

**APPEAL RECOMPUTATION  
OF THE  
MEDI-CAL RATE DEVELOPMENT WORKSHEET  
KAISER FOUNDATION HOSPITALS - RIVERSIDE  
RIVERSIDE, CALIFORNIA  
PROVIDER NUMBER: HSP30686F  
NATIONAL PROVIDER IDENTIFIER: 1306991211**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2008**

**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: Huyen Stefan**



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

Jane C. Moore  
Senior Manager Finance, National Medicare Finance  
Kaiser Foundation Hospitals  
393 East Walnut St., 4<sup>th</sup> Floor  
Pasadena, CA 91188

In the Matter of:

KAISER FOUNDATION HOSPITALS -  
RIVERSIDE  
PROVIDER NUMBER: HSP30686F  
PROVIDER NPI: 1306991211  
FISCAL YEAR ENDED: 12/31/08  
CASE NUMBER: RD12-1208-918D-JC

DEPARTMENT OF HEALTH  
CARE SERVICES  
AUDITS AND INVESTIGATIONS  
MEDI-CAL PROGRAM  
RATE DEVELOPMENT WORKSHEET

Enclosed is the final Rate Development Worksheets pursuant to the Report of Findings dated November 29, 2012.

If you have any questions in regard to this revision, please contact Felipe Avila, Supervisor at (714) 558-4434.

***(Original signed by Margaret Varho)***

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

Enclosure  
Certified

**RATE DEVELOPMENT WORKSHEETS**

**PROVIDER:** KAISER FOUNDATION HOSPITALS - RIVERSIDE  
**PROVIDER NO.** HSP30686F  
**FISCAL PERIOD:** JANUARY 1, 2008 THROUGH DECEMBER 31, 2008  
**CONTRACT PERIOD:** N/A

	Noncontract Cost Settlement		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 (Rev. 1)	\$ 698,305			\$	\$ 698,305
B. Deductibles and Coinsurance (Third Party Liability) (Rev. )	\$ 9,539			\$	\$ 9,539
C. Medi-Cal Inpatient Days (Rev. )					
1. Routine (Adults & Pediatrics)	242				242
2. ICU					
3. CCU					
4. Nursery	40				40
5. NICU					
6. Other (Specify)					
a.					
b.					
D. Total Hospital Discharges ** (Rev. 1)	15,190		N/A		15,190
E. Total Medi-Cal Discharges** (Rev. )	68				68
F. Total Medi-Cal Inpatient Charges (Rev.1)	\$ 4,367,758			\$	\$ 4,367,758

(The previous Section D. Average Per Diem was eliminated. This information is not needed by RDB and has been removed from the Rate Development Branch Schedules that are sent by ARAS to the provider for completion.)

\* Do not include data for NF or Administrative Days.  
\*\* Do not include newborns that were born in the hospital.

## RATE DEVELOPMENT WORKSHEETS

**PROVIDER:** KAISER FOUNDATION HOSPITALS - RIVERSIDE  
**PROVIDER NO.** HSP30686F  
**FISCAL PERIOD:** JANUARY 1, 2008 THROUGH DECEMBER 31, 2008  
**CONTRACT PERIOD:** N/A

A. EXPENSE PASS-THROUGH DATA	<u>REFERENCE</u>		
1. Depreciation Expense:	8810 - 8813, and/or .71, .72, .73 and .74	\$	12,268,451
2. Rent and Lease Expense:	8820, and/or .75 and .76	\$	4,819,908
3. Interest Expense:	8860, 8870	\$	1,274,860
4. Property Taxes and License Fees:	8850 and/or .83	\$	212,222
5. Utility Expense:	.77, .78, .79, and .80	\$	2,636,227
6. Malpractice Insurance Expense:	8830 and/or .81	\$	1,267,789
 B. GROSS OPERATING EXPENSES	 Sch 10, line 101, col. 3	 \$	 274,314,018
C. STUDENT AND PHYSICIANS COMPENSATION			
1. Salaries and Wages (include benefits)	.07, 8210.09 - 8290.09	\$	63,369
2. Professional Fees	.20	\$	
 D. PHARMACY NONLABOR EXPENSES	 8390.37 and 8390.38	 \$	 8,266,100
 E. FOOD SERVICES NONLABOR EXPENSES	 8320, 8330 and 8340 and/or .42 and .43	 \$	 1,156,029
F. DIRECT OPERATING COSTS			
1. Salaries and Wages	.00 - .09, .91, .95	\$	98,263,894
2. Employee Benefits	.10 - .19, .92, .96	\$	43,861,274
3. Other Professional Fees	.21 - .29	\$	
4. Purchased Services	.61 - .69	\$	111,621,773
5. Supplies	.31 - .36, .93, .97	\$	42,717,942
6. Other Direct Operating Expense	.85 - .90	\$	

