Medical Center interpretation of an outpatient drug as referenced in Section 1927(k) of the Social Security Act.

- Large volume intravenous solutions: direct purchase account without 340B pricing
- Bundled, procedural items, and diluents for payment
- Devices, including saline flushes, Tisseel Kit
- Betadine, Dakin's
- Vaccines: excluded by regulation
- PharMEDium: products compounded by another pharmacy, direct account without 340B pricing

340B Prime Vendor Program: The 340B law requires HHS to create a "prime vendor" program for the entities in the 340B drug discount program. The prime vendor handles price negotiation and drug distribution responsibilities for those entities that choose to join the prime vendor. A covered entity does not have to join the prime vendor program in order to participate in the 340B program although covered entities are encouraged to join. Apexus Inc. (formerly HPPI) is the current prime vendor. Since the prime vendor has the potential to control a large volume of pharmaceuticals, it can negotiate favorable prices and develop a national distribution system that would not be possible for covered entities to obtain individually.

Authorizing Official: Also known as the certified authorizing official, OPA defines as "someone who can bind the organization to a contract, such as the CEO, CFO, COO, Executive Director, President or Vice President of the entity."

Contract Pharmacy: An arrangement through which a covered entity may contract with an outside pharmacy to provide comprehensive pharmacy services utilizing medications purchased under 340B.

Covered Drug: An FDA-approved prescription drug, an over-the-counter (OTC) drug that is written on a prescription, a biological product that can be dispensed only by a prescription (other than a vaccine) or FDA-approved insulin, subject to the 340B Program Drug Exceptions as defined above.

Covered Entity: The statutory name for facilities and programs eligible to purchase discounted drugs through the Public Health Service's 340B drug pricing program. Covered entities include federally qualified health center lookalike programs; certain disproportionate share hospitals owned by, or under contract with, State or local governments; and several categories of facilities or programs funded by Federal grant dollars, including federally qualified health centers, AIDS drug assistance programs, hemophilia treatment centers, STD and TB grant recipients, and family planning clinics.

Disproportionate Share Adjustment: The Medicare disproportionate share adjustment is an additional Medicare payment to hospitals which treat a high percentage of low-income patients. The factors used to calculate this adjustment are the sum of the ratios of Medicare Part A Supplemental Security Income (SSI) patient days to total Medicare patient days, and Medicaid patient days to total patient days in the hospital. In order to qualify for the 340B Program, a hospital must have a disproportionate share adjustment greater than 11.75%.

Appendix A continued: Glossary of Terms

Formulary: A preferred list of drug products that typically limits the number of drugs available within a therapeutic class for purposes of drug purchasing, dispensing and/or reimbursement. A government body, third-party insurer or health plan, or an institution may compile a formulary. Some institutions or health plans develop closed (i.e. restricted) formularies where only those drug products listed can be dispensed in that institution or reimbursed by the health plan. Other formularies may have no restrictions (open formulary) or may have certain restrictions such as higher patient cost-sharing requirements for off-formulary drugs.

GPO: Group Purchasing Organization. A GPO is how hospitals come together to group their purchasing volumes in order to negotiate lower prices on drugs, supplies and capital items.

Health Resources and Services Administration (HRSA): HRSA is an agency within the Department of Health and Human Services. Its mission is to improve and expand access to quality health care for all. HRSA assures the availability of quality health care to low income, uninsured, isolated, vulnerable and special needs populations and meets their unique health care needs. HRSA is organized into several Offices and five Bureaus (the Healthcare Systems Bureau, the Bureau of Primary Health Care, the Bureau of Health Professions, the HIV/AIDS Bureau, and the Maternal and Child Health Bureau).

In-House Pharmacy Services: Pharmacy services which are housed within a covered entity's facility. The pharmacy must be part of the legal organization of the covered entity.

Inpatient: A patient who has been formally admitted to the hospital for care by an attending physician, and is reflected as such in the hospital's registration system Invision.

Manufacturer: For purposes of the 340B Program, manufacturer includes all entities engaged in (1) the production, preparation, propagation, compounding, conversion, or processing of prescription drug products, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, or (2) the packaging, repackaging, labeling, relabeling, or distribution of prescription drug products. A manufacturer must hold legal title to or possession of the NDC number for the covered outpatient drug. Such term does not include a wholesale distributor of drugs or a retail pharmacy licensed under State law. "Manufacturer" also includes an entity, described in (1) or (2) above, that sells outpatient drugs to covered entities, whether or not the manufacturer participates in the Medicaid rebate program.

Medicaid: A joint Federal and State program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from State to State but most health care costs are covered if a beneficiary qualifies. The name of the program varies by State but is commonly referred to as the medical assistance program.

Medicare: The Federal health insurance program for people 65 years of age and older; certain younger people with disabilities; and people with End-Stage Renal Disease (those with permanent kidney failure who need dialysis or a transplant), sometimes called ESRD.

National Drug Code (NDC): The NDC is the identifying drug number maintained by the Food and Drug Administration. Manufacturers that have executed Pharmaceutical Pricing Agreements (PPA) report quarterly information to the Office of Pharmacy Affairs by NDC number including labeler code, product code, and package size code.

OPA: Office of Pharmacy Affairs within HRSA. OPA administers the 340b drug program.

Appendix A continued: Glossary of Terms

Outpatient: A patient who has not been admitted by the hospital as an inpatient, but has been registered formally for care and receives services, as an outpatient within the hospital's registrations records system Invision.

Patient: An individual is considered a patient of a covered entity (with the exception of State operated or funded AIDS drug assistance programs) only if: (1) the covered entity has established a relationship with the individual, which includes maintaining records of the individual's health care; (2) the individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the individual's care remains with the covered entity; (3) the individual receives a health care service or range of services for which grant funding or federally-qualified health center look-alike status has been provided. (Disproportionate share hospitals are exempt from this requirement.)

Wholesale Acquisition Cost (WAC): The price paid by a wholesaler for drugs purchased from the wholesaler's supplier, typically the manufacturer of the drug. On financial statements, the total of these amounts equals the wholesaler's cost of goods sold. Publicly disclosed or listed WAC amounts may not reflect all available discounts.

Wholesaler: A wholesaler is a company that serves as a bridge between a drug manufacturer and a covered entity. This means any entity (including a pharmacy or chain of pharmacies) to which the labeler sells the covered outpatient drug, but that does not relabeled or repackage the covered outpatient drug.

Appendix B: 340B Program Intent

The intent of the 340B Program is to enable entities to use 340B savings to serve millions of low-income citizens.

“HRSA agrees that the intent of the 340B program was to permit the covered entities to stretch scarce Federal resources, and that the benefit of the program was intended to accrue to the covered entities...”

