APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

CATALINA ISLAND MEDICAL CENTER
AVALON, CALIFORNIA
PROVIDER NUMBER: LTC55187G

FISCAL PERIOD ENDED
JUNE 30, 2009

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

Section Chief: Maria Delgado
Audit Supervisor: Ginn Sampson
Auditor: Gary Chan

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

July 23, 2012

Brian Ballard
Administrator
Catalina Island Medical Center
P.O. Box 1563
Avalon, CA 90704

In the Matter of:

CATALINA ISLAND MEDICAL CENTER
NATIONAL PROVIDER IDENTIFIER: 1346250347
FISCAL PERIOD: JULY 1, 2007 THROUGH JUNE 30, 2009
CASE NUMBER: NF12-0609-869K-DG

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated on June 18, 2012, the following revision is made to the Medi-Cal audit report dated December 14, 2011.

SUMMARY OF REVISIONS

OVERPAYMENTS		
Audited Amount Due (State)	$	(35,366)
Revision		35,366
Revised Amount Due (State)	$	0

Enclosed is a revised Summary of Findings and supporting schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary.

Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Original Signed By:

Maria Delgado, Chief
Audits Section—Gardena
Financial Audits Branch

Certified
Enclosures

cc: Robert Oehlman
Healthcare Financial Consultants
1276 Ardia Street
Henderson, NV 89012

SUMMARY OF FINDINGS

Provider Name:
CATALINA ISLAND MEDICAL CENTER

Fiscal Period:
JULY 1, 2007 - JUNE 30, 2009

	SETTLEMENT	COST
1. Medi-Cal Overpayment		
National Provider Identifier: 1346250347		
Audited Amount Due Provider (State)	$ (35,366)	
Net Change	$ 35,366	
Revised Amount Due Provider (State)	$ 0	

Provider Name	Fiscal Period	NPI	Revisions
CATALINA ISLAND MEDICAL CENTER	JULY 1, 2007 THROUGH JUNE 30, 2009	1346250347	2

Report References										
	Cost Report			Revised Audit Report						
Rev. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No	Explanation of Appeal Revisions	As Audited	Increase (Decrease)	As Revised
1				N/A			Overpayments APPEAL FINDING FOR ADJUSTMENT NO. 1 ON THE AUDIT REPORT (Source: Report of Findings dated June 18, 2012, Issue No. 2	$20,682	($20,682)	$0
2				N/A			Overpayments APPEAL FINDING FOR ADJUSTMENT NO. 2 ON THE AUDIT REPORT (Source: Report of Findings dated June 18, 2012, Issue No. 2	$14,684	($14,684)	$0