

**REPORT
ON THE
COST REPORT REVIEW**

**SCRIPPS GREEN HOSPITAL
LA JOLLA, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1841233780**

**FISCAL PERIOD ENDED
SEPTEMBER 30, 2010**

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

**Section Chief: Patricia M. Fox
Audit Supervisor: Sergio Gonzalez
Auditor: Scott C. Riddick**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

January 21, 2014

Administrator
Scripps Green Hospital
10666 North Torrey Pines Road
La Jolla, CA 92037

SCRIPPS GREEN HOSPITAL
NATIONAL PROVIDER IDENTIFIER (NPI) 1841233780
FISCAL PERIOD ENDED SEPTEMBER 30, 2010

We have examined the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements, Medi-Cal payment data reports, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

In our opinion, the audited combined settlement for the fiscal period due the State in the amount of \$7,110, and the audited costs presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable programs.

This audit report includes the:

1. Summary of Findings
2. Computation of Medi-Cal Reimbursement Settlement (NONCONTRACT Schedules)
3. Computation of Medi-Cal Cost (CONTRACT Schedules)
4. Audit Adjustments Schedule

The audited settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the provider by the State fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Administrator
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Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

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—San Diego at (619) 688-3200.

Originally signed by:

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

Certified
cc: See Next Page

Administrator
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cc: Deanna L. Sandoval
Senior Reimbursement Analyst
Scripps Health
4275 Campus Point Court
San Diego, CA 92121

SUMMARY OF FINDINGS

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) NPI: 1841233780	Reported	\$ 0	
	Net Change	\$ (959)	
	Audited Amount Due Provider (State)	\$ (959)	
2. Subprovider I (SCHEDULE 1-1) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
3. Subprovider II (SCHEDULE 1-2) NPI:	Reported	\$ 0	
	Net Change	\$ 0	
	Audited Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) NPI: 1841233780	Reported		\$ 3,409,286
	Net Change		\$ (1,068,205)
	Audited Cost		\$ 2,341,081
	Audited Amount Due Provider (State)	\$ (6,151)	
5. Distinct Part Nursing Facility (DPNF SCH 1) NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
6. Distinct Part Nursing Facility (DPNF SCH 1-1) NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
7. Adult Subacute (ADULT SUBACUTE SCH 1) NPI:	Reported		\$ 0.00
	Net Change		\$ 0.00
	Audited Cost Per Day		\$ 0.00
	Audited Amount Due Provider (State)	\$ 0	
8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)		\$ (7,110)	
9. Total Medi-Cal Cost			\$ 2,341,081

SUMMARY OF FINDINGS

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1)		
NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
11. Rural Health Clinic (RHC SCH 1)		
NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1)		
NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1)		
NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1)		
NPI:		
Reported	\$ 0	
Net Change	\$ 0	
Audited Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1)		
NPI:		
Reported		\$ 0.00
Net Change		\$ 0.00
Audited Cost Per Day		\$ 0.00
Audited Amount Due Provider (State)	\$ 0	
16. Total Other Settlement Due Provider - (Lines 10 through 15)	\$ 0	
17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)	\$ (7,110)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

NPI:
1841233780

		REPORTED	AUDITED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Schedule 3)		\$ 0	\$ 2,847
2. Excess Reasonable Cost Over Charges (Schedule 2)		\$ 0	\$ 0
3. Medi-Cal Inpatient Hospital Based Physician Services		\$ 0	N/A
4.	\$	\$ 0	0
5. TOTAL COST-Reimbursable to Provider (Lines 1 through 4)		\$ 0	\$ 2,847
6. Interim Payments (Adj 7)		\$ 0	\$ (3,806)
7. Balance Due Provider (State)		\$ 0	\$ (959)
8. Duplicate Payments (Adj)		\$ 0	\$ 0
9.	\$	\$ 0	0
10.	\$	\$ 0	0
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)		\$ 0	\$ (959)

(To Summary of Findings)

COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGESProvider Name:
SCRIPPS GREEN HOSPITALFiscal Period Ended:
SEPTEMBER 30, 2010NPI:
1841233780

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Schedule 3)	\$ 0	\$ 4,310
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 5)	\$ 0	\$ 8,865
3. Inpatient Ancillary Service Charges (Adj 5)	\$ 0	\$ 15,054
4. Total Charges - Medi-Cal Inpatient Services	\$ 0	\$ 23,919
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ 0	\$ 19,609
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ 0	\$ 0
	(To Schedule 1)	

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SCRIPPS GREEN HOSPITALFiscal Period Ended:
SEPTEMBER 30, 2010NPI:
1841233780

GENERAL SERVICE UNIT NET OF SWING-BED COSTS

REPORTED	AUDITED
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INPATIENT DAYS

1. Total Inpatient Days (include private & swing-bed) (Adj)	31,768	31,768
2. Inpatient Days (include private, exclude swing-bed)	31,768	31,768
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	31,768	31,768
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj)	0	0

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 48,188,191	\$ 48,188,105
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 through 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 48,188,191	\$ 48,188,105

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges)	\$ 120,437,619	\$ 120,437,619
29. Private Room Charges (excluding swing-bed charges)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges)	\$ 120,437,619	\$ 120,437,619
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.400109	\$ 0.400108
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 3,791.16	\$ 3,791.16
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 48,188,191	\$ 48,188,105

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,516.88	\$ 1,516.88
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 0	\$ 0
40. Cost Applicable to Medi-Cal (Sch 4A)	\$ 0	\$ 1,054
41. Cost Applicable to Medi-Cal (Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39,40 & 41)	\$ 0	\$ 1,054

(To Schedule 3)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SCRIPPS GREEN HOSPITALFiscal Period Ended:
SEPTEMBER 30, 2010NPI:
1841233780

SPECIAL CARE AND/OR NURSERY UNITS		REPORTED	AUDITED
NURSERY			
1.	Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2.	Total Inpatient Days (Adj)	0	0
3.	Average Per Diem Cost	\$ 0.00	\$ 0.00
4.	Medi-Cal Inpatient Days (Adj)	0	0
5.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT			
6.	Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 16,498,950	\$ 16,498,929
7.	Total Inpatient Days (Adj)	6,390	6,390
8.	Average Per Diem Cost	\$ 2,582.00	\$ 2,581.99
9.	Medi-Cal Inpatient Days (Adj)	0	0
10.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
BONE MARROW UNIT			
11.	Total Inpatient Routine Cost (Sch 8, Line 26.01, Col 27)	\$ 12,159,143	\$ 12,159,137
12.	Total Inpatient Days (Adj)	4,551	4,551
13.	Average Per Diem Cost	\$ 2,671.75	\$ 2,671.75
14.	Medi-Cal Inpatient Days (Adj)	0	0
15.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
NEONATAL INTENSIVE CARE UNIT			
16.	Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17.	Total Inpatient Days (Adj)	0	0
18.	Average Per Diem Cost	\$ 0.00	\$ 0.00
19.	Medi-Cal Inpatient Days (Adj)	0	0
20.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT			
21.	Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22.	Total Inpatient Days (Adj)	0	0
23.	Average Per Diem Cost	\$ 0.00	\$ 0.00
24.	Medi-Cal Inpatient Days (Adj)	0	0
25.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
ADMINISTRATIVE DAYS			
26.	Per Diem Rate (Adj 3)	\$ 0.00	\$ 351.26
27.	Medi-Cal Inpatient Days (Adj 3)	0	3
28.	Cost Applicable to Medi-Cal	\$ 0	\$ 1,054
ADMINISTRATIVE DAYS			
29.	Per Diem Rate (Adj)	\$ 0.00	\$ 0.00
30.	Medi-Cal Inpatient Days (Adj)	0	0
31.	Cost Applicable to Medi-Cal	\$ 0	\$ 0
32.	Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,28,31)	\$ 0	\$ 1,054