-Federal Register /Vol. 75, No. 43 / Friday, March 5, 2010 /Notices. Pg. 10277

Appendix C: Medical Center OPA Database listings

Covered Entity Information
340B ID: DSH050292
Entity Name: RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
Sub-Division Name: FORMERLY RIVERSIDE GENERAL HOSPITAL
Address: 26520 CACTUS AVENUE
 MORENO VALLEY, CA 92555
Billing Address:

Comments: 11/29/12 Error by OPA staff in submitting termination of this entity, re-corrected in database-note for history tab JHardin 6/24/2011 - DOC. RECD. TO CONFIRM NON-PROFIT STATUS 3/24/2010- DOC. RECD. TO CONFIRM ELIG. OWNERSHIP TYPE 12/27/11 change PC from Klevens to Prouty JH

Organization	Address	Shipping Addresses			Zip
		Address (cont'd)	City	State	
Outpatient Pharmacy	26520 CACTUS AVENUE		MORENO VALLEY	CA	92555
	7140 Indiana Avenue		Riverside	CA	92504
Pharmacy - Arlington Campus	9990 County Farm Road		Riverside	CA	92503

340 Program Information
Entity Type: Disproportionate Share Hospital
Approval Date: 11/21/2007
Participating: Yes
Participating Start Date: 12/1/1992
Termination Date:
Termination Reason:
Medicaid Number: CA-PH033120
NPI Number: 1821159135, 1083794580, 1730216607, 1386852416, 1225248644
Grant/Provider Number: 050291
Site ID:
Alternative Methods: No

Covered Entity Signed By Official
Signed:
Title:
Date Signed:
Phone:
Covered Entity Authorizing Official
Name: Annette Greenwood BSN RMA RNC
Title: Ambulatory Care Director
Phone: 951-486-4665
Covered Entity Contact Information
Name: Greg Prouty, PHARM.D.
Title: DIRECTOR OF PHARMACY
Phone: 951-486-4529

Edit Date: 8/21/2014

340B ID	Entity Name	Sub-Division Name	Children Entities			State	Start Date	Termination Date
			Address	Address (cont'd)	City			
DSH050292B	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	RIVERSIDE NEIGHBORHOOD HEALTH CENTER PHARMACY	7140 INDIANA AVENUE		RIVERSIDE	CA	01/01/2004	01/01/2013
DSH050292A	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	OUTPATIENT PHARMACY	26520 CACTUS AVENUE		MORENO VALLEY	CA	01/01/2004	01/01/2013
DSH050292C	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	ITF	9990 County Farm Road		Riverside	CA	01/01/2014	

Appendix C continued: RCRMC OPA Database listings

340 Program Information

Entity Type: Disproportionate Share Hospital
 Approval Date: 11/21/2007
 Participating: Yes
 Participating Start Date: 12/1/1992
 Termination Date:
 Termination Reason:
 Medicaid Number: CA-PHCE33120
 NPI Number: 1821159195, 1083794580, 1730216607, 1386852416, 1225248644
 Grant/Provider Number: 050292
 Site ID:
 Alternative Methods: No
 Edit Date: 9/3/2015

Covered Entity Signed By Official

Signed:
 Title:
 Date Signed:
 Phone:

Covered Entity Authorizing Official

Name: Jennifer Cruikshank, RN, COO
 Title: Chief Operating Officer
 Phone: 951-486-4458

Covered Entity Contact Information

Name: Greg Prouty, PHARM.D.
 Title: DIRECTOR OF PHARMACY
 Phone: 951-486-4529

Children Entities

340B ID	Entity Name	Sub-Division Name	Address	Address (cont'd)	City	State	Start Date	Termination Date
DSH050292B	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	RIVERSIDE NEIGHBORHOOD HEALTH CENTER PHARMACY	7140 INDIANA AVENUE		RIVERSIDE	CA	01/01/2004	01/01/2013
DSH050292A	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	OUTPATIENT PHARMACY	26520 CACTUS AVENUE		MORENO VALLEY	CA	01/01/2004	01/01/2013
DSH050292C	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	ITF	9990 County Farm Road		Riverside	CA	01/01/2014	

Covered Entity Information
 340B ID: D8H050292C
 Entity Name: RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
 Sub-Division Name: ITF
 Address: 9990 County Farm Road
 Riverside, CA 92503

Billing Address:

Comments:

Outpatient Facility Medicare
 Provider Number:



Yes, I would like to register Medicare Cost Report outpatient facilities for 340B Program.

340 Program Information
 Entity Type: Disproportionate Share Hospital
 Approval Date: 11/26/2013
 Participating: Yes
 Participating Start Date: 1/1/2014
 Termination Date:
 Termination Reason:
 Medicaid Number: CA-PHOS33120
 NPI Number: 2821159195, 1083794580, 1730216607, 1386852416, 1225248644, 1437575683
 Grant/Provider Number: 050292
 Site ID:
 Alternative Methods: No
 Edit Date: 8/7/2015

Covered Entity Signed By Official
 Signed: DAVID ROWKE
 Title: CFO
 Date Signed: 10/15/2013
 Phone: 951-486-4450

Covered Entity Authorizing Official
 Name: Jennifer Cruikshank, RN
 Title: Chief Operating Officer
 Phone: 951-486-4458

Covered Entity Contact Information
 Name: Greg Prouty
 Title: Director of Pharmacy
 Phone: 951-486-4529

Appendix C1: Medical Center NPI Number Validations

NPI Registry Provider Details

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National Plan & Provider Enumeration System

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The information for the Organization you selected is displayed. The NPI Registry data was last updated on 10/26/2015

NOTE: Some health care providers reported SSN or IRS ITIN information in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example, an incorporated individual may have reported an SSN as the LBN of the corporation. To protect the privacy of this individual, we have temporarily suppressed the FIN, and we have made every attempt to locate and remove SSN and IRS ITIN information from being displayed in any of the other information provided below

Organization Information:

Organization Name (LBN): COUNTY OF RIVERSIDE
 Doing Business As (DBA): RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
 EIN: <temporarily suppressed>
 Organization Subpart: NO

Authorized Official Information:

Name: MR F CONELL JOHNSON
 Title/Position: CHIEF EXECUTIVE OFFICER
 Phone Number: 9514864470

NPI Information:

NPI: 1021159165
 Entity Type: 2-ORGANIZATION
 Enumeration Date: 12/12/2005
 Last Update Date: 05/30/2014
 Replacement NPI:
 Deactivation Date:
 Reactivation Date:

Provider Business Mailing Address:

Address: 2620 CACTUS AVE
 MORENO VALLEY, CA 92555-3077
 Phone Number: 9514864470
 Fax Number: 9514864475

<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do>

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Provider Business Practice Location Address:

Address: 2620 CACTUS AVE
 MORENO VALLEY, CA 92555-3077
 Phone Number: 9514864470
 Fax Number: 9514864475

Organization Taxonomy:

Primary Taxonomy	Selected Taxonomy	State	License Number
YES	26200000X - GENERAL ACUTE CARE HOSPITAL	CA	242820126

Other Provider Identifiers:

Issuer	Number	State	Issuer
MEDICARE ID TYPE UNEMPLOYED	01-1292	CA	
MEDICARE	150302520	CA	

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Appendix C1 continued: Medical Center NPI Number Validations

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NOTE: Some health care providers reported SSN or IRS ITIN information in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example, an incorporated individual may have reported an SSN as the EIN of the corporation. To protect the privacy of this individual, we have temporarily suppressed the EIN and we have made every attempt to locate and remove SSN and IRS ITIN information from being displayed in any of the other information provided below.

Organization Information:

Organization Name (LEI): COUNTY OF RIVERSIDE
 Doing Business As (DBA): RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
 EIN: <temporarily suppressed>
 Organization Subpart: NO

Authorized Official Information:

Name: DAVALYN TRWELL PHARM D
 Title/Position: ASSISTANT DIRECTOR OF PHARMACY
 Phone Number: 9514964529

NPI Information:

NPI: 1033794580
 Entity Type: 1-ORGANIZATION
 Enumeration Date: 10/17/2008
 Last Update Date: 10/23/2015
 Replacement NPI:
 Deactivation Date:
 Reactivation Date:

Provider Business Mailing Address:

Address: 26520 CACTUS AVE DEPT OF PHARMACY
 MORENO VALLEY, CA 92555 3627
 Phone Number: 9514064529
 Fax Number: 9514934497

<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do>

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Provider Business Practice Location Address:

Address: 26520 CACTUS AVE
 MORENO VALLEY, CA 92555-3627
 Phone Number: 9514064529
 Fax Number: 9514934497

Organization Taxonomy:

Primary Taxonomy	Selected Taxonomy	State	License Number
YES	33993000X PHARMACY	CA	PH-45540

Other Provider Identifier:

Issuer	Number	State	Issuer
CHFR	7084207		PK
MEDICAID	PHCE455530	CA	

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Appendix C1 continued: Medical Center NPI Number Validations

