

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

**WEST ANAHEIM MEDICAL CENTER  
ANAHEIM, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1871501916**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2009**

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

**Section Chief: Margaret A. Varho  
Audit Supervisor: Felipe Avila  
Auditor: Favio Arrieta**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

Date: April 26, 2012

Alan Smith  
Chief Financial Officer  
West Anaheim Medical Center  
3033 West Orange Avenue  
Anaheim, CA 92804

WEST ANAHEIM MEDICAL CENTER  
NATIONAL PROVIDER IDENTIFIER (NPI) 187501916  
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 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](http://www.oal.ca.gov).

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

Alan Smith  
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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**

<b>PROVIDER NAME</b>	<b>WEST ANAHEIM MEDICAL CENTER</b>
<b>NPI</b>	<b>1871501916</b>
<b>FISCAL PERIOD</b>	<b>JANUARY 1, 2009 THROUGH DECEMBER 31, 2009</b>
<b>CONTRACT PERIOD</b>	<b>MARCH 26, 2009 THROUGH DECEMBER 31, 2009</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)	\$	528,808	\$	\$	528,808
B. Deductibles and Coinsurance (Third Party Liability) (Schedule 3, Lines 9 and 10) (Adj 2)	\$	9,440	\$	\$	9,440
C. Medi-Cal Inpatient Days (Schedules 4 and 4A)					
1. Routine (Adults and Pediatrics)		163			163
2. ICU		78			78
3. CCU					
4. Nursery					
5. NICU					
6. Other (Specify)					
a.					
b.					
D. Total Hospital Discharges ** (Adj 3)		N/A		N/A	6,152
E. Total Medi-Cal Discharges** (Adj 4)		41			41
F. Total Medi-Cal Inpatient Charges (Schedules 2, Line 4)	\$	2,738,424	\$	\$	2,738,424

\* Data for NF or Administrative Days are not included.

\*\* Data for newborns that were born in the hospital are not included.

## RATE DEVELOPMENT SCHEDULES

<b>PROVIDER NAME</b>	<b>WEST ANAHEIM MEDICAL CENTER</b>
<b>NPI</b>	<b>1871501916</b>
<b>FISCAL PERIOD</b>	<b>JANUARY 1, 2009 THROUGH DECEMBER 31, 2009</b>
<b>CONTRACT PERIOD</b>	<b>MARCH 26, 2009 THROUGH DECEMBER 31, 2009</b>

	<u>REFERENCE</u>		
<b>A. EXPENSE PASS-THROUGH DATA</b>			
1. Depreciation Expense:	8810 - 8813, and/or .71, .72, .73 and .74	\$	1,155,352
2. Rent and Lease Expense:	8820-8822, and/or .75 and .76	\$	3,480,886
3. Interest Expense:	8860, 8870	\$	814,209
4. Property Taxes and License Fees:	8850 and/or .83	\$	561,297
5. Utility Expense:	.77, .78, .79, and .80	\$	1,067,374
6. Malpractice Insurance Expense:	8830 and/or .81	\$	410,050
<b>B. GROSS OPERATING EXPENSES</b>	Sch 10, line 101, col. 3	\$	84,691,935
<b>C. STUDENT AND PHYSICIANS COMPENSATION</b>			
1. Salaries and Wages (include benefits)	.07, 8210.09 - 8290.09	\$	
2. Professional Fees	.20	\$	554,101
<b>D. PHARMACY NONLABOR EXPENSE</b>	8390.37 and 8390.38	\$	2,760,845
<b>E. FOOD SERVICES NONLABOR EXPENSE</b>	8320, 8330 and 8340 and/or .42 and .43	\$	722,783
<b>F. DIRECT OPERATING COSTS</b>			
1. Salaries and Wages	.00 - .09, .91, .95	\$	34,777,983
2. Employee Benefits	.10 - .19, .92, .96	\$	6,094,501
3. Other Professional Fees	.21 - .29	\$	1,479,614
4. Purchased Services	.61 - .69	\$	20,163,186
5. Supplies	.31 - .36, .39 - .41 .44 - .50, .93, .97	\$	7,316,538
6. Other Direct Operating Expense	.85 - .90	\$	