(To Schedule 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COSTProvider Name:
SCRIPPS GREEN HOSPITALFiscal Period Ended:
SEPTEMBER 30, 2010NPI:
1841233780

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
0		
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Schedule 4)

ADJUSTMENTS TO MEDI-CAL CHARGES

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

NPI:
1841233780

ANCILLARY CHARGES		REPORTED	ADJUSTMENTS (Adj 4)	AUDITED
37.00	Operating Room	\$	\$	\$ 0
38.00				0
39.00				0
40.00				0
41.00	Radiology-Diagnostic	0	553	553
41.01				0
41.02				0
42.00	0			0
43.00	Radioisotope			0
44.00	Laboratory	0	3,031	3,031
44.01				0
46.00	Whole Blood and Packed Red Blood Cells			0
47.00				0
48.00				0
49.00	Respiratory Therapy			0
50.00	Physical Therapy	0	1,138	1,138
51.00				0
52.00				0
53.00	Electrocardiology			0
54.00				0
55.00	Medical Supplies Charged to Patients			0
55.30	Implantable Devices Charged to Patients			0
56.00	Drugs Charged to Patients	0	10,332	10,332
57.00	Renal Dialysis			0
59.00	Cardiac Catheterization Laboratory			0
59.01				0
59.02				0
59.03				0
60.00				0
60.01				0
61.00				0
62.00	Observation Beds			0
71.00				0
82.00				0
83.00	Kidney Acquisition			0
84.00	Liver Acquisition			0
85.01	Pancreas Acquisition			0
86.00				0
TOTAL MEDI-CAL ANCILLARY CHARGES		\$ 0	\$ 15,054	\$ 15,054

(To Schedule 5)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

NPI:
1841233780

		REPORTED	AUDITED
1.	Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3)	\$ 3,409,286	\$ 2,341,081
2.	Excess Reasonable Cost Over Charges (Contract Sch 2)	\$ 0	\$ 0
3.	Medi-Cal Inpatient Hospital Based Physician Services	\$ 0	\$ N/A
4.		\$ 0	\$ 0
5.	Subtotal (Sum of Lines 1 through 4)	\$ 3,409,286	\$ 2,341,081
6.	\$	\$ 0	\$ 0
7.	\$	\$ 0	\$ 0
8.	Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ 3,409,286	\$ 2,341,081
		(To Summary of Findings)	
9.	Medi-Cal Overpayments (Adj 12)	\$ 0	\$ (6,151)
10.	Medi-Cal Credit Balances (Adj)	\$ 0	\$ 0
11.	\$	\$ 0	\$ 0
12.	\$	\$ 0	\$ 0
13.	TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ 0	\$ (6,151)
		(To Summary of Findings)	

**COMPUTATION OF LESSER OF
MEDI-CAL REASONABLE COST OR CUSTOMARY CHARGES**

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

NPI:
1841233780

	REPORTED	AUDITED
REASONABLE COST OF MEDI-CAL INPATIENT SERVICES		
1. Cost of Covered Services (Contract Sch 3)	\$ <u>3,490,365</u>	\$ <u>2,432,961</u>
CHARGES FOR MEDI-CAL INPATIENT SERVICES		
2. Inpatient Routine Service Charges (Adj 10)	\$ <u>3,208,763</u>	\$ <u>3,354,389</u>
3. Inpatient Ancillary Service Charges (Adj 10)	\$ <u>11,490,929</u>	\$ <u>6,854,627</u>
4. Total Charges - Medi-Cal Inpatient Services	\$ <u>14,699,692</u>	\$ <u>10,209,016</u>
5. Excess of Customary Charges Over Reasonable Cost (Line 4 minus Line 1) *	\$ <u>11,209,327</u>	\$ <u>7,776,055</u>
6. Excess of Reasonable Cost Over Customary Charges (Line 1 minus Line 4)	\$ <u><u>0</u></u>	\$ <u><u>0</u></u>
	(To Contract Sch 1)	

* If charges exceed reasonable cost, no further calculation necessary for this schedule.

**COMPUTATION OF
MEDI-CAL NET COST OF COVERED SERVICES**

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

NPI:
1841233780

	REPORTED	AUDITED
1. Medi-Cal Inpatient Ancillary Services (Contract Sch 5)	\$ 2,190,774	\$ 1,352,251
2. Medi-Cal Inpatient Routine Services (Contract Sch 4)	\$ 1,299,591	\$ 1,080,710
3. Medi-Cal Inpatient Hospital Based Physician for Intern and Resident Services (Sch)	\$ 0	\$ 0
4. \$ \$	0	0
5. \$ \$	0	0
6. SUBTOTAL (Sum of Lines 1 through 5)	\$ 3,490,365	\$ 2,432,961
7. Medi-Cal Inpatient Hospital Based Physician for Acute Care Services (Contract Sch 7)	(See \$ Contract Sch 1)	\$ 0
8. SUBTOTAL	\$ 3,490,365	\$ 2,432,961 (To Contract Sch 2)
9. Medi-Cal Deductibles (Adj 11)	\$ (893)	\$ (3,393)
10. Medi-Cal Coinsurance (Adj 11)	\$ (80,186)	\$ (88,487)
11. Net Cost of Covered Services Rendered to Medi-Cal Inpatients	\$ 3,409,286	\$ 2,341,081 (To Contract Sch 1)

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

NPI:
1841233780

GENERAL SERVICE UNIT NET OF SWING-BEDS COSTS**INPATIENT DAYS**

	REPORTED	AUDITED
1. Total Inpatient Days (include private & swing-bed) (Adj)	31,768	31,768
2. Inpatient Days (include private, exclude swing-bed)	31,768	31,768
3. Private Room Days (exclude swing-bed private room) (Adj)	0	0
4. Semi-Private Room Days (exclude swing-bed) (Adj)	31,768	31,768
5. Medicare NF Swing-Bed Days through Dec 31 (Adj)	0	0
6. Medicare NF Swing-Bed Days after Dec 31 (Adj)	0	0
7. Medi-Cal NF Swing-Bed Days through July 31 (Adj)	0	0
8. Medi-Cal NF Swing-Bed Days after July 31 (Adj)	0	0
9. Medi-Cal Days (excluding swing-bed) (Adj 8)	542	355

SWING-BED ADJUSTMENT

17. Medicare NF Swing-Bed Rates through Dec 31 (Adj)	\$ 0.00	\$ 0.00
18. Medicare NF Swing-Bed Rates after Dec 31 (Adj)	\$ 0.00	\$ 0.00
19. Medi-Cal NF Swing-Bed Rates through July 31 (Adj)	\$ 0.00	\$ 0.00
20. Medi-Cal NF Swing-Bed Rates after July 31 (Adj)	\$ 0.00	\$ 0.00
21. Total Routine Serv Cost (Sch 8, Line 25, Col 27)	\$ 48,188,191	\$ 48,188,105
22. Medicare NF Swing-Bed Cost through Dec 31 (L 5 x L 17)	\$ 0	\$ 0
23. Medicare NF Swing-Bed Cost after Dec 31 (L 6 x L 18)	\$ 0	\$ 0
24. Medi-Cal NF Swing-Bed Cost through July 31 (L 7 x L 19)	\$ 0	\$ 0
25. Medi-Cal NF Swing-Bed Cost after July 31 (L 8 x L 20)	\$ 0	\$ 0
26. Total Swing-Bed Cost (Sum of Lines 22 through 25)	\$ 0	\$ 0
27. Inpatient Routine Cost Net of Swing-Bed (L 21 minus L 26)	\$ 48,188,191	\$ 48,188,105

