

**REPORT
ON THE AUDIT OF
RATE DEVELOPMENT SCHEDULES**

**PLACENTIA LINDA COMMUNITY HOSPITAL
PLACENTIA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1700817756**

**FISCAL PERIOD ENDED
MAY 31, 2010**

**Audits Section—Santa Ana
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Margaret A. Varho
Audit Supervisor: Felipe Avila
Auditor: Lang Doan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: February 12, 2013

Craig Armin, Vice President
Government Programs
Tenet Healthcare Corporation
11620 Wilshire Boulevard, Suite 875
Los Angeles, CA 90025

PLACENTIA LINDA COMMUNITY HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1700817756
FISCAL PERIOD ENDED MAY 31, 2010

We have examined the Rate Development Schedules for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code. The data for the schedules was obtained from provider records during a limited review.

In our opinion, the audited data presented in the Rate Development Schedules represents a proper determination of audited cost, patient days, and direct labor cost in accordance with applicable programs.

This audit report includes the:

1. Rate Development Schedules
2. Audit Adjustments Schedule

The results of this examination may be used to determine the Medi-Cal Peer Grouping Inpatient Reimbursement Limitation (PIRL) rate calculations. This will be determined by the Benefits, Waiver Analysis and Rates Division pursuant to California Code of Regulations (CCR), Title 22, Sections 51545 through 51556. These regulations may be viewed at www.oal.ca.gov.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

RATE DEVELOPMENT SCHEDULES

PROVIDER NAME PLACENTIA LINDA COMMUNITY HOSPITAL
NPI 1700817756
FISCAL PERIOD MAY 31, 2010
CONTRACT PERIOD N/A

	Noncontract Cost Services		Medi-Cal For Contract Services		Medi-Cal Total For Fiscal Period
<u>ACUTE CARE ONLY*</u>					
A. Medi-Cal Net Cost of Covered** Services Plus Hospital-Based Physician Costs, Excluding Return on Equity (Schedule 1, Line 1) (Adj 1)	\$ 578,936			\$	578,936
B. Deductibles and Coinsurance (Third Party Liability) (Schedule 3, Lines 9 and 10) (Adj)	\$ 12,693			\$	12,693
C. Medi-Cal Inpatient Days (Adjs 2, 3) (Schedules 4 and 4A)					
1. Routine (Adults and Pediatrics)	150				150
2. ICU	60				60
3. CCU					
4. Nursery					
5. NICU					
6. Other (Specify)					
a.					
b.					
D. Total Hospital Discharges *** (Adj)	N/A		N/A		4,216
E. Total Medi-Cal Discharges*** (Adj)		59			59
F. Total Medi-Cal Inpatient Charges (Schedules 2, Line 4) (Adj)	\$ 3,054,110			\$	3,054,110

* Data for NF or Administrative Days are not included.

** The Audited Net Cost of Covered Services is Net of Deductibles and Coinsurance and is from a source different than used on the filed report.

*** Data for newborns that were born in the hospital are not included.

RATE DEVELOPMENT SCHEDULES

PROVIDER NAME	PLACENTIA LINDA COMMUNITY HOSPITAL
NPI	1700817756
FISCAL PERIOD	MAY 31, 2010
CONTRACT PERIOD	N/A

	<u>REFERENCE</u>		
A. EXPENSE PASS-THROUGH DATA			
1. Depreciation Expense: (Adj)	8810 - 8813, and/or .71, .72, .73 and .74	\$	2,910,015
2. Rent and Lease Expense: (Adj)	8820-8822, and/or .75 and .76	\$	804,696
3. Interest Expense: (Adj)	8860, 8870	\$	1,121
4. Property Taxes and License Fees: (Adj)	8850 and/or .83	\$	371,375
5. Utility Expense: (Adj)	.77, .78, .79, and .80	\$	726,014
6. Malpractice Insurance Expense: (Adj)	8830 and/or .81	\$	233,813
B. GROSS OPERATING EXPENSES (Adj 6)	Sch 10, line 101, col. 3	\$	62,844,841
C. STUDENT AND PHYSICIANS COMPENSATION			
1. Salaries and Wages (include benefits) (Adj)	.07, 8210.09 - 8290.09	\$	
2. Professional Fees (Adj)	.20	\$	480,282
D. PHARMACY NONLABOR EXPENSE (Adj)	8390.37 and 8390.38	\$	1,592,590
E. FOOD SERVICES NONLABOR EXPENSE (Adj)	8320, 8330 and 8340 and/or .42 and .43	\$	400,902
F. DIRECT OPERATING COSTS			
1. Salaries and Wages	.00 - .09, .91, .95	\$	24,632,315
2. Employee Benefits	.10 - .19, .92, .96	\$	7,658,285
3. Other Professional Fees	.21 - .29	\$	481,683
4. Purchased Services	.61 - .69	\$	8,183,590
5. Supplies	.31 - .36, .39 - .41 .44 - .50, .93, .97	\$	8,382,902
6. Other Direct Operating Expense	.85 - .90	\$	

