

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**KAISER FOUNDATION HOSPITALS—
WEST LOS ANGELES
LOS ANGELES, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1134274897**

**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**



TOBY DOUGLAS
DIRECTOR

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



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—WEST LOS ANGELES
NATIONAL PROVIDER IDENTIFIER (NPI) 1134274897
FISCAL PERIOD ENDED DECEMBER 31, 2009
CASE NUMBER HA13-1209-166H-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

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>		
Audited Amount Due Provider (State)	\$	(59,179)
Revision		<u>168,082</u>
Revised Amount Due Provider (State)	\$	<u>108,903</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 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.

RoseMary Lee
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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—WEST LOS ANGELES

Fiscal Period Ended:
DECEMBER 31, 2009

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) NPI: 1134274897	Audited	\$ (59,179)	
	Net Change	\$ 168,082	
	Revised Amount Due Provider (State)	\$ 108,903	
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)		\$ 108,903	
9. Total Medi-Cal Cost			\$ 0

SUMMARY OF FINDINGS

Provider Name:
KAISER FOUNDATION HOSPITALS—WEST LOS ANGELES

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)		\$ 108,903	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
KAISER FOUNDATION HOSPITALS—WEST LOS ANGELES

Fiscal Period Ended:
DECEMBER 31, 2009

NPI:
1134274897

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)	\$ <u>332,237</u>	\$ <u>332,237</u>
2. Excess Reasonable Cost Over Charges (Schedule 2)	\$ <u>0</u>	\$ <u>0</u>
3. Medi-Cal Inpatient Hospital Based Physician Services	\$ <u>N/A</u>	\$ <u>N/A</u>
4. \$	\$ <u>0</u>	<u>0</u>
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)	\$ <u>332,237</u>	\$ <u>332,237</u>
6. Interim Payments (Rev)	\$ <u>(342,686)</u>	\$ <u>(342,686)</u>
7. Balance Due Provider (State)	\$ <u>(10,449)</u>	\$ <u>(10,449)</u>
8. Late-Billing Reductions	\$ <u>(9,281)</u>	\$ <u>(9,281)</u>
9. AB 5 and AB 1183 Reductions	\$ <u>(39,449)</u>	\$ <u>(39,449)</u>
10. Settlement on Additional Medi-Cal Ancillary Costs (Rev. 1)	\$ <u>0</u>	\$ <u>168,082</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>(59,179)</u>	\$ <u>108,903</u>
	(To Summary of Findings)	

Provider Name							Fiscal Period	NPI	Revisions	
KAISER FOUNDATION HOSPITALS—WEST LOS ANGELES							JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1134274897	1	
Report References							Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
Rev. No.	Revised Audit Report	Audit Report								
		Schedule	Part	Title	Line	Col.				
<u>REVISION TO OTHER MATTERS</u>										
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: HA13-1209-166H-PW	\$0	\$168,082	\$168,082	