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28. Gen Inpatient Routine Serv Charges (excl swing-bed charges) (Adj)	\$ 120,437,619	\$ 120,437,619
29. Private Room Charges (excluding swing-bed charges) (Adj)	\$ 0	\$ 0
30. Semi-Private Room Charges (excluding swing-bed charges) (Adj)	\$ 120,437,619	\$ 120,437,619
31. Gen Inpatient Routine Service Cost/Charge Ratio (L 27 / L 28)	\$ 0.400109	\$ 0.400108
32. Average Private Room Per Diem Charge (L 29 / L 3)	\$ 0.00	\$ 0.00
33. Average Semi-Private Room Per Diem Charge (L 30 / L 4)	\$ 3,791.16	\$ 3,791.16
34. Avg Per Diem Prvt Room Charge Differential (L 32 minus L 33)	\$ 0.00	\$ 0.00
35. Average Per Diem Private Room Cost Differential (L 31 x L 34)	\$ 0.00	\$ 0.00
36. Private Room Cost Differential Adjustment (L 35 x L 3)	\$ 0	\$ 0
37. Inpatient Rout Cost Net of Swing-Bed & Prvt Rm (L 27 minus L 36)	\$ 48,188,191	\$ 48,188,105

PROGRAM INPATIENT OPERATING COST

38. Adjusted General Inpatient Routine Cost Per Diem (L 37 / L 2)	\$ 1,516.88	\$ 1,516.88
39. Program General Inpatient Routine Service Cost (L 9 x L 38)	\$ 822,149	\$ 538,492
40. Cost Applicable to Medi-Cal (Contract Sch 4A)	\$ 477,442	\$ 542,218
41. Cost Applicable to Medi-Cal (Contract Sch 4B)	\$ 0	\$ 0
42. TOTAL MEDI-CAL ROUTINE COST (Sum of Lines 39, 40 & 41)	\$ 1,299,591	\$ 1,080,710

(To Contract Sch 3)

**COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST**

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

NPI:
1841233780

SPECIAL CARE AND/OR NURSERY UNITS	REPORTED	AUDITED
NURSERY		
1. Total Inpatient Routine Cost (Sch 8, Line 33, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
INTENSIVE CARE UNIT		
6. Total Inpatient Routine Cost (Sch 8, Line 26, Col 27)	\$ 16,498,950	\$ 16,498,929
7. Total Inpatient Days (Adj)	6,390	6,390
8. Average Per Diem Cost	\$ 2,582.00	\$ 2,581.99
9. Medi-Cal Inpatient Days (Adj 8)	128	210
10. Cost Applicable to Medi-Cal	\$ 330,496	\$ 542,218
BONE MARROW UNIT		
11. Total Inpatient Routine Cost (Sch 8, Line 26.01, Col 27)	\$ 12,159,143	\$ 12,159,137
12. Total Inpatient Days (Adj)	4,551	4,551
13. Average Per Diem Cost	\$ 2,671.75	\$ 2,671.75
14. Medi-Cal Inpatient Days (Adj 8)	55	0
15. Cost Applicable to Medi-Cal	\$ 146,946	\$ 0
NEONATAL INTENSIVE CARE UNIT		
16. Total Inpatient Routine Cost (Sch 8, Line 28, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
SURGICAL INTENSIVE CARE UNIT		
21. Total Inpatient Routine Cost (Sch 8, Line 29, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
26. Total Inpatient Routine Cost (Sch 8, Line___, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 477,442	\$ 542,218

(To Contract Sch 4)

COMPUTATION OF
MEDI-CAL INPATIENT ROUTINE SERVICE COST

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

NPI:
1841233780

SPECIAL CARE UNITS	REPORTED	AUDITED
1. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
2. Total Inpatient Days (Adj)	0	0
3. Average Per Diem Cost	\$ 0.00	\$ 0.00
4. Medi-Cal Inpatient Days (Adj)	0	0
5. Cost Applicable to Medi-Cal	\$ 0	\$ 0
6. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
7. Total Inpatient Days (Adj)	0	0
8. Average Per Diem Cost	\$ 0.00	\$ 0.00
9. Medi-Cal Inpatient Days (Adj)	0	0
10. Cost Applicable to Medi-Cal	\$ 0	\$ 0
11. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
12. Total Inpatient Days (Adj)	0	0
13. Average Per Diem Cost	\$ 0.00	\$ 0.00
14. Medi-Cal Inpatient Days (Adj)	0	0
15. Cost Applicable to Medi-Cal	\$ 0	\$ 0
16. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
17. Total Inpatient Days (Adj)	0	0
18. Average Per Diem Cost	\$ 0.00	\$ 0.00
19. Medi-Cal Inpatient Days (Adj)	0	0
20. Cost Applicable to Medi-Cal	\$ 0	\$ 0
21. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
22. Total Inpatient Days (Adj)	0	0
23. Average Per Diem Cost	\$ 0.00	\$ 0.00
24. Medi-Cal Inpatient Days (Adj)	0	0
25. Cost Applicable to Medi-Cal	\$ 0	\$ 0
0		
26. Total Inpatient Routine Cost (Sch 8, Line ____, Col 27)	\$ 0	\$ 0
27. Total Inpatient Days (Adj)	0	0
28. Average Per Diem Cost	\$ 0.00	\$ 0.00
29. Medi-Cal Inpatient Days (Adj)	0	0
30. Cost Applicable to Medi-Cal	\$ 0	\$ 0
31. Medi-Cal Routine Cost (Sum of Lines 5,10,15,20,25,30)	\$ 0	\$ 0

(To Contract Sch 4)

