REPORT
ON THE
COST REPORT REVIEW

EISENHOWER MEDICAL CENTER
RANCHO MIRAGE, CALIFORNIA
PROVIDER NUMBER: HSC30573F
NATIONAL PROVIDER IDENTIFIER: 1013981554

FISCAL PERIOD ENDED
JUNE 30, 2008

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

Section Chief: Margaret A. Varho
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State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

Date: October 07, 2011

Kimberly Osborne
Vice President and CFO
Eisenhower Memorial Hospital
39000 Bob Hope Drive
Rancho Mirage, CA 92270

PROVIDER: EISENHOWER MEDICAL CENTER
PROVIDER NO. HSC30573F
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FISCAL PERIOD ENDED June 30, 2008

We have reviewed the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our review was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements.

The data presented in the Summary of Findings represents the reported Medi-Cal program costs for the above fiscal period, which were accepted as filed.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

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

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SUMMARY OF FINDINGS

Provider Name:
EISENHOWER MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
2.	**Subprovider I (SCHEDULE 1-1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
3.	**Subprovider II (SCHEDULE 1-2)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
4.	**Medi-Cal Contract Cost (CONTRACT SCH 1)**		
	Provider No. HSC30573F		
	Reported		$ 5,958,569
	Net Change		$ 0
	Audited Cost		$ 5,958,569
	Audited Amount Due Provider (State)	$ 0	
5.	**Distinct Part Nursing Facility (DPNF SCH 1)**		
	Provider No.		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	
6.	**Distinct Part Nursing Facility (DPNF SCH 1-1)**		
	Provider No.		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	
7.	**Adult Subacute (ADULT SUBACUTE SCH 1)**		
	Provider No.		
			$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	

8.	**Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)**	$ 0	
9.	**Total Medi-Cal Cost**		$ 5,958,569

SUMMARY OF FINDINGS

Provider Name:
EISENHOWER MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

		SETTLEMENT	COST
10.	**Subacute (SUBACUTE SCH 1-1)**		
	Provider No.		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	
11.	**Rural Health Clinic (RHC SCH 1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
12.	**Rural Health Clinic (RHC 95-210 SCH 1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
13.	**Rural Health Clinic (RHC 95-210 SCH 1-1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
14.	**County Medical Services Program (CMSP SCH 1)**		
	Provider No.		
	Reported	$ 0	
	Net Change	$ 0	
	Audited Amount Due Provider (State)	$ 0	
15.	**Transitional Care (TC SCH 1)**		
	Provider No.		
	Reported		$ 0.00
	Net Change		$ 0.00
	Audited Cost Per Day		$ 0.00
	Audited Amount Due Provider (State)	$ 0	

16.	**Total Other Settlement Due Provider - (Lines 10 through 15)**	$ 0
17.	**Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)**	$ 0

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
EISENHOWER MEDICAL CENTER

Fiscal Period Ended:
JUNE 30, 2008

Provider No:
HSC30573F

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	$ 5,958,569	$ 5,958,569
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	$ 0	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	$ 0	$ N/A
4.		$ 0	$ 0
5.	Subtotal (Sum of Lines 1 through 4)	$ 5,958,569	$ 5,958,569
6.		$ 0	$ 0
7.		$ 0	$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	$ 5,958,569	$ 5,958,569
		(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adj)	$ 0	$ 0
10.	Medi-Cal Credit Balances (Adj)	$ 0	$ 0
11.		$ 0	$ 0
12.		$ 0	$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	$ 0	$ 0
		(To Summary of Findings)	