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Organization Information:

Organization Name (LBN): COUNTY OF RIVERSIDE
 Doing Business As (DBA): RIVERSIDE NEIGHBORHOOD HEALTH CLINIC PHARMACY
 EIN: <temporarily suppressed>
 Organization Subpart: NO

Authorized Official Information:

Name: NOMINADO JR APOSTOL
 Title/Position: PHARMACIST IN CHARGE
 Phone Number: 9513586109

NPI Information:

NPI: 1730216607
 Entity Type: 2-ORGANIZATION
 Enumeration Date: 02/27/2007
 Last Update Date: 07/23/2014
 Replacement NPI:
 Deactivation Date:
 Reactivation Date:

Provider Business Mailing Address:

Address: 9990 COUNTY FARM RD STE 2
 RIVERSIDE, CA 92503-3542
 Phone Number: 9513584968
 Fax Number: 9513584706

<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do>

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Provider Business Practice Location Address:

Address: 7149 BOWMAN AVE
 RIVERSIDE, CA 92504-4541
 Phone Number: 9513586109
 Fax Number: 9513586167

Organization Taxonomy:

Primary Taxonomy	Selected Taxonomy	State	License Number
YES	339C2002X - PHARMACY - CLINIC PHARMACY	CA	PPE43614

Other Provider Identifier:

Issuer	Number	State	Issuer
OTHER	2004688		PK

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<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do>

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Organization Information:

Organization Name (LBN): RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
 Former Legal Business Name: RIVERSIDE GENERAL HOSPITAL
 EIN: <temporarily suppressed>
 Organization Subpart: NO

Authorized Official Information:

Name: MR. DOUGLAS BAGLEY
 Title/Position: CHIEF EXECUTIVE OFFICER
 Phone Number: 9514864470

NPI Information:

NPI: 1306852416
 Entity Type: 2-ORGANIZATION
 Enumeration Date: 05/21/2007
 Last Update Date: 07/08/2011
 Replacement NPI:
 Deactivation Date:
 Reactivation Date:

Provider Business Mailing Address:

Address: 26520 CACTUS AVE
 MORENO VALLEY, CA 92555-3827
 Phone Number: 9514864470
 Fax Number: 9514864470

<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do>

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Provider Business Practice Location Address:

Address: 26520 CACTUS AVE
 MORENO VALLEY, CA 92555-3827
 Phone Number: 9514864470
 Fax Number: 9514864470

Organization Taxonomy:

Primary Taxonomy	Selected Taxonomy	State	Licenses Number
YES	22200000X - GENERAL ACUTE CARE HOSPITAL	CA	250000126

Other Provider Identifier:

Issuer	Number	State	Issuer
MEDICAID	ZZ140202W	CA	

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Appendix C1 continued: Medical Center NPI Number Validations

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NOTE: Some health care providers reported SSN or IRS ITIN information in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example, an incorporated individual may have reported an SSN as the EIN of the corporation. To protect the privacy of this individual, we have temporarily suppressed the EIN, and we have made every attempt to locate and resolve SSN and IRS ITIN information from being displayed in any of the other information provided below.

Organization Information:

Organization Name (LBN): COUNTY OF RIVERSIDE
Doing Business As (DBA): RIVERSIDE MENTAL HEALTH PHARMACY
EIN: <temporarily suppressed>
Organization Subpart: NO

Authorized Official Information:

Name: DR. MELISSA M MITCHELL PHARM.D
Title/Position: PHARMACIST IN CHARGE
Phone Number: 9513584746

NPI Information:

NPI: 1437575685
Entity Type: 2-ORGANIZATION
Enumeration Date: 03/12/2014
Last Update Date: 03/12/2014
Replacement NPI:
Deactivation Date:
Reactivation Date:

Provider Business Mailing Address:

Address: 6990 COUNTY FARM RD SUITE 2
RIVERSIDE, CA 92503-3542
Phone Number: 9513584750
Fax Number: 9513584626

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Provider Business Practice Location Address:

Address: 6990 COUNTY FARM RD SUITE 2
RIVERSIDE, CA 92503-3542
Phone Number: 9513584750
Fax Number: 9513584626

Organization Taxonomy:

Primary Taxonomy	Selected Taxonomy	State	License Number
YES	33992000X - PHARMACY COMMUNITY/RETAIL PHARMACY	CA	51264

Other Provider Identifier:

Issuer	Number	State	Issuer
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The information for the Organization you selected is displayed. The NPI Registry data was last updated on 10/27/2014

NOTE: Some health care providers recorded SSN or IRS ITIN information in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example, an organization's individual may have recorded an SSN as the EIN of the corporation. To protect the privacy of the individual, we have temporarily suppressed the EIN, and we have made every attempt to locate and retrieve SSN and IRS ITIN information from deny displays in any of the other information provided below.

Organization Information:

Organization Name (LBN): RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
 Former Legal Business Name: RIVERSIDE GENERAL HOSPITAL
 EIN: -temporarily suppressed-
 Organization Subpart: NO

Authorized Official Information:

Name: MR. DOUGLAS BAGLEY
 Title/Position: CHIEF EXECUTIVE OFFICER
 Phone Number: 9514364470

NPI Information:

NPI: 1225243644
 Entity Type: 2 ORGANIZATION
 Enumeration Date: 05-23-2007
 Last Update Date: 07-26-2007
 Replacement NPI:
 Deactivation Date:
 Reactivation Date:

Provider Business Mailing Address:

Address: 26520 CACTUS AVE
 MORENO VALLEY, CA 92555-3577
 Phone Number: 9514364470
 Fax Number: 9514364475

Provider Business Practice Location Address:

Address: 26520 CACTUS AVE
 MORENO VALLEY, CA 92555-3577
 Phone Number: 9514364470
 Fax Number: 9514364475

Organization Taxonomy:

Primary Taxonomy	Selected Taxonomy	State	License Number
YES	Z82W00000X GENERAL ACUTE CARE HOSPITAL	CA	

Other Provider Identifier:

Issuer	Number	State	Issuer
MEDICAID	ZZ130292W	CA	

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<https://nppes.cms.hhs.gov/NPPESRegistry/NPIRegistrySearch.do>

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10/27/2014

Appendix D: CMS-2552-10 Worksheet E Part A Line 33

Health Financial Systems RIVERSIDE UNIVERSITY HEALTH SYSTEM In Lieu of Form CMS-2552-10
 CALCULATION OF REIMBURSEMENT SETTLEMENT Provider CGN: 050292 Period: From 07/01/2014 To 06/30/2015 Worksheet E Part A Date/Time Prepared: 7/1/2015 11:27 AM

		Title XVIII		Hospital	PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		22.11		30.00
31.00	Percentage of Medicaid patient days (see instructions)		47.94		31.00
32.00	Sum of lines 30 and 31		70.05		32.00
33.00	Allowable disproportionate share percentage (see instructions)		47.01		33.00
34.00	Disproportionate share adjustment (see instructions)		1,680,430		34.00
		0	Prior To October 1	On/After October 1	
			1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.001648021	0.001595604	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		14,908,627	12,202,611	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,757,794	9,126,882	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		12,884,676		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		34,375,837		47.00
48.00	Hospital specific payments (to be completed by SCH and MCH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		34,375,837		49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		2,081,099		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		904,250		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,361,186		59.00
60.00	Primary payer payments		2,309		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,358,877		61.00
62.00	Deductibles billed to program beneficiaries		1,141,112		62.00

O:\Finance\Budget & Reimburse\MCare & MCal Cost Rpts\FY 1415\Amended cost report FY15\FY15 Amended Medicare Cost Report.mcrx

Appendix E: Schedules of reimbursable outpatient clinics, line 90 "CLINICS", line 91 "EMERGENCY"