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

TRIAL BALANCE EXPENSES		EMPLOYEE BENEFITS									ACCUMULATE COST	ADMINISTRATIVE & GENERAL	
		4.08	5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08		6.00
ANCILLARY COST CENTERS													
37.00	Operating Room	0	4,760,098	0	0	0	0	0	0	0	0	26,226,688	3,510,734
38.00		0	0	0	0	0	0	0	0	0	0	0	0
39.00		0	0	0	0	0	0	0	0	0	0	0	0
40.00		0	0	0	0	0	0	0	0	0	0	0	0
41.00	Radiology-Diagnostic	0	2,093,083	0	0	0	0	0	0	0	0	13,439,644	1,799,046
41.01		0	0	0	0	0	0	0	0	0	0	0	0
41.02		0	0	0	0	0	0	0	0	0	0	0	0
42.00		0	669,631	0	0	0	0	0	0	0	0	3,821,719	511,580
43.00	Radioisotope	0	175,257	0	0	0	0	0	0	0	0	1,419,269	189,985
44.00	Laboratory	0	0	0	0	0	0	0	0	0	0	6,583,117	881,223
44.01		0	0	0	0	0	0	0	0	0	0	0	0
46.00	Whole Blood and Packed Red Blood C	0	0	0	0	0	0	0	0	0	0	4,990,218	667,996
47.00		0	0	0	0	0	0	0	0	0	0	0	0
48.00		0	0	0	0	0	0	0	0	0	0	0	0
49.00	Respiratory Therapy	0	461,450	0	0	0	0	0	0	0	0	2,099,443	281,034
50.00	Physical Therapy	0	849,609	0	0	0	0	0	0	0	0	4,198,448	562,009
51.00		0	0	0	0	0	0	0	0	0	0	0	0
52.00		0	0	0	0	0	0	0	0	0	0	0	0
53.00	Electrocardiology	0	84	0	0	0	0	0	0	0	0	920,202	123,179
54.00		0	0	0	0	0	0	0	0	0	0	0	0
55.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0	0	32,072,998	4,293,327
55.30	Implantable Devices Charged to Patien	0	0	0	0	0	0	0	0	0	0	24,083,008	3,223,778
56.00	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	0	8,643,596	1,157,041
57.00	Renal Dialysis	0	0	0	0	0	0	0	0	0	0	905,119	121,160
59.00	Cardiac Catheterization Laboratory	0	1,234,892	0	0	0	0	0	0	0	0	6,763,315	905,345
59.01		0	0	0	0	0	0	0	0	0	0	0	0
59.02		0	0	0	0	0	0	0	0	0	0	0	0
59.03		0	0	0	0	0	0	0	0	0	0	0	0
60.00		0	0	0	0	0	0	0	0	0	0	0	0
60.01		0	0	0	0	0	0	0	0	0	0	0	0
61.00		0	0	0	0	0	0	0	0	0	0	0	0
62.00	Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00		0	0	0	0	0	0	0	0	0	0	0	0
82.00		0	0	0	0	0	0	0	0	0	0	0	0
83.00	Kidney Acquisition	0	105,994	0	0	0	0	0	0	0	0	1,885,894	252,448
84.00	Liver Acquisition	0	139,640	0	0	0	0	0	0	0	0	2,047,090	274,026
85.01	Pancreas Acquisition	0	10,218	0	0	0	0	0	0	0	0	110,213	14,753
86.00		0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER													
96.00	Gift, Flower, Coffee Shop, and Canteen	0	25,608	0	0	0	0	0	0	0	0	413,791	55,390
97.00	Research	0	59	0	0	0	0	0	0	0	0	389	52
98.00		0	0	0	0	0	0	0	0	0	0	0	0
99.00		0	0	0	0	0	0	0	0	0	0	0	0
99.01		0	0	0	0	0	0	0	0	0	0	0	0
99.02		0	0	0	0	0	0	0	0	0	0	0	0
99.03		0	0	0	0	0	0	0	0	0	0	0	0
99.04		0	0	0	0	0	0	0	0	0	0	0	0
99.05		0	0	0	0	0	0	0	0	0	0	0	0
100.00		0	0	0	0	0	0	0	0	0	0	0	0
100.01	Parking	0	105,840	0	0	0	0	0	0	0	0	497,608	66,610
100.02	Catering	0	118,019	0	0	0	0	0	0	0	0	1,049,546	140,493
100.03		0	0	0	0	0	0	0	0	0	0	0	0
100.04		0	0	0	0	0	0	0	0	0	0	0	0
TOTAL		0	28,529,008	0	266,735,759	31,490,229							

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	7.00	OPER PLANT 8.00	LAUNDRY & LINEN 9.00	HOUSEKEEP 10.00	DIETARY 11.00	CAFETERIA 12.00	13.00	NURSING ADMIN 14.00	CENTRAL SERVICE & SUPPLY 15.00	PHARMACY 16.00	MEDICAL RECORDS & LIBRARY 17.00	18.00
ANCILLARY COST CENTERS												
37.00 Operating Room	0	3,551,728	192,764	1,058,389	130,585	578,000	0	475,444	555,864	105,478	1,204,870	0
38.00	0	0	0	0	0	0	0	0	0	0	0	0
39.00	0	0	0	0	0	0	0	0	0	0	0	0
40.00	0	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology-Diagnostic	0	1,033,451	75,957	307,961	148	291,750	0	40,376	102,144	378,597	333,116	0
41.01	0	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0	0
42.00	0	1,079,123	36,323	321,571	0	68,055	0	14,733	1,572	1,183	90,041	0
43.00 Radioisotope	0	185,992	0	55,424	0	18,482	0	986	19,270	293	33,873	0
44.00 Laboratory	0	470,033	0	140,066	0	37	0	41	0	0	98,592	0
44.01	0	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood and Packed Red Blood C	0	0	0	0	0	0	0	0	0	0	16,824	0
47.00	0	0	0	0	0	0	0	0	0	0	0	0
48.00	0	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	46,547	0	13,871	0	66,072	0	5,197	3,922	0	61,474	0
50.00 Physical Therapy	0	685,566	17,149	204,294	0	111,866	0	29	913	0	46,387	0
51.00	0	0	0	0	0	0	0	0	0	0	0	0
52.00	0	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	133,421	0	39,758	0	75	0	69	157	0	33,738	0
54.00	0	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	19,949	1,410	70,903	0
55.30 Implantable Devices Charged to Patien	0	0	0	0	0	0	0	0	928,372	0	314,276	0
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	0	5,895,302	306,940	0
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	0	0	12,090	0
59.00 Cardiac Catheterization Laboratory	0	517,065	33,263	154,082	0	139,627	0	106,960	693,044	196,174	690,461	0
59.01	0	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0	0
60.00	0	0	0	0	0	0	0	0	0	0	0	0
60.01	0	0	0	0	0	0	0	0	0	0	0	0
61.00	0	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0	0
83.00 Kidney Acquisition	0	109,516	593	32,635	0	15,676	0	1,089	182	25,307	3,268	0
84.00 Liver Acquisition	0	118,067	640	35,183	0	16,911	0	1,175	197	27,306	3,824	0
85.01 Pancreas Acquisition	0	8,649	47	2,577	0	1,235	0	86	14	1,999	164	0
86.00	0	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTER												
96.00 Gift, Flower, Coffee Shop, and Canteen	0	28,181	142	8,398	0	6,809	0	0	0	0	0	0
97.00 Research	0	0	0	0	0	37	0	29	0	0	0	0
98.00	0	0	0	0	0	0	0	0	0	0	0	0
99.00	0	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0	0
100.01 Parking	0	0	0	0	0	43,849	0	0	11	0	0	0
100.02 Catering	0	23,419	8,033	6,979	0	36,777	0	0	0	0	0	0
100.03	0	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	17,055,969	1,407,407	5,017,171	2,331,235	3,176,398	0	2,133,437	2,436,648	6,689,832	3,999,295	0

