

**APPEAL RECOMPUTATION  
OF THE  
AUDIT REPORT**

**SCRIPPS MEMORIAL HOSPITAL—LA JOLLA  
LA JOLLA, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1841277704**

**FISCAL PERIOD ENDED  
SEPTEMBER 30, 2009**

**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: Jing H. Zhang**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

October 31, 2012

Administrator  
Scripps Memorial Hospital—La Jolla  
9888 Genesee Avenue  
La Jolla, CA 92037

SCRIPPS MEMORIAL HOSPITAL—LA JOLLA  
NATIONAL PROVIDER IDENTIFIER (NPI) 1841277704  
FISCAL PERIOD ENDED SEPTEMBER 30, 2009  
CASE NUMBER HA13-0909-180H-CM

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated October 25, 2012, the following revisions are made to the Medi-Cal audit report dated July 20, 2012.

SUMMARY OF REVISIONS

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>	
Audited Amount Due Provider (State)	\$ (10,048)
Revision	<u>0</u>
Revised Amount Due Provider (State)	\$ <u>(10,048)</u>
<u>MEDI-CAL CONTRACT COST (CONTRACT SCH. 1)</u>	
Audited Cost	\$ 10,951,888
Revision	<u>0</u>
Revised Cost	\$ <u>10,951,888</u>
<u>OVERPAYMENTS (CONTRACT SCH. 1)</u>	
Audited Amount Due Provider (State)	\$ (12,059)
Revision	<u>4,932</u>
Revised Amount Due Provider (State)	\$ <u>(7,127)</u>

Enclosed is the revised Summary of Findings and supporting schedules detailing the results of the recomputation.

Administrator  
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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

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

**SUMMARY OF FINDINGS**

**Provider Name:**  
**SCRIPPS MEMORIAL HOSPITAL—LA JOLLA**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2009**

		SETTLEMENT	COST
<b>1. Medi-Cal Noncontract Settlement (SCHEDULE 1)</b> <b>NPI: 1841277704</b>	Audited	\$ (10,048)	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ (10,048)	
<b>2. Subprovider I (SCHEDULE 1-1)</b> <b>NPI:</b>	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>3. Subprovider II (SCHEDULE 1-2)</b> <b>NPI:</b>	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>4. Medi-Cal Contract Cost (CONTRACT SCH 1)</b> <b>NPI: 1841277704</b>	Audited		\$ 10,951,888
	Net Change		\$ 0
	Revised Cost		\$ 10,951,888
	Revised Amount Due Provider (State)	\$ (7,127)	
<b>5. Distinct Part Nursing Facility (DPNF SCH 1)</b> <b>NPI:</b>	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
<b>6. Distinct Part Nursing Facility (DPNF SCH 1-1)</b> <b>NPI:</b>	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
<b>7. Adult Subacute (ADULT SUBACUTE SCH 1)</b> <b>NPI:</b>	Audited		\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
<b>8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7)</b>		\$ (17,175)	
<b>9. Total Medi-Cal Cost</b>			\$ 10,951,888

**SUMMARY OF FINDINGS**

**Provider Name:**  
**SCRIPPS MEMORIAL HOSPITAL—LA JOLLA**

**Fiscal Period Ended:**  
**SEPTEMBER 30, 2009**

		SETTLEMENT	COST
<b>10. Subacute (SUBACUTE SCH 1-1)</b> <b>NPI:</b> Audited			
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
<b>11. Rural Health Clinic (RHC SCH 1)</b> <b>NPI:</b> Audited	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>12. Rural Health Clinic (RHC 95-210 SCH 1)</b> <b>NPI:</b> Audited	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>13. Rural Health Clinic (RHC 95-210 SCH 1-1)</b> <b>NPI:</b> Audited	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>14. County Medical Services Program (CMSP SCH 1)</b> <b>NPI:</b> Audited	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
<b>15. Transitional Care (TC SCH 1)</b> <b>NPI:</b> Audited			\$ 0.00
	Net Change		\$ 0.00
	Revised Cost Per Day		\$ 0.00
	Revised Amount Due Provider (State)	\$ 0	
<b>16. Total Other Settlement Due Provider - (Lines 10 through 15)</b>		\$ 0	
<b>17. Total Combined Revised Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16)</b>		\$ (17,175)	

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:  
SCRIPPS MEMORIAL HOSPITAL—LA JOLLA

Fiscal Period Ended:  
SEPTEMBER 30, 2009

NPI:  
1841277704

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients	\$ <u>129,286</u>	\$ <u>129,286</u>
2. Excess Reasonable Cost Over Charges	\$ <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>129,286</u>	\$ <u>129,286</u>
6. Interim Payments (Rev )	\$ <u>(139,334)</u>	\$ <u>(139,334)</u>
7. Balance Due Provider (State)	\$ <u>(10,048)</u>	\$ <u>(10,048)</u>
8. Duplicate Payments (Rev )	\$ <u>0</u>	\$ <u>0</u>
9.	\$ <u>0</u>	\$ <u>0</u>
10.	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>(10,048)</u></u>	\$ <u><u>(10,048)</u></u>
	(To Summary of Findings)	

## COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:  
SCRIPPS MEMORIAL HOSPITAL—LA JOLLA

Fiscal Period Ended:  
SEPTEMBER 30, 2009

NPI:  
1841277704

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients	\$ <u>10,951,888</u>	\$ <u>10,951,888</u>
2. Excess Reasonable Cost Over Charges	\$ <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. Subtotal (Sum of Lines 1 through 4)	\$ <u>10,951,888</u>	\$ <u>10,951,888</u>
6.	\$ <u>0</u>	\$ <u>0</u>
7.	\$ <u>0</u>	\$ <u>0</u>
8. Total Medi-Cal Cost (Sum of Lines 5 through 7)	\$ <u>10,951,888</u>	\$ <u>10,951,888</u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Rev )	\$ <u>(3,590)</u>	\$ <u>(3,590)</u>
10. Medi-Cal Credit Balances (Rev 1)	\$ <u>(8,469)</u>	\$ <u>(3,537)</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u>(12,059)</u>	\$ <u>(7,127)</u>
	(To Summary of Findings)	

Provider Name							Fiscal Period	NPI		Revisions
SCRIPPS MEMORIAL HOSPITAL—LA JOLLA							OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009	1841277704		1
Report References							Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
Rev. No.	Revised Audit Report	Audit Report								
		Sch	Part	Title	Line	Col.				
<u>REVISION TO OTHER MATTERS</u>										
1	Contract 1	Contract 1			10		Medi-Cal Credit Balances Revision to adjustment 13. To partially reverse the recovery of outstanding Medi-Cal credit balances based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE 1 CASE NUMBER: HA13-0909-180H-CM	\$8,469	(\$4,932)	\$3,537