Worksheet A

Health Financial Systems		RIVERSIDE UNIVERSITY HEALTH SYSTEM			In Lieu of Form CMS-2552-10	
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 050292		Period:	worksheet A	
				From 07/01/2014	Date/Time Prepared:	
				To 06/30/2015	3/1/2016 11:27 AM	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	9,132,682	5,914,936	15,047,618	10,827,615	25,875,233	90.00
91.00 09100 EMERGENCY	18,315,268	10,852,149	29,167,417	4,713,300	33,880,717	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	9,879,243	9,879,243	-9,879,243	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 OTHER SPECIAL PURPOSE (SPECIFY)	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	185,060,209	275,306,567	460,366,776	-56,047	460,310,729	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	30,341	18,320	48,661	83,770	132,431	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,111	1,111	0	1,111	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	1,129,594	633,948	1,763,542	-27,723	1,735,819	194.00
194.01 07952 TRANSITION COST NEW HOSPITAL	0	0	0	0	0	194.01
194.02 07951 DENTAL CLINIC	0	1,751	1,751	0	1,751	194.02
200.00 TOTAL (SUM OF LINES 118-199)	186,220,144	275,961,697	462,181,841	0	462,181,841	200.00

Appendix E continued: Schedules of reimbursable outpatient clinics, line 90 "CLINICS", line 91 "EMERGENCY"

Worksheet C

Health Financial Systems		RIVERSIDE UNIVERSITY HEALTH SYSTEM		In Lieu of Form CMS-2552-10		
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 050292	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 3/1/2016 11:27 am	
Cost Center Description		Total Cost (From Mst. B, Part I, col. 26)	Therapy Limit Adj.	HOSPITAL		PPS
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
IMPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	112,871,747		112,871,747	1,571,446	114,443,193
31.00	03100 INTENSIVE CARE UNIT	26,255,095		26,255,095	1,081,997	27,337,092
32.00	03200 CORONARY CARE UNIT	0		0	0	0
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0
35.00	02080 PEDIATRIC INTENSIVE CARE UNIT	4,126,706		4,126,706	187,447	4,314,153
35.01	02060 NEONATAL INTENSIVE CARE UNIT	11,538,181		11,538,181	1,957	11,540,138
35.02	02140 PSYCHIATRIC INTENSIVE CARE UNIT	0		0	0	0
40.00	04000 SUBPROVIDER - IPF	0		0	0	0
41.00	04100 SUBPROVIDER - IRF	0		0	0	0
42.00	04200 SUBPROVIDER	0		0	0	0
43.00	04300 NURSERY	1,600,054		1,600,054	36,055	1,636,109
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0
45.00	04500 NURSING FACILITY	0		0	0	0
45.01	04510 ICF/MR	0		0	0	0
46.00	04600 OTHER LONG TERM CARE	0		0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	29,716,360		29,716,360	1,472,593	31,188,953
51.00	05100 RECOVERY ROOM	0		0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,360,867		13,360,867	155,022	13,515,889
53.00	05300 ANESTHESIOLOGY	0		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,579,270		12,579,270	497,817	13,077,087
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0
56.00	05600 RADIOISOTOPE	861,690		861,690	0	861,690
57.00	05700 CT SCAN	2,671,556		2,671,556	0	2,671,556
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,692,499		1,692,499	0	1,692,499
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000 LABORATORY	13,246,918		13,246,918	0	13,246,918
60.01	06001 LABORATORY-PATHOLOGICAL	1,802,638		1,802,638	0	1,802,638
61.00	06100 PSP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,546,333		2,546,333	0	2,546,333
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0
65.00	06500 RESPIRATORY THERAPY	10,390,216	0	10,390,216	0	10,390,216
66.00	06600 PHYSICAL THERAPY	3,901,537	0	3,901,537	0	3,901,537
67.00	06700 OCCUPATIONAL THERAPY	1,614,397	0	1,614,397	0	1,614,397
68.00	06800 SPEECH PATHOLOGY	365,715	0	365,715	0	365,715
69.00	06900 ELECTROCARDIOLOGY	1,508,568		1,508,568	0	1,508,568
70.00	07000 ELECTROENCEPHALOGRAPHY	567,144		567,144	99,559	666,703
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,180,117		14,180,117	0	14,180,117
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,508,623		11,508,623	0	11,508,623
73.00	07300 DRUGS CHARGED TO PATIENTS	44,108,892		44,108,892	0	44,108,892
74.00	07400 RENAL DIALYSIS	1,638,575		1,638,575	0	1,638,575
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0
76.00	03950 OTHER ANCILLARY SERVICE COST CENTERS	1,421,766		1,421,766	0	1,421,766
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000 CLINIC	31,550,302		31,550,302	3,615,494	35,165,796
91.00	09100 EMERGENCY	47,677,178		47,677,178	1,344,925	49,022,103
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0
95.00	09500 AMBULANCE SERVICES	0		0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0
99.00	09900 CMHC	0		0	0	0
99.10	09910 CORF	0		0	0	0
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0
101.00	10100 HOME HEALTH AGENCY	0		0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0		0	0	0
106.00	10600 HEART ACQUISITION	0		0	0	0
107.00	10700 LIVER ACQUISITION	0		0	0	0
108.00	10800 LUNG ACQUISITION	0		0	0	0
109.00	10900 PANCREAS ACQUISITION	0		0	0	0
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0

Appendix F: Worksheet C crosswalks defining line 90 "CLINICS", line 91 "EMERGENCY"

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
 WS C & B-1
 FY 2014

Department Name	Dept #	CC	INPT Charges	OUTPT Charges	W/S C 2552-10
RT - HYPERBARIC OXYGEN	7721	06500	\$ (184,228)	\$ (1,058,176)	
PHYSICAL THERAPY	7770	06600	\$ (3,739,628)	\$ (4,066,299)	
OCCUPATIONAL THERAPY	7790	06700	\$ (1,704,664)	\$ (1,216,107)	
MH OCCUPATIONAL THERAPY	7792	06700	\$ -	\$ -	
SPEECH THERAPY	7780	06800	\$ (1,582,066)	\$ (144,634)	
AUDIOLOGY SERVICES	7801	06800	\$ -	\$ -	
ECHOCARDIOLOGY	7560	06900	\$ (3,792,826)	\$ (2,492,061)	
EKG	7591	06900	\$ (2,536,818)	\$ (3,266,311)	
HOLTER MONITOR	7594	06900	\$ (4,464)	\$ (124,607)	
ELECTROMYOGRAPHY/EMG	7610	07000	\$ (14,447)	\$ (231,069)	
EEG	7620	07000	\$ (737,151)	\$ (429,506)	
MED SUP SOLD TO PATIENTS	7470	07100	\$ (38,712,992)	\$ (18,583,585)	
NON-IMPLANTABLE DEVICES SOLD TO PATIENTS	74705	07100	\$ (2,531,155)	\$ (1,588,149)	
STERILE SUPPLY	7471	07100	\$ -	\$ -	
DURABLE EQUIP RENTED	7481	07100	\$ (1,326,448)	\$ (3,431)	
IMPLANTABLE DEVICES SOLD TO PATIENTS	7470	07200	\$ (16,170,768)	\$ (3,206,979)	From Implantable de
DRUGS SOLD TO PATIENTS	7710	07300	\$ (211,916,143)	\$ (45,586,198)	
MH DRUGS SOLD TO PATIENTS	7711	07300	\$ (8,826,556)	\$ (453,026)	
RENAL DIALYSIS	7740	07400	\$ (1,845,800)	\$ (22,901)	
PSYCH/PSYCH TEST	7830	07600	\$ (1,726,368)	\$ (68,082)	
OTH ANCILLARY SVCS-NUTRI	7870	07600	\$ -	\$ (92,400)	
PURCH IP SVCS	7900	07600	\$ -	\$ -	
MEDICAL CLINIC	7072	09000	\$ (1,627)	\$ (9,652,675)	
ENT CLINIC	7073	09000	\$ (671)	\$ (724,859)	
EYE CLINIC	7074	09000	\$ (58,101)	\$ (4,389,247)	
OB/GYN CLINIC	7075	09000	\$ (12,638)	\$ (2,642,704)	
ORTHOPEDICS CLINIC	7076	09000	\$ (15,705)	\$ (5,146,692)	
PEDIATRIC CLINIC	7077	09000	\$ (698)	\$ (1,785,751)	
SURGICAL CLINIC	7078	09000	\$ (1,263)	\$ (1,484,121)	
INFECTIOUS DISEASE CLIN	7080	09000	\$ -	\$ (94,608)	
UROLOGY CLINIC	7082	09000	\$ -	\$ (722,602)	
FAMILY CARE CENTER	7085	09000	\$ (1,832)	\$ (2,340,656)	
FAMILY PLANNING CLINIC	7087	09000	\$ -	\$ (132,757)	
FAMILY CARE CLINIC 2	7088	09000	\$ (1,430)	\$ (3,254,425)	
CPSP SERVICES	7093	09000	\$ (140)	\$ (332,640)	
TELEMEDICINE CLINIC	7181	09000	\$ -	\$ (50,719)	
BREATHMOBILE	7183	09000	\$ -	\$ -	
EMERGENCY DEPARTMENT	7010	09100	\$ (21,333,651)	\$ (42,860,401)	
TRAUMA	7011	09100	\$ -	\$ -	
E DEPT PHYSICIANS	7012	09100	\$ -	\$ -	
MEDICAL TRANSPORT SVCS	7040	09100	\$ (148,617)	\$ -	
MH EMERGENCY	7050	09100	\$ (3,108,829)	\$ (4,444,972)	
OBSERVATION CARE MEDICAL	7230	09100	\$ (206,250)	\$ (2,531,382)	
MOBILE HEALTH CLINIC	7184	19400	\$ -	\$ (273)	