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

TRIAL BALANCE EXPENSES	19.00	19.02	19.03	20.00	21.00	INT & RES	INT & RES	24.00	SUBTOTAL	POST	TOTAL
						SALARY & FRINGES 22.00	PROGRAM 23.00		25.00	STEP-DOWN ADJUSTMENT 26.00	COST 27.00
ANCILLARY COST CENTERS											
37.00 Operating Room	0	0	0	0	0	1,217,628	370,166	0	39,178,336	0	39,178,336
38.00	0	0	0	0	0	0	0	0	0	0	0
39.00	0	0	0	0	0	0	0	0	0	0	0
40.00	0	0	0	0	0	0	0	0	0	0	0
41.00 Radiology-Diagnostic	0	0	0	0	0	16,403	4,987	0	17,823,579	0	17,823,579
41.01	0	0	0	0	0	0	0	0	0	0	0
41.02	0	0	0	0	0	0	0	0	0	0	0
42.00	0	0	0	0	0	0	0	0	5,945,900	0	5,945,900
43.00 Radioisotope	0	0	0	0	0	0	0	0	1,923,574	0	1,923,574
44.00 Laboratory	0	0	0	0	0	71,277	21,669	0	8,266,056	0	8,266,056
44.01	0	0	0	0	0	0	0	0	0	0	0
46.00 Whole Blood and Packed Red Blood C	0	0	0	0	0	0	0	0	5,675,038	0	5,675,038
47.00	0	0	0	0	0	0	0	0	0	0	0
48.00	0	0	0	0	0	0	0	0	0	0	0
49.00 Respiratory Therapy	0	0	0	0	0	87,485	26,596	0	2,691,641	0	2,691,641
50.00 Physical Therapy	0	0	0	0	0	0	0	0	5,826,661	0	5,826,661
51.00	0	0	0	0	0	0	0	0	0	0	0
52.00	0	0	0	0	0	0	0	0	0	0	0
53.00 Electrocardiology	0	0	0	0	0	232,159	70,578	0	1,553,336	0	1,553,336
54.00	0	0	0	0	0	0	0	0	0	0	0
55.00 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	36,458,588	0	36,458,588
55.30 Implantable Devices Charged to Patien	0	0	0	0	0	0	0	0	28,549,434	0	28,549,434
56.00 Drugs Charged to Patients	0	0	0	0	0	0	0	0	16,002,879	0	16,002,879
57.00 Renal Dialysis	0	0	0	0	0	0	0	0	1,038,369	0	1,038,369
59.00 Cardiac Catheterization Laboratory	0	0	0	0	0	1,057,937	321,619	0	11,578,892	0	11,578,892
59.01	0	0	0	0	0	0	0	0	0	0	0
59.02	0	0	0	0	0	0	0	0	0	0	0
59.03	0	0	0	0	0	0	0	0	0	0	0
60.00	0	0	0	0	0	0	0	0	0	0	0
60.01	0	0	0	0	0	0	0	0	0	0	0
61.00	0	0	0	0	0	0	0	0	0	0	0
62.00 Observation Beds	0	0	0	0	0	0	0	0	0	0	0
71.00	0	0	0	0	0	0	0	0	0	0	0
82.00	0	0	0	0	0	0	0	0	0	0	0
83.00 Kidney Acquisition	0	0	0	0	0	0	0	0	2,326,607	0	2,326,607
84.00 Liver Acquisition	0	0	0	0	0	0	0	0	2,524,418	0	2,524,418
85.01 Pancreas Acquisition	0	0	0	0	0	0	0	0	139,736	0	139,736
86.00	0	0	0	0	0	0	0	0	0	0	0
NONREIMBURSABLE COST CENTEF											
96.00 Gift, Flower, Coffee Shop, and Canteen	0	0	0	0	0	0	0	0	512,711	0	512,711
97.00 Research	0	0	0	0	0	0	0	0	507	0	507
98.00	0	0	0	0	0	0	0	0	0	0	0
99.00	0	0	0	0	0	0	0	0	0	0	0
99.01	0	0	0	0	0	0	0	0	0	0	0
99.02	0	0	0	0	0	0	0	0	0	0	0
99.03	0	0	0	0	0	0	0	0	0	0	0
99.04	0	0	0	0	0	0	0	0	0	0	0
99.05	0	0	0	0	0	0	0	0	0	0	0
100.00	0	0	0	0	0	0	0	0	0	0	0
100.01 Parking	0	0	0	0	0	0	0	0	608,079	0	608,079
100.02 Catering	0	0	0	0	0	0	0	0	1,265,247	0	1,265,247
100.03	0	0	0	0	0	0	0	0	0	0	0
100.04	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	5,443,717	1,654,922	0	266,735,759	0	266,735,759

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	EMP BENE (GROSS SALARIES) 5.00	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08	ADM & GEN (ACCUM COST) 6.00	7.00
ANCILLARY COST CENTERS											
37.00	Operating Room	14,933,433								26,226,688	
38.00										0	
39.00										0	
40.00										0	
41.00	Radiology-Diagnostic	6,566,445								13,439,644	
41.01										0	
41.02										0	
42.00		0	2,100,775							3,821,719	
43.00	Radioisotope		549,817							1,419,269	
44.00	Laboratory									6,583,117	
44.01										0	
46.00	Whole Blood and Packed Red Blood Cells									4,990,218	
47.00										0	
48.00										0	
49.00	Respiratory Therapy		1,447,665							2,099,443	
50.00	Physical Therapy		2,665,404							4,198,448	
51.00										0	
52.00										0	
53.00	Electrocardiology		265							920,202	
54.00										0	
55.00	Medical Supplies Charged to Patients									32,072,998	
55.30	Implantable Devices Charged to Patients									24,083,008	
56.00	Drugs Charged to Patients									8,643,596	
57.00	Renal Dialysis									905,119	
59.00	Cardiac Catheterization Laboratory		3,874,118							6,763,315	
59.01										0	
59.02										0	
59.03										0	
60.00										0	
60.01										0	
61.00										0	
62.00	Observation Beds									0	
71.00										0	
82.00										0	
83.00	Kidney Acquisition		332,527							1,885,894	
84.00	Liver Acquisition		438,081							2,047,090	
85.01	Pancreas Acquisition		32,055							110,213	
86.00										0	
NONREIMBURSABLE COST CENTERS											
96.00	Gift, Flower, Coffee Shop, and Canteen		80,339							413,791	
97.00	Research		185							389	
98.00										0	
99.00										0	
99.01										0	
99.02										0	
99.03										0	
99.04										0	
99.05										0	
100.00										0	
100.01	Parking		332,044							497,608	
100.02	Catering		370,251							1,049,546	
100.03										0	
100.04										0	
TOTAL		89,501,527	0	0	0	0	0	0	0	235,245,530	0
COST TO BE ALLOCATED		28,529,008	0	0	0	0	0	0	0	31,490,229	0
UNIT COST MULTIPLIER - SCH 8		0.318754	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	0.133861	0.000000

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (PROD FTE'S X 100) 12.00	13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS PAT REVENUE) 17.00	18.00	19.00
GENERAL SERVICE COST CENTERS												
1.00	Old Cap Related Costs—Building and Fixtures											
2.00	Old Cap Related Costs—Movable Equipment											
3.00	New Cap Related Costs—Building and Fixtures											
4.00	New Cap Related Costs—Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01												
6.02												
6.03												
6.04												
6.05												
6.06												
6.07												
6.08												
6.00	Administrative and General											
7.00												
8.00	Operation of Plant											
9.00	Laundry and Linen Service											
10.00	Housekeeping											
11.00	Dietary											
12.00	Cafeteria											
13.00												
14.00	Nursing Administration											
15.00	Central Services and Supply											
16.00	Pharmacy											
17.00	Medical Records and Library											
18.00												
19.00												
19.02												
19.03												
20.00												
21.00												
22.00	I&R Services—Salary and Fringes Approved											
23.00	I&R Services—Other Program Costs Approved											
24.00												
INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics											
26.00	Intensive Care Unit											
26.01	Bone Marrow Unit											
28.00												
29.00												
30.00												
31.00												
32.00												
33.00												
34.00												
35.00												
36.00												
36.01												
36.02												

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (PROD FTE'S X 100) 12.00	13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS PAT REVENUE) 17.00	18.00	19.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	36,550	139,396	36,550	6,168	15,449	199,147	14,419,734	154,650	357,258,279			
38.00													
39.00													
40.00													
41.00	Radiology-Diagnostic	10,635	54,928	10,635	7	7,798	16,912	2,649,719	555,093	98,772,852			
41.01													
41.02													
42.00		0	11,105	26,267	11,105	1,819	6,171	40,791	1,735	26,698,269			
43.00	Radioisotope	1,914		1,914		494	413	499,874	429	10,043,816			
44.00	Laboratory	4,837		4,837		1	17			29,233,836			
44.01													
46.00	Whole Blood and Packed Red Blood Cells									4,988,533			
47.00													
48.00													
49.00	Respiratory Therapy	479		479		1,766	2,177	101,753		18,227,840			
50.00	Physical Therapy	7,055	12,401	7,055		2,990	12	23,691		13,754,318			
51.00													
52.00													
53.00	Electrocardiology	1,373		1,373		2	29	4,072		10,003,628			
54.00													
55.00	Medical Supplies Charged to Patients							517,508	2,067	21,023,696			
55.30	Implantable Devices Charged to Patients							24,083,008		93,186,515			
56.00	Drugs Charged to Patients								8,643,596	91,011,262			
57.00	Renal Dialysis									3,584,861			
59.00	Cardiac Catheterization Laboratory	5,321	24,054	5,321		3,732	44,802	17,978,336	287,627	204,730,043			
59.01													
59.02													
59.03													
60.00													
60.01													
61.00													
62.00	Observation Beds												
71.00													
82.00													
83.00	Kidney Acquisition	1,127	429	1,127		419	456	4,732	37,104	968,970			
84.00	Liver Acquisition	1,215	463	1,215		452	492	5,106	40,035	1,133,892			
85.01	Pancreas Acquisition	89	34	89		33	36	374	2,931	48,499			
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop, and Canteen	290	103	290		182							
97.00	Research					1	12						
98.00													
99.00													
99.01													
99.02													
99.03													
99.04													
99.05													
100.00													
100.01	Parking					1,172		294					
100.02	Catering	241	5,809	241		983							
100.03													
100.04													
TOTAL		175,519	1,017,757	173,261	110,113	84,900	0	893,623	63,209,366	9,808,523	1,185,838,840	0	0
COST TO BE ALLOCATED		17,055,969	1,407,407	5,017,171	2,331,235	3,176,398	0	2,133,437	2,436,648	6,689,832	3,999,295	0	0
UNIT COST MULTIPLIER - SCH 8		97.174488	1.382852	28.957301	21.171300	37.413404	0.000000	2.387401	0.038549	0.682043	0.003373	0.000000	0.000000

