APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

KAISER FOUNDATION HOSPITALS—HARBOR CITY
HARBOR CITY, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1336294040

FISCAL PERIOD ENDED
DECEMBER 31, 2009

Audits Section—San Diego
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Patricia M. Fox
Audit Supervisor: Woosung Lee
Auditors: Jeff Cates/Jing H. Zhang

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

May 28, 2014

RoseMary Lee, MHA
Finance Director, Hospital Reimbursement
National Medicare & Medicaid Finance
Kaiser Foundation Health Plan, and Hospitals
Walnut Center
393 East Walnut Street
Pasadena, CA 91188

In the Matter of:

KAISER FOUNDATION HOSPITALS—HARBOR CITY
NATIONAL PROVIDER IDENTIFIER (NPI) 1336294040
FISCAL PERIOD ENDED DECEMBER 31, 2009
CASE NUMBER HA13-1209-164H-PW

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated on February 14, 2014, the following revision is made to the Medi-Cal audit report dated July 5, 2012.

SUMMARY OF REVISIONS

MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)		
Audited Amount Due Provider (State)	$	(791,129)
Revision		330,951
Revised Amount Due Provider (State)	$	(460,178)

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 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.

Originally signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

SUMMARY OF FINDINGS

Provider Name:
KAISER FOUNDATION HOSPITALS—HARBOR CITY

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
1.	**Medi-Cal Noncontract Settlement (SCHEDULE 1)**		
	NPI 1336294040		
	Audited	$ (791,129)	
	Net Change	$ 330,951	
	Revised Amount Due Provider (State)	$ (460,178)	
2.	**Subprovider I (SCHEDULE 1-1)**		
	NPI		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
3.	**Subprovider II (SCHEDULE 1-2)**		
	NPI		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
4.	**Medi-Cal Contract Cost (CONTRACT SCH 1)**		
	NPI		
	Audited		$ 0
	Net Change		$ 0
	Revised Cost		$ 0
	Revised Amount Due Provider (State)	$ 0	
5.	**Distinct Part Nursing Facility (DPNF SCH 1)**		
	NPI		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	
6.	**Distinct Part Nursing Facility (DPNF SCH 1-1)**		
	NPI		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	
7.	**Adult Subacute (ADULT SUBACUTE SCH 1)**		
	NPI		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	

8.	**Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)**	$ (460,178)	
9.	**Total Medi-Cal Cost**		$ 0

SUMMARY OF FINDINGS

Provider Name:
KAISER FOUNDATION HOSPITALS—HARBOR CITY

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
10.	**Subacute (SUBACUTE SCH 1-1)**		
	Provider No.		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	
11.	**Rural Health Clinic (RHC SCH 1)**		
	Provider No.		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
12.	**Rural Health Clinic (RHC 95-210 SCH 1)**		
	Provider No.		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
13.	**Rural Health Clinic (RHC 95-210 SCH 1-1)**		
	Provider No.		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
14.	**County Medical Services Program (CMSP SCH 1)**		
	Provider No.		
	Audited	$ 0	
	Net Change	$ 0	
	Revised Amount Due Provider (State)	$ 0	
15.	**Transitional Care (TC SCH 1)**		
	Provider No.		
	Audited		$ 0.00
	Net Change		$ 0.00
	Revised Cost Per Day		$ 0.00
	Revised Amount Due Provider (State)	$ 0	

16.	**Total Other Settlement Due Provider - (Lines 10 through 15)**	$ 0
17.	**Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)**	$ (460,178)

STATE OF CALIFORNIA

SCHEDULE 1
PROGRAM: NONCONTRACT

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
KAISER FOUNDATION HOSPITALS—HARBOR CITY

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1336294040

		AUDITED	REVISED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	$ 480,556	$ 480,556
2.	Excess Reasonable Cost Over Charges (Schedule 2)	$ 0	$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	$ N/A	$ N/A
4.	$	$ 0	0
5.	TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	$ 480,556	$ 480,556
6.	Interim Payments (Rev)	$ (1,192,142)	$ (1,192,142)
7.	Balance Due Provider (State)	$ (711,586)	$ (711,586)
8.	Late-Billing Reduction	$ (13,904)	$ (13,904)
9.	AB 5 and AB 1183 Reductions	$ (65,639)	$ (65,639)
10.	Settlement on Additional Medi-Cal Ancillary Costs (Rev. 1)	$ 0	$ 330,951
11.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	$ (791,129)	$ (460,178)

(To Summary of Findings)

Provider Name	Fiscal Period	NPI	Revisions
KAISER FOUNDATION HOSPITALS—HARBOR CITY	JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1336294040	1

Report References										
		Audit Report								
Rev. No.	Revised Audit Report	Schedule	Part	Title	Line	Col.	Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
							REVISION TO OTHER MATTERS			
1	1	1			10.00		Settlement on Additional Medi-Cal Ancillary Costs To include agreed upon Medi-Cal Ancillary Costs. INFORMAL APPEAL—ISSUE 2 CASE NUMBER: HA13-1209-164H-PW	$0	$330,951	$330,951