

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

**KINDRED HOSPITAL - BREA
BREA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1780768416**

**FISCAL PERIOD ENDED
AUGUST 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: Vanessa Hu**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: December 19, 2012

Stephen M. Smith
Vice President of Reimbursement
Reimbursement Department
Kindred Healthcare, Inc.
680 South Fourth Street
Louisville, KY 40202

KINDRED HOSPITAL - BREA
NATIONAL PROVIDER IDENTIFIER (NPI) 1780768416
FISCAL PERIOD ENDED AUGUST 31, 2009

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 field audit.

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.

Stephen M. Smith
Page 2

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	KINDRED HOSPITAL - BREA
NPI	1780768416
FISCAL PERIOD	SEPTEMBER 1, 2008 THROUGH AUGUST 31, 2009
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)	\$ 510,431	\$	\$ 510,431
B. Deductibles and Coinsurance (Third Party Liability) (Schedule 3, Lines 9 and 10) (Adj 2)	\$ 13,179	\$	\$ 13,179
C. Medi-Cal Inpatient Days (Adj 3,4) (Schedules 4 and 4A)			
1. Routine (Adults and Pediatrics)	373		373
2. ICU	19		19
3. CCU			
4. Nursery			
5. NICU			
6. Other (Specify)			
a.			
b.			
D. Total Hospital Discharges *** (Adj)	N/A	N/A	502
E. Total Medi-Cal Discharges*** (Adj 5)	8		8
F. Total Medi-Cal Inpatient Charges (Schedules 2, Line 4) (Adj 6)	\$ 2,243,460	\$	\$ 2,243,460

* 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	KINDRED HOSPITAL - BREA
NPI	1780768416
FISCAL PERIOD	SEPTEMBER 1, 2008 THROUGH AUGUST 31, 2009
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	\$	792,614
2. Rent and Lease Expense: (Adj)	8820-8822, and/or .75 and .76	\$	2,558,307
3. Interest Expense: (Adj)	8860, 8870	\$	
4. Property Taxes and License Fees: (Adj)	8850 and/or .83	\$	169,064
5. Utility Expense: (Adj)	.77, .78, .79, and .80	\$	413,788
6. Malpractice Insurance Expense: (Adj)	8830 and/or .81	\$	38,462
B. GROSS OPERATING EXPENSES (Adj)	Sch 10, line 101, col. 3	\$	25,217,308
C. STUDENT AND PHYSICIANS COMPENSATION			
1. Salaries and Wages (include benefits) (Adj)	.07, 8210.09 - 8290.09	\$	
2. Professional Fees (Adj)	.20	\$	415,626
D. PHARMACY NONLABOR EXPENSE (Adj)	8390.37 and 8390.38	\$	887,788
E. FOOD SERVICES NONLABOR EXPENSE (Adj)	8320, 8330 and 8340 and/or .42 and .43	\$	231,126
F. DIRECT OPERATING COSTS			
1. Salaries and Wages	.00 - .09, .91, .95	\$	3,918,380
2. Employee Benefits	.10 - .19, .92, .96	\$	1,009,650
3. Other Professional Fees	.21 - .29	\$	1,003
4. Purchased Services	.61 - .69	\$	1,278,471
5. Supplies	.31 - .36, .39 - .41 .44 - .50, .93, .97	\$	1,014,243
6. Other Direct Operating Expense	.85 - .90	\$	

RATE DEVELOPMENT SCHEDULES

PROVIDER NAME	KINDRED HOSPITAL - BREA
NPI	1780768416
FISCAL PERIOD	SEPTEMBER 1, 2008 THROUGH AUGUST 31, 2009
CONTRACT PERIOD	N/A

A. DIRECT PAYROLL COSTS (Totals)	<u>REFERENCE</u>		
1. Management and Supervision (Adj)			
a. Productive Salaries	.00	\$	2,113,400
b. Productive Hours			47,994.00
2. Technicians and Specialists (Adj)			
a. Productive Salaries	.01	\$	1,433,802
b. Productive Hours			45,571.00
3. Registered Nurses (Adj)			
a. Productive Salaries	.02	\$	3,401,315
b. Productive Hours			74,631.00
4. Licensed Vocational Nurses (Adj)			
a. Productive Salaries	.03	\$	977,635
b. Productive Hours			35,991.00
5. Aides and Orderlies (Adj)			
a. Productive Salaries	.04	\$	643,567
b. Productive Hours			38,895.00
6. Physicians (Salaried) (Adj)			
a. Productive Salaries	.07	\$	
b. Productive Hours			
7. Nonphysician Medical Practitioners (Adj)			
a. Productive Salaries	.08	\$	
b. Productive Hours			
8. Environmental and Food Services (Adj)			
a. Productive Salaries	.06	\$	494,119
b. Productive Hours			30,922.00
9. Clerical and Other Administrative (Adj)			
a. Productive Salaries	.05	\$	251,909
b. Productive Hours			14,854.00
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	\$	904,655
b. Nonproductive Hours	Report or Provider W/P		29,410.00
B. SUBTOTAL DIRECT PAYROLL COST			
1. Productive Salaries (lines A1a - A10a)		\$	<u>9,315,747</u>
2. Productive Hours (lines A1b - A10b)			<u>288,858.00</u>
C. TOTAL PRODUCTIVE AND NONPRODUCTIVE SALARIES (A11a + B1)		\$	<u>10,220,402</u>
D. TOTAL PRODUCTIVE AND NONPRODUCTIVE HOURS (A11b + B2)			<u>318,268.00</u>

Provider Name		Fiscal Period		NPI		Adjustments	
KINDRED HOSPITAL - BREA		SEPTEMBER 1, 2008 THROUGH AUGUST 31, 2009		1780768416		6	
Report References		Explanation of Audit Adjustments		Reported		Adjusted	
Adj. No.	Audit Report Page	RD Schedule Page	Line	Increase (Decrease)	Reported	Adjusted	
<u>ADJUSTMENTS TO RATE DEVELOPMENT SCHEDULES</u>							
1	1	3	A		\$ 265,297	\$ 510,413	
				Medi-Cal Net Cost of Covered Services—Noncontract	\$	245,116	\$
2	1	3	B		\$ 6,579	\$ 13,179	
				Deductibles and Coinsurance—Noncontract	\$	6,600	\$
3	1	3	C 1		177	373	
				Medi-Cal Inpatient Days—Adults and Pediatrics—Noncontract		196	
4	1	3	C 2		3	19	
				Medi-Cal Inpatient Days—ICU—Noncontract		16	
5	1	3	E		5	8	
				Total Medi-Cal Discharges—Acute—Noncontract		3	
6	1	3	F		\$ 1,049,607	\$ 2,243,460	
				Total Medi-Cal Inpatient Charges—Noncontract	\$	1,193,853	\$

To adjust the Rate Development Schedules to agree with audit adjustments and/or provider records.
 CCR, Title 22, Section 51536