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (PROD FTE'S X 100) 12.00	13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS PAT REVENUE) 17.00	18.00	19.00
GENERAL SERVICE COST CENTERS												
1.00	Old Cap Related Costs—Building and Fixtures											
2.00	Old Cap Related Costs—Movable Equipment											
3.00	New Cap Related Costs—Building and Fixtures											
4.00	New Cap Related Costs—Movable Equipment											
4.01												
4.02												
4.03												
4.04												
4.05												
4.06												
4.07												
4.08												
5.00	Employee Benefits											
6.01												
6.02												
6.03												
6.04												
6.05												
6.06												
6.07												
6.08												
6.00	Administrative and General											
7.00												
8.00	Operation of Plant											
9.00	Laundry and Linen Service											
10.00	Housekeeping											
11.00	Dietary											
12.00	Cafeteria											
13.00												
14.00	Nursing Administration											
15.00	Central Services and Supply											
16.00	Pharmacy											
17.00	Medical Records and Library											
18.00												
19.00												
19.02												
19.03												
20.00												
21.00												
22.00	I&R Services—Salary and Fringes Approved											
23.00	I&R Services—Other Program Costs Approved											
24.00												
INPATIENT ROUTINE COST CENTERS												
25.00	Adults and Pediatrics											
26.00	Intensive Care Unit											
26.01	Bone Marrow Unit											
28.00												
29.00												
30.00												
31.00												
32.00												
33.00												
34.00												
35.00												
36.00												
36.01												
36.02												

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	OPER PLANT (SQ FT) 8.00	LAUNDRY & LINEN (LB LNDRY) 9.00	HOUSE-KEEPING (SQ FT) 10.00	DIETARY (MEALS SERVED) 11.00	CAFETERIA (PROD FTE'S X 100) 12.00	13.00	NURSING ADMIN (NURSE HR) 14.00	CENT SERV & SUPPLY (CST REQ) 15.00	PHARMACY (COSTS REQUIS) 16.00	MED REC (GROSS PAT REVENUE) 17.00	18.00	19.00	
ANCILLARY COST CENTERS													
37.00	Operating Room	36,550	139,396	36,550	6,168	15,449	199,147	14,419,734	154,650	357,258,279			
38.00													
39.00													
40.00													
41.00	Radiology-Diagnostic	10,635	54,928	10,635	7	7,798	16,912	2,649,719	555,093	98,772,852			
41.01													
41.02													
42.00		0	11,105	26,267	11,105	1,819	6,171	40,791	1,735	26,698,269			
43.00	Radioisotope	1,914		1,914		494	413	499,874	429	10,043,816			
44.00	Laboratory	4,837		4,837		1	17			29,233,836			
44.01													
46.00	Whole Blood and Packed Red Blood Cells									4,988,533			
47.00													
48.00													
49.00	Respiratory Therapy	479		479		1,766	2,177	101,753		18,227,840			
50.00	Physical Therapy	7,055	12,401	7,055		2,990	12	23,691		13,754,318			
51.00													
52.00													
53.00	Electrocardiology	1,373		1,373		2	29	4,072		10,003,628			
54.00													
55.00	Medical Supplies Charged to Patients							517,508	2,067	21,023,696			
55.30	Implantable Devices Charged to Patients							24,083,008		93,186,515			
56.00	Drugs Charged to Patients								8,643,596	91,011,262			
57.00	Renal Dialysis									3,584,861			
59.00	Cardiac Catheterization Laboratory	5,321	24,054	5,321		3,732	44,802	17,978,336	287,627	204,730,043			
59.01													
59.02													
59.03													
60.00													
60.01													
61.00													
62.00	Observation Beds												
71.00													
82.00													
83.00	Kidney Acquisition	1,127	429	1,127		419	456	4,732	37,104	968,970			
84.00	Liver Acquisition	1,215	463	1,215		452	492	5,106	40,035	1,133,892			
85.01	Pancreas Acquisition	89	34	89		33	36	374	2,931	48,499			
86.00													
NONREIMBURSABLE COST CENTERS													
96.00	Gift, Flower, Coffee Shop, and Canteen	290	103	290		182							
97.00	Research					1	12						
98.00													
99.00													
99.01													
99.02													
99.03													
99.04													
99.05													
100.00													
100.01	Parking					1,172		294					
100.02	Catering	241	5,809	241		983							
100.03													
100.04													
TOTAL		175,519	1,017,757	173,261	110,113	84,900	0	893,623	63,209,366	9,808,523	1,185,838,840	0	0
COST TO BE ALLOCATED		17,055,969	1,407,407	5,017,171	2,331,235	3,176,398	0	2,133,437	2,436,648	6,689,832	3,999,295	0	0
UNIT COST MULTIPLIER - SCH 8		97.174488	1.382852	28.957301	21.171300	37.413404	0.000000	2.387401	0.038549	0.682043	0.003373	0.000000	0.000000

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	19.02	19.03	20.00	21.00	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
6.02							
6.03							
6.04							
6.05							
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6.08							
6.00							
7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00					646,695	646,695	
26.00					60,200	60,200	
26.01							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	19.02	19.03	20.00	21.00	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00							
2.00							
3.00							
4.00							
4.01							
4.02							
4.03							
4.04							
4.05							
4.06							
4.07							
4.08							
5.00							
6.01							
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7.00							
8.00							
9.00							
10.00							
11.00							
12.00							
13.00							
14.00							
15.00							
16.00							
17.00							
18.00							
19.00							
19.02							
19.03							
20.00							
21.00							
22.00							
23.00							
24.00							
INPATIENT ROUTINE COST CENTERS							
25.00					646,695	646,695	
26.00					60,200	60,200	
26.01							
28.00							
29.00							
30.00							
31.00							
32.00							
33.00							
34.00							
35.00							
36.00							
36.01							
36.02							

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

	19.02	19.03	20.00	21.00	I&R-SAL & FRINGES (ASG TIME) 22.00	I&R-PRG COST (ASG TIME) 23.00	24.00
ANCILLARY COST CENTERS							
37.00							
38.00							
39.00							
40.00							
41.00							
41.01							
41.02							
42.00		0					
43.00							
44.00							
44.01							
46.00							
47.00							
48.00							
49.00							
50.00							
51.00							
52.00							
53.00							
54.00							
55.00							
55.30							
56.00							
57.00							
59.00							
59.01							
59.02							
59.03							
60.00							
60.01							
61.00							
62.00							
71.00							
82.00							
83.00							
84.00							
85.01							
86.00							
NONREIMBURSABLE COST CENTERS							
96.00							
97.00							
98.00							
99.00							
99.01							
99.02							
99.03							
99.04							
99.05							
100.00							
100.01							
100.02							
100.03							
100.04							
TOTAL	0	0	0	0	1,393,834	1,393,834	0
COST TO BE ALLOCATED	0	0	0	0	5,443,717	1,654,922	0
UNIT COST MULTIPLIER - SCH 8	0.000000	0.000000	0.000000	0.000000	3.905571	1.187316	0.000000

