

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**LAC – COASTAL CLUSTER
TORRANCE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1154335982**

**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: Cyrus Lam
Auditor: Clara Yau / Nancy Nguyen**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

March 13, 2014

Judy Wong, Manager
State Reimbursement Section
Program Audits/Reimbursement Division
County of Los Angeles
Department of Health Services
313 North Figueroa Street, Room 426
Los Angeles, CA 90012

In the Matter of:

PROVIDER: LAC – COASTAL CLUSTER
PROVIDER NUMBERS: FHC00002F, FHC16016F AND FHC16026F
NATIONAL PROVIDER IDENTIFIERS: 1154335982, 1518973940 AND 1508872912
FISCAL PERIOD ENDED: JUNE 30, 2009
CASE NUMBER: FQ13-0609-459K-PW

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated November 6, 2013, the following revisions are made to the Medi-Cal audit report dated November 19, 2012.

SUMMARY OF REVISIONS

<u>CBRC SETTLEMENT (FORM 1)</u>		
Audited Amount Due Provider (State)	\$	1,064,891
Revision		<u>17,414</u>
Revised Amount Due Provider (State)	\$	<u>1,082,305</u>

Enclosed is the 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

Judy Wong
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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

Enclosed
Certified

cc: Anita D. Lee, Esq.
Kenneth Hahn Hall of Administration
County of Los Angeles
Office of the County Counsel
500 West Temple Street, Room 602
Los Angeles, CA 90012

County of Los Angeles - Department of Health Services
 Revised Determination of **COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS CBRC Settlement**
 Cluster: Coastal Cluster
 Fiscal Year Ended: JUNE 30, 2009

1.	Total Costs (Form 1A, Col. 4)	\$	31,737,100
2.	Determination of Overhead Costs Applicable to non-reimbursable CHC/HC Health Care Services		
	a. CHC/HC Health Care Services Costs (Form 1A, Col. 4, Line 100.24)	16,689,722	
	b. Non-Reimbursable CHC/HC Costs (Rev 2) (HCFA 2552-96, Schedule 8, Col. 0, Line 100.25)	818,980	
	c. Cost of all CHC/HC Costs - Excluding Overhead Costs (Line 2a + Line 2b)	17,508,702	
	d. Percentage of Non-Reimbursable CHC/HC Costs (Line 2b / Line 2c)	0.0468	
	e. Total CHC/HC General Overhead Costs (Form 1A, Col. 4, Line 100.23+Line 100.32+Col. 2, Lines 1- 24)	15,047,378	
	f. Overhead Applicable to Non-Reimbursable CHC/HC Costs (Line 2d X Line 2e)	\$ 703,850	
3.	Total Cost of Reimbursable CHC/HC Services (Line 1 - Line 2f)	\$	<u><u>31,033,250</u></u>
4.	Total Visits (Rev)		<u><u>101,649</u></u>
5.	Average Cost Per Visit (Line 3 divided by Line 4)		305.30
6.	Medi-Cal Visits (Billing Codes 01 and 03) (Rev 1)		<u><u>10,362</u></u>
7.	Total Medi-Cal Cost (Line 5 X Line 6)	\$	<u><u>3,163,519</u></u>
8.	<u>Less Payments:</u>		
	a. Medi-Cal Payments (Billing Code 01 and 03) (Rev 1)	\$	<u><u>2,044,995</u></u>
	b. Medi-Cal X-Over (Billing Code 02) (Rev)		<u><u>30,695</u></u>
	c. Patient Share of Cost (Rev)		<u><u>5,524</u></u>
	d. Total Payments	\$	<u><u>2,081,214</u></u>
9.	Balance Due Provider (State) Before Protested Items (Line 7 - Line 8d)	\$	<u><u>1,082,305</u></u>
10.	Protested Items: (CCAP) (Rev)	\$	<u><u>0</u></u>
11.	Balance Due Provider (State) After Protested Items	\$	<u><u>1,082,305</u></u>

County of Los Angeles - Department of Health Services
REVISED COMPREHENSIVE HEALTH CENTERS AND HEALTH CENTERS Total Costs

FORM 1A

Cluster: Coastal Cluster

Fiscal Year Ended: JUNE 30, 2009

CMS Line No.	Cost Centers	1	2	3	4
		Direct Costs (c) Sch. 8 (Rev)			Total Allowable CBRC CHC/HC Costs Col. 1 + Col. 2 - Col. 3
100.23	CHC/HC Overhead Costs	\$ 14,405,515		18,138	\$ 14,387,377
100.24	CHC/HC Healthcare Costs	16,771,744		82,022	16,689,722
1.00	Old Capital - Related Costs - Bldg.and Fixtures		\$ 0		0
2.00	Old Capital - Related Costs - Movable Equipment		0		0
3.00	New Capital - Related Costs - Bldg. And Fixtures		0		0
4.00	New Capital Related Costs - Movable Equipment		0		0
5.00	Employee Benefits		385,590		385,590
6.01	Administrative and General		0		0
6.02	Other Administrative		274,411		274,411
7.00	Maintenance and Repairs		0		0
8.00	Operation of Plant		0		0
9.00	Laundry & Linen Service		0		0
10.00	Housekeeping		0		0
11.00	Dietary		0		0
12.00	Cafeteria		0		0
14.00	Nursing Administration		0		0
15.00	Central Services and Supplies		0		0
16.00	Pharmacy		0		0
17.00	Medical Records & Medical Records Library		0		0
18.00	Social Services		0		0
19.00	PFSW Provider/Eligibility		0		0
19.01	PFS Provider		0		0
22.00	I & R Services - Salaries & Fringe B. Approved		0		0
23.00	I & R Other Program Costs Approved		0		0
23.01	Total Physicians Teaching		0		0
24.00	Parmed Ed Program		0		0
24.01	Parmed Ed Program - Anesthetists		0		0
	Total	\$ 31,177,259	\$ 660,001	100,160	\$ 31,737,100

Total should flow to
Form 1, Line 1

Provider Name							Fiscal Period			Provider NPI		Revisions
LAC - COASTAL CLUSTER							JULY 1, 2008 THROUGH JUNE 30, 2009			1154335982		2
Report References							Explanation of Audit Adjustments			As Audited	Increase (Decrease)	As Revised
Rev. No.	Revised Audit	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<u>REVISION TO AUDITED COSTS</u>												
1	Form 1	2			2b. 1.00	Non-Reimbursable CHC/HC Cost APPEAL FINDING FOR ADJUSTMENT NO. 3 ON THE AUDIT REPORT. (Source: Report of Findings dated November 6, 2013, Issue Number 10)	\$1,107,100		(\$288,120)	\$818,980		

Provider Name							Fiscal Period		Provider NPI		Revisions
LAC - COASTAL CLUSTER							JULY 1, 2008 THROUGH JUNE 30, 2009		1154335982		2
Report References											
Rev. No.	Revised Audit	Cost Report					Explanation of Audit Adjustments	As Audited	Increase (Decrease)	As Revised	
		Work Sheet	Part	Title	Line	Col.					
REVISION TO AUDITED MEDI-CAL STETTELEMENT DATA											
2	Form 1	2			6.00	2	Medi-Cal Visits (Billing Code 01 and 03)	10,360	2	10,362	
	Form 1	2			8a	2	Medi-Cal (Billing Code 01 and 03) APPEAL FINDING FOR ADJUSTMENTS NOS. 5 AND 6 ON THE AUDIT REPORT., ISSUE NO. 8 (Source: Reported of Findings dated November 6, 2013, Issue Number 8)	\$2,044,600	\$395	\$2,044,995	