Appendix F: Worksheet A crosswalks defining line 90 "CLINICS", line 91 "EMERGENCY"

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

FYE 6/30/14 PN 05-0202

Dist 11/05/14

WORKSHEET A - EXPENSE - OTHER - COL 2

FY 2014

Input to C/R

W/S-A COL2

DeptID Desc

2552-10

Other

Input

DeptID	Desc		2552-10	Other	Input		
4300170720	Medical Clinic		90	1,430,518		4300170720	
4300170730	Ear Nose & Throat Clinic		90	210,202		4300170730	
4300170740	Eye Clinic		90	334,315		4300170740	
4300170750	OB Gyn Clinic		90	649,934		4300170750	
4300170760	Orthopedics Clinic		90	634,534		4300170760	
4300170770	Pediatrics Clinic		90	222,480		4300170770	
4300170780	Surgery Clinic		90	169,018		4300170780	
4300170790	Cardiology Clinic		90	85		4300170790	
4300170800	Infectious Disease Clinic		90	-		4300170800	
4300170820	Urology Clinic		90	97,157		4300170820	
4300170860	Family Care Clinic		90	1,161,071		4300170860	
4300170870	Family Planning Clinic		90	21,327		4300170870	
4300170880	Family Planning Clinic # 2		90	44,981		4300170880	
4300170930	CPSP Services		90	215		4300170930	
4300170940	Employee Health Services		90	27		4300170940	
4300170960	IPV_SART-Int Par Vi & Sex Aslt		90	245,796		4300170960	
4300170970	DAEA Dprcht Adult & Elder Abuse		90	-		4300170970	
4300170980	CIPI Child Injury Prevntn Unit		90	5,849		4300170980	
4300171810	Telemedicine Clinic		90	11,281		4300171810	
4300184710	Clinic Appointment Scheduling		90	309,740	5,546,409	4300184710	
4300170100	Emergency Department		91	10,278,267		4300170100	
4300170110	Trauma		91	439,977		4300170110	
4300170120	E Dept Phys		91	-		4300170120	
4300170900	MH ER Treatment Facility		91	2,298,144		4300170900	
4300172300	Observation Care Medical		91	-	13,116,300	4300172300	
4300188600	Interest		113	10,583,113	10,583,113	4300188600	
4300183390	Coffee Shop Public		190	19,423	19,423	4300183390	
4300192500	Rents - Physician's Offices		192	1,029	1,029	4300192500	
4300100000	Riv Co Regional Medical Ctr	551000 Operating Transfers-Out	194	-		4300100000	
4300171820	School Based Prim Care Clinic		194	-		4300171820	
4300171830	BreathMobile		194	-		4300171830	
4300171840	Community Based Clinic		194	207,745		4300171840	
4300183920	Rubidoux Pharmacy		194	69,304		4300183920	
4300183930	Riv Neighborhood Pharmacy		194	46,527		4300183930	
4300186300	Public Relations		194	47,512		4300186300	
4300186310	HCFMFC Foundation		194	185,956		4300186310	
4300186700	Auxiliary Groups		194	78,962	835,105	4300186700	
4300170920	RW Dental Clinic		194.02	11,022		4300170920	
4300170850	Dental Clinic		194.02	33,387	44,409	4300170850	
Grand Total					283,784,204	283,784,204	
Check Digit							

Appendix F1: Worksheet S, FINAL APPROVED SIGNATURE BLOCK

Health Financial Systems RIVERSIDE UNIVERSITY HEALTH SYSTEM In Lieu of Form OMS-2552-10
 This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 050292 Period: From 07/01/2014 To 06/30/2015 worksheet 5 Parts I-III Date/Time Prepared: 3/1/2016 11:28 am

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report 2. Manually submitted cost report 3. If this is an amended report enter the number of times the provider resubmitted this cost report 4. Medicare Utilization. Enter "F" for full or "L" for low. Date: 3/1/2016 Time: 11:28 am

Contractor use only 5. Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. Initial Report for this Provider CCN 9. Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

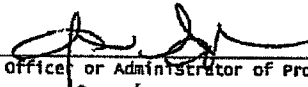
PART II - CERTIFICATION
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RIVERSIDE UNIVERSITY HEALTH SYSTEM (.050292) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 3/1/2016 Time: 11:28 am
 zus7DXPxo4xfCUO26QFRVYETDHkz0
 JSJ5W0ckvIk5Shsax5ppgoISyV:e1d
 Wg2QIXuzh00g8Uxm
 PI: Date: 3/1/2016 Time: 11:28 am
 9QHoolWHA6tLOCTMGS0y9sm1N.Zb.0
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(Signed) 
 Office or Administrator of Provider(s)
 Title Controller
 Date 3/1/16

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	2,074,445	405,763	0	20,941,071	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	2,074,445	405,763	0	20,941,071	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

Appendix F1 continued: Worksheet S2

Health Financial Systems RIVERSIDE UNIVERSITY HEALTH SYSTEM In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 050292 Period: From 07/01/2014 To 06/30/2015 Worksheet S-2 Part I Date/Time Prepared: 3/1/2016 11:27 AM

1.00	2.00		3.00		4.00				1.00
Hospital and Hospital Health Care Complex Address:	PO Box:		Zip Code: 92555-3911		County: RIVERSIDE				2.00
Street: 26520 CACTUS AVENUE	State: CA								
City: MORENO VALLEY									
Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, D, or N)				
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
V	XVIII	XIX							
3.00 Hospital and Hospital-Based Component Identification:	RIVERSIDE UNIVERSITY HEALTH SYSTEM	050292	40140	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF									5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF									9.00
10.00 Hospital-Based NF									10.00
10.01 ICF/IID									10.01
11.00 Hospital-Based DLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (OMHC) I									17.00
17.10 Hospital-Based (ORF) I									17.10
18.00 Renal Dialysis									18.00
19.00 Other									19.00
					From:		To:		
					1.00		2.00		
20.00 Cost Reporting Period (mm/dd/yyyy)					07/01/2014	06/30/2015			20.00
21.00 Type of Control (see instructions)									21.00
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR 5412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section 5412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y		22.01
22.02 Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N		N		22.02
22.03 Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N		N		22.03
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00

Appendix F1 continued: Worksheet S2 - Instructions

and financially independent and distinct from other operations of the hospital. (See 42 CFR 416.30(f).) Under this restriction, hospital outpatient departments providing ambulatory surgery (among other services) are not eligible. (See 42 CFR 416.120(a).)