TRIAL BALANCE OF EXPENSES

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	GENERAL SERVICE COST CENTERS			
1.00	Old Cap Related Costs—Building and Fixtures	\$ 393,637	\$ 0	\$ 393,637
2.00	Old Cap Related Costs—Movable Equipment		0	0
3.00	New Cap Related Costs—Building and Fixtures	6,986,199	0	6,986,199
4.00	New Cap Related Costs—Movable Equipment	11,574,336	0	11,574,336
4.01			0	0
4.02			0	0
4.03			0	0
4.04			0	0
4.05			0	0
4.06			0	0
4.07			0	0
4.08			0	0
5.00	Employee Benefits	28,330,976	0	28,330,976
6.01			0	0
6.02			0	0
6.03			0	0
6.04			0	0
6.05			0	0
6.06			0	0
6.07			0	0
6.08			0	0
6.00	Administrative and General	28,895,078	0	28,895,078
7.00			0	0
8.00	Operation of Plant	11,329,192	0	11,329,192
9.00	Laundry and Linen Service	1,241,252	0	1,241,252
10.00	Housekeeping	2,637,995	0	2,637,995
11.00	Dietary	369,153	0	369,153
12.00	Cafeteria	1,409,029	0	1,409,029
13.00			0	0
14.00	Nursing Administration	1,386,497	0	1,386,497
15.00	Central Services and Supply	1,043,950	0	1,043,950
16.00	Pharmacy	3,931,303	0	3,931,303
17.00	Medical Records and Library	2,549,755	0	2,549,755
18.00			0	0
19.00			0	0
19.02			0	0
19.03			0	0
20.00			0	0
21.00			0	0
22.00	I&R Services—Salary and Fringes Approved	3,484,109	0	3,484,109
23.00	I&R Services—Other Program Costs Approved	1,250,527	0	1,250,527
24.00			0	0
	INPATIENT ROUTINE COST CENTERS			
25.00	Adults and Pediatrics	21,194,377	0	21,194,377
26.00	Intensive Care Unit	8,865,680	0	8,865,680
26.01	Bone Marrow Unit	5,573,767	0	5,573,767
28.00			0	0
29.00			0	0
30.00			0	0
31.00			0	0
32.00			0	0
33.00			0	0
34.00			0	0
35.00			0	0
36.00			0	0
36.01			0	0
36.02			0	0

TRIAL BALANCE OF EXPENSES

Provider Name:
SCRIPPS GREEN HOSPITAL

Fiscal Period Ended:
SEPTEMBER 30, 2010

		REPORTED	ADJUSTMENTS (From Sch 10A)	AUDITED
	ANCILLARY COST CENTERS			
37.00	Operating Room	\$ 31,775,953	\$ (13,479,784)	\$ 18,296,169
38.00			0	0
39.00			0	0
40.00			0	0
41.00	Radiology-Diagnostic	10,424,059	0	10,424,059
41.01			0	0
41.02			0	0
42.00		2,188,818	0	2,188,818
43.00	Radioisotope	1,077,988	0	1,077,988
44.00	Laboratory	6,163,546	0	6,163,546
44.01			0	0
46.00	Whole Blood and Packed Red Blood Cells	4,990,218	0	4,990,218
47.00			0	0
48.00			0	0
49.00	Respiratory Therapy	1,693,814	(97,370)	1,596,444
50.00	Physical Therapy	2,736,874	0	2,736,874
51.00			0	0
52.00			0	0
53.00	Electrocardiology	801,021	0	801,021
54.00			0	0
55.00	Medical Supplies Charged to Patients	517,508	31,555,490	32,072,998
55.30	Implantable Devices Charged to Patients	24,083,008	0	24,083,008
56.00	Drugs Charged to Patients	8,643,596	0	8,643,596
57.00	Renal Dialysis	905,119	0	905,119
59.00	Cardiac Catheterization Laboratory	23,045,204	(17,978,336)	5,066,868
59.01			0	0
59.02			0	0
59.03			0	0
60.00			0	0
60.01			0	0
61.00			0	0
62.00	Observation Beds		0	0
71.00			0	0
82.00			0	0
83.00	Kidney Acquisition	1,682,141	0	1,682,141
84.00	Liver Acquisition	1,802,058	0	1,802,058
85.01	Pancreas Acquisition	92,275	0	92,275
86.00			0	0
	SUBTOTAL	\$ 265,070,012	\$ 0	\$ 265,070,012
	NONREIMBURSABLE COST CENTERS			
96.00	Gift, Flower, Coffee Shop, and Canteen	363,027	0	363,027
97.00	Research	330	0	330
98.00			0	0
99.00			0	0
99.01			0	0
99.02			0	0
99.03			0	0
99.04			0	0
99.05			0	0
100.00			0	0
100.01	Parking	391,768	0	391,768
100.02	Catering	910,622	0	910,622
100.03			0	0
100.04			0	0
100.99	SUBTOTAL	\$ 1,665,747	\$ 0	\$ 1,665,747
101	TOTAL	\$ 266,735,759	\$ 0	\$ 266,735,759

(To Schedule 8)

Provider Name:
SCRIPPS GREEN HOSPITAL

Page 1
Fiscal Period Ended:
SEPTEMBER 30, 2010

	TOTAL ADJ (Page 1 & 2)	AUDIT ADJ 1	AUDIT ADJ										
ANCILLARY COST CENTERS													
37.00 Operating Room	(13,479,784)	(13,479,784)											
38.00	0												
39.00	0												
40.00	0												
41.00 Radiology-Diagnostic	0												
41.01	0												
41.02	0												
42.00	0												
43.00 Radioisotope	0.00	0											
44.00 Laboratory	0												
44.01	0												
46.00 Whole Blood and Packed Red Blood Cells	0												
47.00	0												
48.00	0												
49.00 Respiratory Therapy	(97,370)	(97,370)											
50.00 Physical Therapy	0												
51.00	0												
52.00	0												
53.00 Electrocardiology	0												
54.00	0												
55.00 Medical Supplies Charged to Patients	31,555,490	31,555,490											
55.30 Implantable Devices Charged to Patients	0												
56.00 Drugs Charged to Patients	0												
57.00 Renal Dialysis	0												
59.00 Cardiac Catheterization Laboratory	(17,978,336)	(17,978,336)											
59.01	0												
59.02	0												
59.03	0												
60.00	0												
60.01	0												
61.00	0												
62.00 Observation Beds	0												
71.00	0												
82.00	0												
83.00 Kidney Acquisition	0												
84.00 Liver Acquisition	0												
85.01 Pancreas Acquisition	0												
86.00	0												
NONREIMBURSABLE COST CENTERS													
96.00 Gift, Flower, Coffee Shop, and Canteen	0												
97.00 Research	0												
98.00	0												
99.00	0												
99.01	0												
99.02	0												
99.03	0												
99.04	0												
99.05	0												
100.00	0												
100.01 Parking	0												
100.02 Catering	0												
100.03	0												
100.04	0												
101.00 TOTAL	\$0	0	0	0	0	0	0	0	0	0	0	0	0

(To Sch 10)

