

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

**PATIENTS' HOSPITAL OF REDDING  
REDDING, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1942204490**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2009**

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

**Section Chief: Robert G. Kwick  
Audit Supervisor: Gary Diffenderffer  
Auditor: Janis Nelsen**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

October 30, 2013

Shari Lejsek, Administrator  
Patients' Hospital of Redding  
2900 Eureka Way  
Redding, CA 96001

PATIENTS' HOSPITAL OF REDDING  
NATIONAL PROVIDER IDENTIFIER (NPI) 1942204490  
FISCAL PERIOD ENDED DECEMBER 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 [limited review 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 Fee-For-Service Rates Development Division pursuant to California Code of Regulations (CCR), Title 22, Sections 51545 through 51556. These regulations may be viewed at [www.oal.ca.gov](http://www.oal.ca.gov).

Shari Lejsek, Administrator  
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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—  
Sacramento at (916) 650-6994.

**Original Signed By**

Robert G. Kwick, Chief  
Audits Section—Sacramento  
Financial Audits Branch

Certified

**RATE DEVELOPMENT SCHEDULES**

<b>PROVIDER NAME</b>	<b>PATIENTS' HOSPITAL OF REDDING</b>
<b>NPI</b>	<b>1942204490</b>
<b>FISCAL PERIOD</b>	<b>DECEMBER 31, 2009</b>
<b>CONTRACT PERIOD</b>	<b>N/A</b>

	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)	\$ 49,987	\$	\$ 49,987
B. Deductibles and Coinsurance (Third Party Liability) (Schedule 3, Lines 9 and 10) (Adj )	\$	\$	\$
C. Medi-Cal Inpatient Days (Adj 2 ) (Schedules 4 and 4A)			
1. Routine (Adults and Pediatrics)	12		12
2. ICU			
3. CCU			
4. Nursery			
5. NICU			
6. Other (Specify)			
a.			
b.			
D. Total Hospital Discharges*** (Adj )	N/A	N/A	
E. Total Medi-Cal Discharges*** (Adj 3)	7		7
F. Total Medi-Cal Inpatient Charges (Schedule 2, Line 4) (Adj 4)	\$ 219,328	\$	\$ 219,328

\* 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**

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<b>NPI</b>	<b>1942204490</b>
<b>FISCAL PERIOD</b>	<b>DECEMBER 31, 2009</b>
<b>CONTRACT PERIOD</b>	<b>N/A</b>

	<u>REFERENCE</u>		
<b>A. EXPENSE PASS-THROUGH DATA</b>			
1. Depreciation Expense: (Adj )	8810 - 8813, and/or .71, .72, .73 and .74	\$	186,556
2. Rent and Lease Expense: (Adj )	8820-8822, and/or .75 and .76	\$	55,637
3. Interest Expense: (Adj )	8860, 8870	\$	74,470
4. Property Taxes and License Fees: (Adj )	8850 and/or .83	\$	109,126
5. Utility Expense: (Adj )	.77, .78, .79, and .80	\$	95,988
6. Malpractice Insurance Expense: (Adj )	8830 and/or .81	\$	25,021
<b>B. GROSS OPERATING EXPENSES</b> (Adj 5)	Sch 10, line 101, col. 3	\$	5,782,308
<b>C. STUDENT AND PHYSICIANS COMPENSATION</b>			
1. Salaries and Wages (include benefits) (Adj )	.07, 8210.09 - 8290.09	\$	
2. Professional Fees (Adj )	.20	\$	
<b>D. PHARMACY NONLABOR EXPENSE</b> (Adj )	8390.37 and 8390.38	\$	81,965
<b>E. FOOD SERVICES NONLABOR EXPENSE</b> (Adj )	8320, 8330 and 8340 and/or .42 and .43	\$	65,359
<b>F. DIRECT OPERATING COSTS</b>			
1. Salaries and Wages	.00 - .09, .91, .95	\$	2,719,091
2. Employee Benefits	.10 - .19, .92, .96	\$	897,374
3. Other Professional Fees	.21 - .29	\$	128,026
4. Purchased Services	.61 - .69	\$	210,155
5. Supplies	.31 - .36, .39 - .41, .44 - .50, .93, .97	\$	1,055,596

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<b>FISCAL PERIOD</b>	<b>DECEMBER 31, 2009</b>
<b>CONTRACT PERIOD</b>	<b>N/A</b>

A. DIRECT PAYROLL COSTS (Totals)	<u>REFERENCE</u>		
1. Management and Supervision (Adj )			
a. Productive Salaries	.00	\$	942,134
b. Productive Hours			28,855.00
2. Technicians and Specialists (Adj )			
a. Productive Salaries	.01	\$	286,623
b. Productive Hours			12,664.00
3. Registered Nurses (Adj )			
a. Productive Salaries	.02	\$	845,964
b. Productive Hours			25,280.00
4. Licensed Vocational Nurses (Adj )			
a. Productive Salaries	.03	\$	96,430
b. Productive Hours			4,119.00
5. Aides and Orderlies (Adj )			
a. Productive Salaries	.04	\$	79,738
b. Productive Hours			5,374.00
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	\$	178,728
b. Productive Hours			15,571.00
9. Clerical and Other Administrative (Adj )			
a. Productive Salaries	.05	\$	289,560
b. Productive Hours			21,262.00
10. Other Salaries and Wages (Adj )			
a. Productive Salaries	.09	\$	
b. Productive Hours			
11. All Nonproductive Salaries and Wages (Adj 4)			
a. Nonproductive Salaries	Labor Distribution	\$	430,819
b. Nonproductive Hours	Report or Provider W/P		12,972.00
<b>B. SUBTOTAL DIRECT PAYROLL COST</b>			
1. Productive Salaries (lines A1a - A10a)		\$	<u>2,719,177</u>
2. Productive Hours (lines A1b - A10b)			<u>113,125.00</u>
<b>C. TOTAL PRODUCTIVE AND NONPRODUCTIVE SALARIES (A11a + B1)</b>		<b>\$</b>	<b><u>3,149,996</u></b>
<b>D. TOTAL PRODUCTIVE AND NONPRODUCTIVE HOURS (A11b + B2)</b>			<b><u>126,097.00</u></b>

Provider Name				Fiscal Period		NPI	Adjustments
PATIENTS' HOSPITAL OF REDDING				DECEMBER 31, 2009		1942204490	4
Report References				Explanation of Audit Adjustments	Reported	Increase (Decrease)	Adjusted
Adj. No.	Audit Report Page	RD Schedule					
		Page	Line				
<b><u>ADJUSTMENTS TO RATE DEVELOPMENT SCHEDULES</u></b>							
1	1	3	A	Medi-Cal Net Cost of Covered Services—Noncontract	\$ 54,908	\$ (4,921)	\$ 49,987
2	1	3	E	Total Medi-Cal Discharges—Acute—Noncontract	8	(1)	7
3	1	3	F	Total Medi-Cal Inpatient Charges—Noncontract	\$ 243,529	\$ (24,201)	\$ 219,328
4	3	5	A 11	Nonproductive Salaries and Wages	\$ 430,776	\$ 43	\$ 430,819
				To adjust the Rate Development Schedules to agree with audit adjustments and/or provider records. CCR, Title 22, Section 51536			