RATE DEVELOPMENT SCHEDULES

PROVIDER NAME	PLACENTIA LINDA COMMUNITY HOSPITAL
NPI	1700817756
FISCAL PERIOD	MAY 31, 2010
CONTRACT PERIOD	N/A

A. DIRECT PAYROLL COSTS (Totals)	<u>REFERENCE</u>		
1. Management and Supervision (Adj)			
a. Productive Salaries	.00	\$	2,806,337
b. Productive Hours			56,329.00
2. Technicians and Specialists (Adj)			
a. Productive Salaries	.01	\$	5,729,785
b. Productive Hours			177,223.00
3. Registered Nurses (Adj)			
a. Productive Salaries	.02	\$	9,640,698
b. Productive Hours			228,098.00
4. Licensed Vocational Nurses (Adj)			
a. Productive Salaries	.03	\$	159,511
b. Productive Hours			6,368.00
5. Aides and Orderlies (Adj)			
a. Productive Salaries	.04	\$	643,377
b. Productive Hours			39,782.00
6. Physicians (Salaried) (Adj)			
a. Productive Salaries	.07	\$	
b. Productive Hours			
7. Nonphysician Medical Practitioners (Adj)			
a. Productive Salaries	.08	\$	4,660
b. Productive Hours			192.00
8. Environmental and Food Services (Adj)			
a. Productive Salaries	.06	\$	715,981
b. Productive Hours			51,133.00
9. Clerical and Other Administrative (Adj)			
a. Productive Salaries	.05	\$	3,033,870
b. Productive Hours			135,525.00
10. Other Salaries and Wages (Adj)			
a. Productive Salaries	.09	\$	
b. Productive Hours			
11. All Nonproductive Salaries and Wages (Adj)			
a. Nonproductive Salaries	Labor Distribution	\$	3,706,913
b. Nonproductive Hours	Report or Provider W/P		82,059.00
B. SUBTOTAL DIRECT PAYROLL COST			
1. Productive Salaries (lines A1a - A10a)		\$	<u>22,734,219</u>
2. Productive Hours (lines A1b - A10b)			<u>694,650.00</u>
C. TOTAL PRODUCTIVE AND NONPRODUCTIVE SALARIES (A11a + B1)		\$	<u>26,441,132</u>
D. TOTAL PRODUCTIVE AND NONPRODUCTIVE HOURS (A11b + B2)			<u>776,709.00</u>

Provider Name				Fiscal Period		NPI	Adjustments
PLACENTIA LINDA COMMUNITY HOSPITAL				MAY 31, 2010		1700817756	6
Report References				Explanation of Audit Adjustments	Reported	Increase (Decrease)	Adjusted
Adj. No.	Audit Report Page	RD Schedule					
		Page	Line				
<u>ADJUSTMENTS TO RATE DEVELOPMENT SCHEDULES</u>							
1	1	3	A	Medi-Cal Net Cost of Covered Services—Noncontract	\$ 595,117	\$ (16,181)	\$ 578,936
2	1	3	C 1	Medi-Cal Inpatient Days—Adults and Pediatrics—Noncontract	148	2	150
3	1	3	C 2	Medi-Cal Inpatient Days—ICU—Noncontract	62	(2)	60
4	1	Not Reported		Medi-Cal Inpatient Days—Adults and Pediatrics—Average Per Diem Noncontract	\$ -	\$ 1,032.68	\$ 1,032.68
5	1	Not Reported		Medi-Cal Inpatient Days—ICU—Average Per Diem Noncontract	\$ -	\$ 1,966.64	\$ 1,966.64
6	2	4	B	Gross Operating Expenses	\$ 63,567,804	\$ (722,963)	\$ 62,844,841
<p>To adjust the Rate Development Schedules to agree with audit adjustments and/or provider records. CCR, Title 22, Section 51536</p>							

MEDI-CAL DISCHARGES

PROVIDER NAME PLACENTIA LINDA COMMUNITY HOSPITAL	NPI 1700817756	FPE MAY 31, 2010
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MONTH/YR	RUN PAGE NUMBER	TOTAL LINES	ADJUSTMENTS						ADJUSTED TOTAL
			NURSERY	DB & CR ENTRIES	ZERO DAYS	30 & 31 CODES	"V" CODE	OTHER (EXPLAIN)	
	1	24	0	2	0	0	0		22
	2	30	0	0	0	1	0		29
	3	7	0	0	0	0	0		7
SUBTOTAL			0	2	0	1	0	0	58

Add: Code 30, 31 that should be counted as discharge

TOTALS

1
59