Provider Name							Fiscal Period		NPI		Adjustments
SCRIPPS GREEN HOSPITAL							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1841233780		12
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
<u>RECLASSIFICATION OF REPORTED COSTS</u>											
1	10A	A			37.00	7	Operating Room	\$31,775,953	(\$13,479,784)	\$18,296,169	
	10A	A			49.00	7	Respiratory Therapy	1,693,814	(97,370)	1,596,444	
	10A	A			59.00	7	Cardiac Catheterization Laboratory	23,045,204	(17,978,336)	5,066,868	
	10A	A			55.00	7	Medical Supplies Charged to Patients	517,508	31,555,490	32,072,998	
							To reclassify medical supplies charged to patients costs for proper matching of revenue and expense in conjunction with adjustment 2. 42 CFR 413.20, 413.24, and 413.53 CMS Pub. 15-1, Sections 2202.4, 2300, 2302.6, and 2304 CCR, Title 22, Section 97018 Medi-Cal Contract, Article 5.2				

Provider Name							Fiscal Period		NPI		Adjustments
SCRIPPS GREEN HOSPITAL							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1841233780		12
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENT TO REPORTED TOTAL CHARGES</u>											
2	5, Contract 5	C	I		37.00	8	Operating Room	\$357,258,279	(\$38,314,687)	\$318,943,592	
	5, Contract 5	C	I		49.00	8	Respiratory Therapy	18,227,840	(6,049,831)	12,178,009	
	5, Contract 5	C	I		59.00	8	Cardiac Catheterization Laboratory	204,730,043	(67,161,664)	137,568,379	
	5, Contract 5	C	I		55.00	8	Medical Supplies Charged to Patients	21,023,696	111,526,182	132,549,878	
							To reclassify medical supplies charged to patient total charges for proper matching of revenue and expense in conjunction with adjustment 1. 42 CFR 413.20, 413.24, and 413.53 CMS Pub. 15-1, Sections 2202.4, 2300, 2302.6, and 2304 CCR, Title 22, Section 97018 Medi-Cal Contract, Article 5.2				

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SCRIPPS GREEN HOSPITAL							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1841233780		12
Report References											
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
		Work Sheet	Part	Title	Line	Col.					
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—NONCONTRACT</u>											
3	4A	Not Reported				Medi-Cal Administrative Day Rate	\$0.00	\$351.26	\$351.26		
	4A	Not Reported				Medi-Cal Administrative Days	0	3	3		
4	6	Not Reported				Medi-Cal Ancillary Charges—Radiology-Diagnostic	\$0	\$553	\$553		
	6	Not Reported				Medi-Cal Ancillary Charges—Laboratory	0	3,031	3,031		
	6	Not Reported				Medi-Cal Ancillary Charges—Physical Therapy	0	1,138	1,138		
	6	Not Reported				Medi-Cal Ancillary Charges—Drugs Charged to Patients	0	10,332	10,332		
						Medi-Cal Ancillary Charges—Total	0	15,054	15,054		
5	2	Not Reported				Medi-Cal Routine Service Charges	\$0	\$8,865	\$8,865		
	2	Not Reported				Medi-Cal Ancillary Service Charges	0	15,054	15,054		
6	3	Not Reported				Medi-Cal Deductibles	\$0	\$1,463	\$1,463		
7	1	Not Reported				Medi-Cal Interim Payments	\$0	\$3,806	\$3,806		
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data: Service Period: October 1, 2009 through September 30, 2010 Payment Period: October 1, 2009 through July 9, 2013 Reports Dated: July 9, 2013 42 CFR 413.20, 413.24, 413.53, 413.60, 413.64, and 433.139 CMS Pub. 15-1, Sections 2300, 2304, 2404, and 2408 CCR, Title 22, Sections 51173, 51511, 51541, and 51542</p>											

Provider Name							Fiscal Period		NPI		Adjustments
SCRIPPS GREEN HOSPITAL							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010		1841233780		12
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA—CONTRACT											
8	Contract 4	D-1	I	XIX	9.00	1	Medi-Cal Days—Adults and Pediatrics	542	(187)	355	
	Contract 4A	D-1	II	XIX	43.00	4	Medi-Cal Days—Intensive Care Unit	128	82	210	
	Contract 4A	D-1	II	XIX	43.01	4	Medi-Cal Days—Bone Marrow Unit	55	(55)	0	
9	Contract 6	D-4		XIX	37.00	2	Medi-Cal Ancillary Charges—Operating Room	\$1,973,639	(\$528,020)	\$1,445,619	
	Contract 6	D-4		XIX	41.00	2	Medi-Cal Ancillary Charges—Radiology-Diagnostic	1,008,016	(541,814)	466,202	
	Contract 6	D-4		XIX	43.00	2	Medi-Cal Ancillary Charges—Radioisotope	19,275	(12,763)	6,512	
	Contract 6	D-4		XIX	44.00	2	Medi-Cal Ancillary Charges—Laboratory	720,413	(188,012)	532,401	
	Contract 6	D-4		XIX	46.00	2	Medi-Cal Ancillary Charges—Whole Blood and Packed Red Blood Cells	154,608	(71,034)	83,574	
	Contract 6	D-4		XIX	49.00	2	Medi-Cal Ancillary Charges—Respiratory Therapy	735,209	(329,941)	405,268	
	Contract 6	D-4		XIX	50.00	2	Medi-Cal Ancillary Charges—Physical Therapy	101,113	11,001	112,114	
	Contract 6	D-4		XIX	53.00	2	Medi-Cal Ancillary Charges—Electrocardiology	121,505	(101,507)	19,998	
	Contract 6	D-4		XIX	55.00	2	Medi-Cal Ancillary Charges—Medical Supplies Charged to Patients	321,488	791,268	1,112,756	
	Contract 6	D-4		XIX	55.30	2	Medi-Cal Ancillary Charges—Implantable Devices Charged to Patients	517,695	(517,695)	0	
	Contract 6	D-4		XIX	56.00	2	Medi-Cal Ancillary Charges—Drugs Charged to Patients	3,038,756	(1,253,785)	1,784,971	
	Contract 6	D-4		XIX	57.00	2	Medi-Cal Ancillary Charges—Renal Dialysis	95,786	(51,614)	44,172	
	Contract 6	D-4		XIX	59.00	2	Medi-Cal Ancillary Charges—Cardiac Catheterization Laboratory	2,683,426	(1,842,386)	841,040	
	Contract 6	D-4		XIX	101.00	2	Medi-Cal Ancillary Charges—Total	11,490,929	(4,636,302)	6,854,627	
10	Contract 2	E-3	III	XIX	10.00	1	Medi-Cal Routine Service Charges	\$3,208,763	\$145,626	\$3,354,389	
	Contract 2	E-3	III	XIX	11.00	1	Medi-Cal Ancillary Service Charges	11,490,929	(4,636,302)	6,854,627	
11	Contract 3	E-3	III	XIX	33.00	1	Medi-Cal Deductibles	\$893	\$2,500	\$3,393	
	Contract 3	E-3	III	XIX	36.00	1	Medi-Cal Coinsurance	80,186	8,301	88,487	
<p>To adjust Medi-Cal Settlement Data to agree with the following Fiscal Intermediary payment data: Service Period: October 1, 2009 through September 30, 2010 Payment Period: October 1, 2009 through July 9, 2013 Reports Dated: July 9, 2013 42 CFR 413.20, 413.24, 413.53, and 433.139 CMS Pub. 15-1, Sections 2300 and 2304 CCR, Title 22, Section 51541</p>											

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SCRIPPS GREEN HOSPITAL							OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010	1841233780	12	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Cost Report								
		Work Sheet	Part	Title	Line	Col.				
<u>ADJUSTMENT TO OTHER MATTERS</u>										
12	Contract 1	N/A					Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed. CCR, Title 22, Section 51458.1	\$0	\$6,151	\$6,151