Line 14--This is a distinct part hospice and separately certified component of a hospital which meets the requirements of §1861(dd) of the Act. No payment designation is required in columns 6, 7, and 8.

Lines 15 and 16--Enter the applicable information for rural health clinics (RHCs) on line 15 and for federally qualified health centers (FQHCs) on line 16. These lines are used by RHCs and/or FQHCs which have been issued a provider number and meet the requirements of §1861(aa) of the Act. If you have more than one RHC, report them on subscripts of line 15. If you have more than one FQHC, report them on subscripts of line 16. Report the required information in the appropriate column for each. (See §4095 Exhibit 2, Table 4) RHCs and FQHCs may elect to file a consolidated cost report pursuant to CMS Pub. 100-04 (Medicare Claims Processing Manual). Do not subscript this line if you elect to file under the consolidated cost reporting method. See section 4010 for further instructions.

Line 17--This line is used by hospital-based community mental health centers (CMHCs). Subscript this line as necessary to accommodate multiple CMHCs (lines 17.00-17.09). Also subscript this line to accommodate CORFs (lines 17.10-17.19), OPTs (lines 17.20-17.29), OOTs (lines 17.30-17.39) and OSPs (lines 17.40-17.49). (See §4095 Exhibit 2, Table 4, Part III.)

Line 18--If this facility operates a renal dialysis facility (CCN 2300-2499), a renal dialysis satellite (CCN 3500-3699), and/or a special purpose renal dialysis facility (CCN 3700-3799), enter in column 2 the applicable CCN. Subscript this line as applicable.

Line 19--For any component type not identified on lines 3 through 19, enter the required information in the appropriate column.

Line 20--Enter the inclusive dates covered by this cost report. In accordance with 42 CFR §413.24(f), you are required to submit periodic reports of your operations which generally cover a consecutive 12 month period of your operations. (See CMS Pub. 15-2, Chapter 1, §§102.1-102.3 for situations where you may file a short period cost report.)

HFS Note: The fiscal year must be greater than 27 days and less than 459 days. If it is less than 28 days, you must add it to the prior year or the subsequent year. Enter dates as mm/dd/yyyy.

Line 21--Indicate the type of control or auspices under which the hospital is conducted as indicated:

- | | |
|---------------------------------|--------------------------------------|
| 1 = Voluntary Nonprofit, Church | 8 = Governmental, City/County |
| 2 = Voluntary Nonprofit, Other | 9 = Governmental, County |
| 3 = Proprietary, Individual | 10 = Governmental, State |
| 4 = Proprietary, Corporation | 11 = Governmental, Hospital District |
| 5 = Proprietary, Partnership | 12 = Governmental, City |
| 6 = Proprietary, Other | 13 = Governmental, Other |
| 7 = Governmental, Federal | |

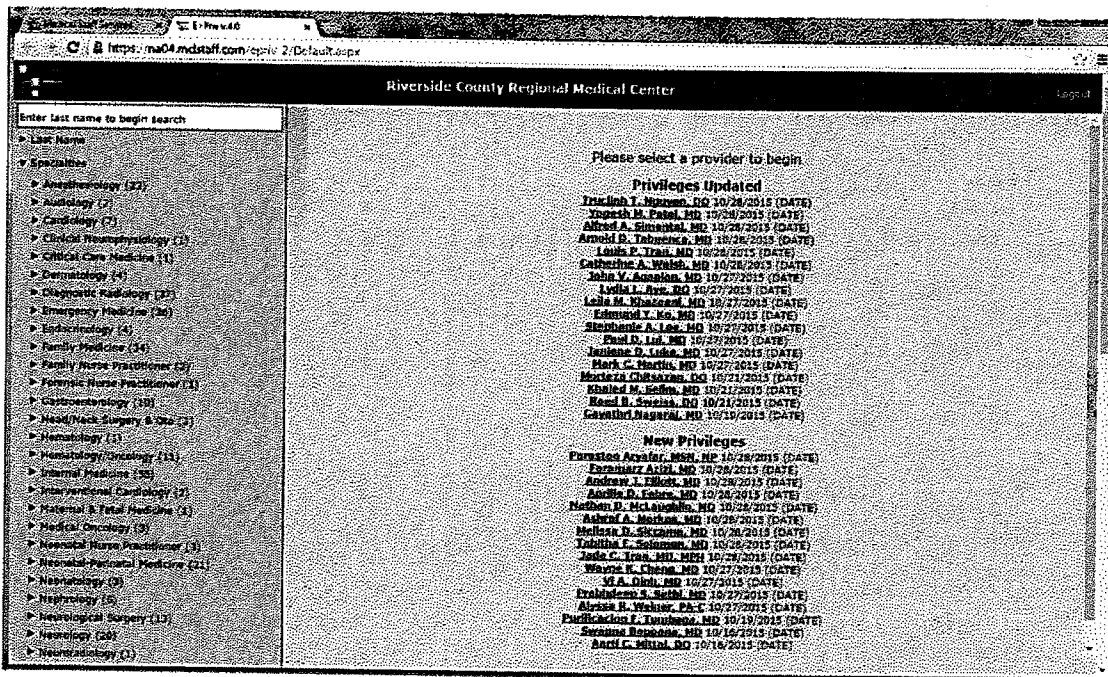
Line 22--Does your facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR 412.106? Enter in column 1 "Y" for yes or "N" for no. Is this facility subject to the provisions of 42 CFR 412.106(c)(2) (Pickle Amendment hospitals)? Enter in column 2 "Y" for yes or "N" for no.

Line 22.01--For cost reporting periods that overlap or begin on or after October 1, 2013, did this hospital receive interim uncompensated care payments? Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period beginning on or after October 1. For cost reporting periods that begin on October 1, enter "N" for no in column 1 and complete column 2; however, when the cost reporting period begins on October 1 and overlaps October 1 of the subsequent year, complete both columns 1 and 2. The responses to

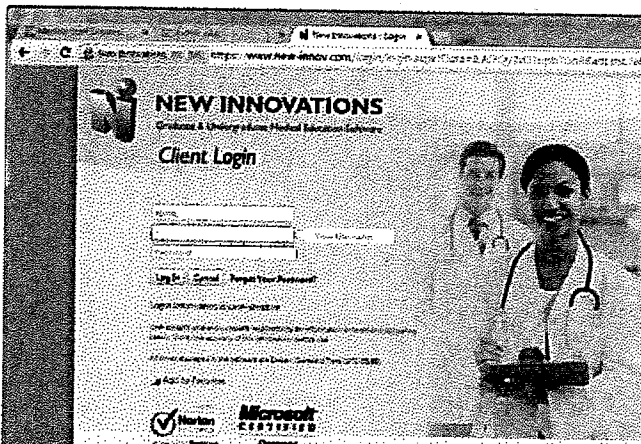
APPENDIX G: Medical Center's eligible prescriber list database (E-PRIV)

The current list of prescribers (and their respective DEA numbers) that are employed by Medical Center or under a contractual arrangement with Medical Center are maintained by the Medical Staff Administration office in a database: the Electronic Privileges site (E-Priv). E-Priv is an electronic database of all privileges belonging to current practitioners at the Medical Center. It can be sorted by last name, specialty or department and is available to all employees hospital-wide.

Should you have any questions, please contact Medical Staff Administration at 951-486-5913.