**RATE DEVELOPMENT SCHEDULES**

<b>PROVIDER NAME</b>	<b>WEST ANAHEIM MEDICAL CENTER</b>
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<b>FISCAL PERIOD</b>	<b>JANUARY 1, 2009 THROUGH DECEMBER 31, 2009</b>
<b>CONTRACT PERIOD</b>	<b>MARCH 26, 2009 THROUGH DECEMBER 31, 2009</b>

A. DIRECT PAYROLL COSTS (Totals)	<u>REFERENCE</u>		
1. Management and Supervision			
a. Productive Salaries	.00	\$	3,202,071
b. Productive Hours			68,872.00
2. Technicians and Specialists			
a. Productive Salaries	.01	\$	7,703,592
b. Productive Hours			226,321.00
3. Registered Nurses			
a. Productive Salaries	.02	\$	13,092,700
b. Productive Hours			293,041.00
4. Licensed Vocational Nurses			
a. Productive Salaries	.03	\$	1,867,375
b. Productive Hours			76,551.00
5. Aides and Orderlies			
a. Productive Salaries	.04	\$	1,646,136
b. Productive Hours			113,629.00
6. Physicians (Salaried)			
a. Productive Salaries	.07	\$	
b. Productive Hours			
7. Nonphysician Medical Practitioners			
a. Productive Salaries	.08	\$	
b. Productive Hours			
8. Environmental and Food Services			
a. Productive Salaries	.06	\$	1,365,444
b. Productive Hours			96,742.00
9. Clerical and Other Administrative			
a. Productive Salaries	.05	\$	2,686,783
b. Productive Hours			150,937.00
10. Other Salaries and Wages			
a. Productive Salaries	.09	\$	
b. Productive Hours			
11. All Nonproductive Salaries and Wages			
a. Nonproductive Salaries	Labor Distribution	\$	3,213,881
b. Nonproductive Hours	Report or Provider W/P		110,313.00
<b>B. SUBTOTAL DIRECT PAYROLL COST</b>			
1. Productive Salaries (lines A1a - A10a)		\$	<u>31,564,101</u>
2. Productive Hours (lines A1b - A10b)			<u>1,026,093.00</u>
<b>C. TOTAL PRODUCTIVE AND NONPRODUCTIVE SALARIES (A11a + B1)</b>		<b>\$</b>	<b><u>34,777,982</u></b>
<b>D. TOTAL PRODUCTIVE AND NONPRODUCTIVE HOURS (A11b + B2)</b>			<b><u>1,136,406.00</u></b>

Provider Name		Fiscal Period		NPI	Adjustments		
WEST ANAHEIM MEDICAL CENTER		JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		1871501916	4		
Report References		Explanation of Audit Adjustments					
Adj. No.	Audit Report Page	RD Schedule Page	Line	Reported	Increase (Decrease)	Adjusted	
<b><u>ADJUSTMENTS TO RATE DEVELOPMENT SCHEDULES</u></b>							
1	1	3	A	Medi-Cal Net Cost of Covered Services—Noncontract	\$ 559,123	\$ (30,315)	\$ 528,808
2	1	3	B	Deductibles and Coinsurance—Noncontract	\$ 4,968	\$ 4,472	\$ 9,440
3	1	3	D	Total Hospital Discharges	6,401	(249)	6,152
4	1	3	F	Total Medi-Cal Discharges—Noncontract	\$ 290	\$ (249)	\$ 41
<p>To adjust the Rate Development Schedules to agree with audit adjustments and/or provider records.                      CCR, Title 22, Section 51536</p>							

## MEDI-CAL DISCHARGES

<b>PROVIDER NAME</b> WEST ANAHEIM MEDICAL CENTER	<b>NPI</b> 1871501916	<b>FPE</b> DECEMBER 31, 2009
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MONTH/YR	RUN PAGE NUMBER	TOTAL LINES	ADJUSTMENTS					ADJUSTED TOTAL	
			NURSERY	DB & CR ENTRIES	ZERO DAYS	30 & 31 CODES	"V" CODE		OTHER (EXPLAIN)
January	1	16				1		15	
February	1,2	13						13	
March	2	16					3	13	
								0	
								0	
								0	
								0	
<b>TOTALS</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>41</b>

OTHER: Discharged during contract period 3/26/2009 - 12/31/2009.