

**REPORT  
ON THE  
COST REPORT REVIEW**

**JOHN F. KENNEDY MEMORIAL HOSPITAL  
INDIO, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1477584993**

**FISCAL PERIOD ENDED  
MAY 31, 2009**

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

**Section Chief: Margaret A. Varho  
Audit Supervisor: Lan Nguyen  
Auditor: Monique Nguyen**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Date: October 25, 2012

Craig C. Armin, Vice President  
Tenet Healthcare Corporation  
1445 Ross Avenue, Suite 1400  
Dallas, TX 75202-2703

JOHN F. KENNEDY MEMORIAL HOSPITAL  
NATIONAL PROVIDER IDENTIFIER (NPI) 1477584993  
FISCAL PERIOD ENDED MAY 31, 2009

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 settlement due the State in the amount of \$22,665, and the reported costs for the above fiscal period which were accepted as filed.

The audited settlement will be incorporated into a Statement of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement of Account Status.

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.

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

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

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

Certified

**SUMMARY OF FINDINGS**

**Provider Name:**  
**JOHN F. KENNEDY MEMORIAL HOSPITAL**

**Fiscal Period Ended:**  
**MAY 31, 2009**

	SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b>		
<b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>2. Subprovider I (SCHEDULE 1-1)</b>		
<b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b>		
<b>Provider NPI:</b>		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b>		
<b>Provider NPI: 1477584993</b>		
Reported		\$ 17,592,823
Net Change		\$ 0
Audited Cost		\$ 17,592,823
Audited Amount Due Provider (State)	\$ (22,665)	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b>		
<b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b>		
<b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b>		
<b>Provider NPI:</b>		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>	\$ (22,665)	
<b>9. Total Medi-Cal Cost</b>		\$ 17,592,823

**SUMMARY OF FINDINGS**

**Provider Name:**  
**JOHN F. KENNEDY MEMORIAL HOSPITAL**

**Fiscal Period Ended:**  
**MAY 31, 2009**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b>	<b>Provider NPI:</b>		
	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b>	<b>Provider NPI:</b>		
	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (22,665)	

## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
JOHN F. KENNEDY MEMORIAL HOSPITAL

Fiscal Period Ended:  
MAY 31, 2009

Provider NPI:  
1477584993

	REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 17,592,823	\$ 17,592,823
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)	\$ 17,592,823	\$ 17,592,823
6.	\$ 0	\$ 0
7.	\$ 0	\$ 0
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 17,592,823	\$ 17,592,823
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Adj 1)	\$ 0	\$ (22,665)
10. Medi-Cal Credit Balances (Adj )	\$ 0	\$ 0
11.	\$ 0	\$ 0
12.	\$ 0	\$ 0
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (22,665)
	(To Summary of Findings)	

Provider Name		Fiscal Period		Provider NPI		Adjustment		
JOHN F. KENNEDY MEMORIAL HOSPITAL		JUNE 01, 2008 THROUGH MAY 31, 2009		1477584993		1		
Report References								
Adj. No.	Audit Report	Work Sheet	Cost Report			As Reported	Increase (Decrease)	As Adjusted
			Part	Title	Line			
Explanation of Audit Adjustment								
<u>ADJUSTMENT TO OTHER MATTERS</u>								
1	Contract 1	Not Reported				\$0	\$22,665	\$22,665
Medi-Cal Overpayments To recover Medi-Cal overpayments in accordance with Contract Amendment No. 15, effective October 9, 2008. 42 CFR 433.139 / CMS Pub. 15-1, Section 2409 CCR, Title 22, Section 51458.1 / Medi-Cal Contract, Article 4.1(a)(1) and (b)(1)								