Residency Programs and Graduate Medical Education (New Innovations)



APPENDIX H: DESCRIPTION OF THE HOSPITAL ADMISSION-DISCHARGE-TRANSFER SYSTEM: INVISION

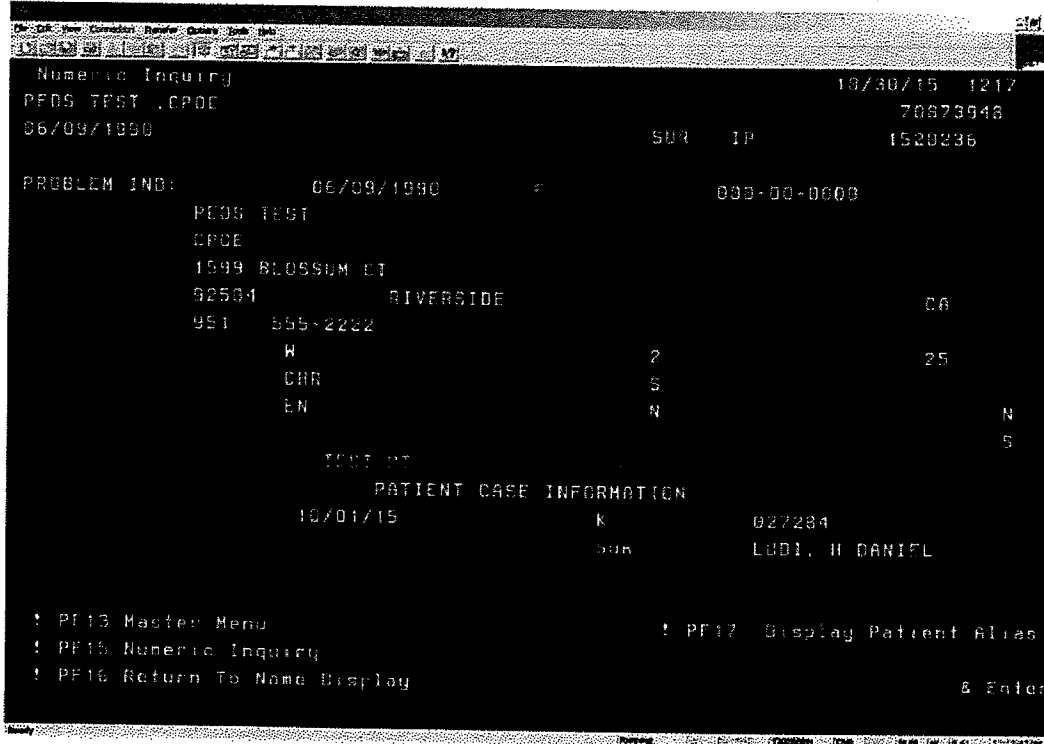
Invision will auto-assign a new account number (FIN) upon completion of any registration conversation (pre-reg or active). The system auto-assigns numbers in chronological order regardless of type of registration and in the order in which the registrations were completed.

If a new patient, the system will auto-assign a medical record number (MRN) based on the user's selection process. The system will auto-assign in chronological order.

If existing patient, user will select MRN that matches patient information. System will assign existing MRN.

APPENDIX H1: INVISION PATIENT STATUS DESIGNATION: Inpatient vs Outpatient

PATIENT TYPE - IP		PATIENT TYPE - OP	
B	Newborn Nursery	C	Clinic/Outpatient
D	Progressive Care	E	Emergency Room
H	Administrative Day Psy	M	Medical Obsv (MOP)
I	ICU (IC, Ped, Neu)	R	Recurring
K	Pediatrics	Z	Non-Patient
L	Physiological Monitoring		
O	Obstetrics		
P	Isolation		
Q	Acute Psychiatric		
S	Standard Patient Room		
T	Acute Adolesc Psy		
W	IC Nursery		
U	ICU Psy		



APPENDIX I: LETTER FROM MEDI-CAL VERIFYING PRACTICE TO NOT COLLECT REBATES

>>> On 2/4/2015 at 2:07 PM, "Shun, Robert (PBD)@DHCS" <Robert.Shun@dhcs.ca.gov> wrote:

Mike,

Thanks for taking my call. As I mentioned on the phone, the State of California is not eligible for drug rebates if the provider used 340B purchased drugs for their Medi-Cal (Medicaid) or Family Planning Access Care Treatment (FPACT) patients. The requirement to identify 340B claims pertains to all Medicaid programs including Fee-For-Service (FFS), County Organized Health Systems (COHS) and Medi-Cal Managed Care Plans.

42 U.S.C. 256b(a)(5)(A) requires the covered entity to prevent duplicate discounts. The only way to ensure compliance with this federal requirement is for the covered entity to properly complete and fill out its pharmacy or PAD claim.

In addition, under the terms and conditions of your agreement with Medi-Cal, your organization has agreed to comply with all billing and claims requirements. It is mandatory that all claims include the "08" or the "UD" modifier if a 340B purchased drug was used for the Medicaid or FPACT patient.

In order to comply with federal law and your Medi-Cal Provider Agreement, claims must be correctly filled out. Here is some information that may be helpful when submitting your claims.

Pharmacy Claims: In order to prevent "duplicate discounts", providers are required to put a "09" (NCPDP 5.1) or "08" (NCPDP D.O.) in the Basis of Cost Determination field on their pharmacy claim, if they are using 340B purchased drugs. Here is the link to the Medi-Cal site that describes what needs to be done to transmit data electronically: http://files.medi-cal.ca.gov/pubsdoco/hlpaa/hlpaa_5010_home.asp. Go to Technical Specifications and look at the NCPDP

APPENDIX J: INTERNAL AUDIT PLAN

The Audit Plan summarizes all activities necessary to ensure comprehensive review of 340B compliance at the Medical Center. Medical Center staff is responsible and accountable for overseeing this review process, as well as taking corrective actions based upon findings.

Audit Tool	Frequency	Area(s)	Method
OPA Website Enrollment Review / Database Accuracy	Quarterly	-Entire Covered Entity	Confirm presence of all covered entities and accuracy of information; verify contact information including phone and e-mail information, Medicaid exclusion information and ship to/bill to information. Include distinguishing review for secondary names and addresses. https://opanet.hrsa.gov/340B/Views/CoveredEntity/CESearch
Physician database review	Monthly	-Retail Pharmacies -Contract Pharmacies	Perform an annual assessment of the accuracy of the prescriber database to ensure proper designation. Any variances are corrected and documented on the 340B Audit Report.
Prescription eligibility review	Monthly	-Retail Pharmacies	Review 100 random prescriptions. Review will consist of verifying patient eligibility and provider eligibility. Any variances are corrected and documented on the 340B Audit Report.
Compare drugs accumulated against drugs purchased	Monthly	-Hospital Outpatient Department Areas	For 20 selected drugs, verify that the correct quantity is purchased on the 340B accounts based on the quantity that was processed in the accumulator.
Eligible patient review for clinics & mixed use areas	Monthly	-Hospital Outpatient Department Areas	During the accumulated/purchased analysis, review patients to ensure eligibility. Check registration status at time of dispense to ensure patient status was Outpatient and eligible for 340B purchase. Any variances are corrected and documented on the 340B Audit Report.
Accuracy of Accumulation	Monthly	-Retail Pharmacies	For 5 selected transactions, trace dispense data to tracking, splitting, and purchase within AutoSplit
Split-Billing software maintenance	Daily	-Hospital Outpatient Department Areas	Vendor to perform regular maintenance/auditing (CDM-NDC mapping, updates, etc.)

Annually=By January 15th; Monthly = by 15th day of each month

Appendix K: COMPLIANCE ELEMENTS (Contracts are maintained by the Department of Pharmacy)

HRSA has provided essential covered entity compliance elements as guidance for the contractual provisions expected in all contract pharmacy arrangements.