**RATE DEVELOPMENT WORKSHEETS**

**PROVIDER:** KAISER FOUNDATION HOSPITALS - RIVERSIDE  
**PROVIDER NO.** HSP30686F  
**FISCAL PERIOD:** JANUARY 1, 2008 THROUGH DECEMBER 31, 2008  
**CONTRACT PERIOD:** N/A

A. DIRECT PAYROLL COSTS (Totals)	<u>REFERENCE</u>		
1. Management and Supervision			
a. Productive Salaries	.00	\$	8,083,246
b. Productive Hours			163,008.00
2. Technicians and Specialists			
a. Productive Salaries	.01	\$	11,609,559
b. Productive Hours			305,382.00
3. Registered Nurses			
a. Productive Salaries	.02	\$	41,095,379
b. Productive Hours			849,274.00
4. Licensed Vocational Nurses			
a. Productive Salaries	.03	\$	584,839
b. Productive Hours			24,721.00
5. Aides and Orderlies			
a. Productive Salaries	.04	\$	1,697,387
b. Productive Hours			79,826.00
6. Physicians (Salaried)			
a. Productive Salaries	.07	\$	63,369
b. Productive Hours			2,705.00
7. Nonphysician Medical Practitioners			
a. Productive Salaries	.08	\$	747,172
b. Productive Hours			34,366.00
8. Environmental and Food Services			
a. Productive Salaries	.06	\$	4,866,559
b. Productive Hours			277,718.00
9. Clerical and Other Administrative			
a. Productive Salaries	.05	\$	8,459,745
b. Productive Hours			407,782.00
10. Other Salaries and Wages			
a. Productive Salaries	.09	\$	996,668
b. Productive Hours			56,711.00
11. All Nonproductive Salaries and Wages			
a. Nonproductive Salaries	Labor Distribution	\$	20,138,240
b. Nonproductive Hours	Report or Provider W/P		451,800.00
<b>B. SUBTOTALS DIRECT PAYROLL COSTS</b>			
1. Productive Salaries (lines 1a - 10a)		\$	<u>78,203,923</u>
2. Productive Hours (lines 1b - 10b)			<u>2,201,493.00</u>
<b>C. TOTAL PRODUCTIVE AND NONPRODUCTIVE SALARIES (11a + B1)</b>		<b>\$</b>	<b><u>98,342,163</u></b>
<b>D. TOTAL PRODUCTIVE AND NONPRODUCTIVE HOURS (11b + B2)</b>			<b><u>2,653,293.00</u></b>

**AUDIT REVISIONS**

Provider: KAISER FOUNDATION HOSPITALS - RIVERSIDE				Provider No. HSP30686F	Fiscal Period: JANUARY 1, 2008 THROUGH DECEMBER 31, 2008	No. of Revs: 1	
Report Reference				Explanation of Audit Revisions	Audited	Increase (Decrease)	Revised
Rev. No.	Schedule	Page	Line				
<b><u>REVISION TO RATE DEVELOPMENT WORKSHEETS</u></b>							
1	1	1	A	Medi-Cal Net Cost of Covered Services - Noncontract	\$ 561,731	\$ 136,574	\$ 698,305
	1	1	D	Total Hospital Discharges	16,136	(946)	15,190
	1	1	F	Total Medi-Cal Inpatient Charges - Noncontract	\$ 4,364,783	\$ 2,975	\$ 4,367,758

APPEAL FINDING ISSUE 6 - ADJUSTMENTS 1,6  
CASE NUMBER: RD12-1208-918D-JC