Excerpt from: <http://www.gpo.gov/fdsys/pkg/FR-2010-03-05/pdf/2010-4755.pdf>

(a) The covered entity will purchase the drug, maintain title to the drug and assume responsibility for establishing its price, pursuant to the terms of an HHS grant (if applicable) and any applicable Federal, State and local laws. A "ship to, bill to" procedure is used in which the covered entity purchases the drug; the manufacturer/wholesaler must bill the covered entity for the drug that it purchased, but ships the drug directly to the contract pharmacy. In cases where a covered entity has more than one site, it may choose between having each site billed individually or designating a single covered entity billing address for all 340B drug purchases.

(b) The agreement will specify the responsibility of the parties to provide comprehensive pharmacy services (e.g., dispensing, recordkeeping, drug utilization review, formulary maintenance, patient profile, patient counseling, and medication therapy management services and other clinical pharmacy services). Each covered entity has the option of individually contracting for pharmacy services with a pharmacy (ies) of its choice. Covered entities are not limited to providing comprehensive pharmacy services to any particular location and may choose to provide them at multiple locations and/or "inhouse."

(c) The covered entity will inform the patient of his or her freedom to choose a pharmacy provider. If the patient does not elect to use the contracted service, the patient may obtain the prescription from the covered entity and then obtain the drug(s) from the pharmacy provider of his or her choice. When a patient obtains a drug from a pharmacy other than a covered entity's contract pharmacy or the covered entity's in-house pharmacy, the manufacturer is not required to offer this drug at the 340B price.

(d) The contract pharmacy may provide other services to the covered entity or its patients at the option of the covered entity (e.g., home care, delivery, reimbursement services). Regardless of the services provided by the contract pharmacy, access to 340B pricing will always be restricted to patients of the covered entity.

(e) The contract pharmacy and the covered entity will adhere to all Federal, State, and local laws and requirements. Both the covered entity and the contract pharmacy are aware of the potential for civil or criminal penalties if either violates Federal or State law. [The Department reserves the right to take such action as may be appropriate if it determines that such a violation has occurred.]

(f) The contract pharmacy will provide the covered entity with reports consistent with customary business practices (e.g., quarterly billing statements, status reports of collections and receiving and dispensing records).

(g) The contract pharmacy, with the assistance of the covered entity, will establish and maintain a tracking system suitable to prevent diversion of section 340B drugs to individuals who are not patients of the covered entity. Customary business records may be used for this purpose. The covered entity will establish a process for periodic comparison of its prescribing records with the contract pharmacy's dispensing records to detect potential irregularities.

Appendix K continued: COMPLIANCE ELEMENTS (Contracts are maintained by the Department of Pharmacy)

(h) The covered entity and the contract pharmacy will develop a system to verify patient eligibility, as defined by HRSA guidelines. The system should be subject to modification in the event of change in such guidelines. Both parties agree that they will not resell or transfer a drug purchased at section 340B prices to an individual who is not a patient of the covered entity. See 42 U.S.C. 256b(a)(5)(B). The covered entity understands that it may be removed from the list of covered entities because of its participation in drug diversion and no longer be eligible for 340B pricing.

(i) Neither party will use drugs purchased under section 340B to dispense Medicaid prescriptions, unless the covered entity, the contract pharmacy and the State Medicaid agency have established an arrangement to prevent duplicate discounts. Any such arrangement shall be reported to the OPA, HRSA, by the covered entity.

(j) The covered entity and contract pharmacy will identify the necessary information for the covered entity to meet its ongoing responsibility of ensuring that the elements listed herein are being complied with and establish mechanisms to ensure availability of that information for periodic independent audits performed by the covered entity.

(k) Both parties understand that they are subject to audits by outside parties (by the Department and participating manufacturers) of records that directly pertain to the entity's compliance with the drug resale or transfer prohibition and the prohibition against duplicate discounts. See 42 U.S.C. 256b(a)(5)(c). The contract pharmacy will assure that all pertinent reimbursement accounts and dispensing records, maintained by the pharmacy, will be accessible separately from the pharmacy's own operations and will be made available to the covered entity, HRSA, and the manufacturer in the case of an audit. Such auditable records will be maintained for a period of time that complies with all applicable Federal, State and local requirements.

(l) Upon written request to the covered entity, a copy of the contract pharmacy service agreement will be provided to the Office of Pharmacy Affairs.

Appendix L: PREVENTING DUPLICATE DISCOUNTS: MEDI-CAL MODIFIERS

MediCal eligible claim – Mixed Use and Clinics, hospital billing/registration system Invision

CHARGE MASTER PROCEDURE SEGMENTS
 SVC CD: 47507884 GEN DESC: DOCEYAXEL 1MG INJ
 TYPE: 8 TECH DESC: DOCEYAXEL 80MG/2ML INJ

02/05/15 0911
RORH

TYPE	EFF DATE	IND	CODE	DATE ADDED	LAST CHG DATE	DF
P	02/01/12	A	J9171	07/02/12		1
P	02/01/12	M	J9171	07/02/12		1
M	02/01/12	M	J9171	07/02/12		1
R	02/01/12	UD	UD	04/03/14		1
R	02/01/12	636	636	07/02/12		1
R	02/01/12	636	636	07/02/12		1
R	02/01/12	636	636	07/02/12		1
O	02/01/12	00010000	00010000	07/02/12		1
O	02/01/12	01010000	01010000	07/02/12		1

(PF12) BASIC DATA (PF13) RTN TO SELECT PROC (PF14) CDM INQ SELECTS
 PACDM16

MediCal eligible claim – Outpatient Retail Pharmacy Software FSI

Page 41

Online Trans	Auto Print	[]	(Y,N)	[]	Rec'd Copy (Y,N,C,B)
Miscellaneous (Y,N,M,B)		[]	(Y,N)	[]	Auth Code (Y,N,A,Z,X,Rfill)
(= Code) Claim Clarification		[Y]	(Y,N)	[Y]	Eligibility Classification
Diagnostic Code (Y,N,2-ICD9C)		[]	(Y,N)	[Y]	Other Cov (Y,N,1-999999)
o Cov Default Foid Qual		[]		[]	Other Coverage Def. Type
o Cov Def Payer ID Qual		[]		[]	Default Other Cov Template
Per. Code (Run, Fat, Alpha)		[]	(Y,N)	[]	DM Codes (M=Multi-page)
Compound Drug ID Number		[N]	(1-9)	[]	Comp Drug ID Qual (ICD9C)
Compound Claim Clarification		[]		[]	Show Edit Sess on Reversal
Transmit Active Compd Ing.		[N]	(Y,N)	[]	Use Def. Drug DAN Code
Alternate Drug ID (A-H)		[]	(1-8)	[]	Use Retailer Taxonomy#
Service Code ID Number		[]	(1-9)	[]	
Use Patient ID Number		[]	(Misc)	[]	
xfer Pripayer \$ to OutDue		[]	(C)	[]	Full Cash Qualifier
Cost Calculation Basis		[]	(COP1-5)	[]	Other Coverage Modifier
Print Related Items		[]		[]	
Print Cost & Fee on UCP		[]	(Y,N)	[]	Refill # On UCP
Mark Which Box On HCPA		[]	(1-7)	[]	Drug Name/Form after D9 ID
Print Tot. Price on Receipt		[]	(Y,N)	[]	Print C.F. Copay & Total
Goes to SLOFI		[]	(Y,N)	[]	Print Claim Ref # On Receipt
Print Gross Amt Due		[]	(Y,N)	[]	Print 2nd Provider Number
Print *Usual Dose*		[]	(Y,N)	[]	Print Pharmacy #'s on HCPA 240

Appendix M: VERITY AUTOSPLIT (Formerly Talyst 340B AutoSplit) MANUAL