

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**SCRIPPS MEMORIAL HOSPITAL—ENCINITAS
ENCINITAS, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1700829199**

**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: Peter Rodriguez**



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—Encinitas
354 Santa Fe Drive
Encinitas, CA 92024

SCRIPPS MEMORIAL HOSPITAL—ENCINITAS
NATIONAL PROVIDER IDENTIFIER (NPI) 1700829199
FISCAL PERIOD ENDED SEPTEMBER 30, 2009
CASE NUMBER HA13-0909-187H-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 August 9, 2012.

SUMMARY OF REVISIONS

<u>MEDI-CAL NONCONTRACT SETTLEMENT (SCHEDULE 1)</u>		
Audited Amount Due Provider (State)	\$	(3,163)
Revision		<u>0</u>
Revised Amount Due Provider (State)	\$	<u>(3,163)</u>
<u>REHABILITATION SETTLEMENT (SCHEDULE 1-2)</u>		
Audited Amount Due Provider (State)	\$	0
Revision		<u>0</u>
Revised Amount Due Provider (State)	\$	<u>0</u>
<u>MEDI-CAL CONTRACT COST (CONTRACT SCH. 1)</u>		
Audited Cost	\$	7,789,189
Revision		<u>0</u>
Revised Cost	\$	<u>7,789,189</u>
<u>OVERPAYMENTS (CONTRACT SCH. 1)</u>		
Audited Amount Due Provider (State)	\$	(53,224)
Revision		<u>23,682</u>
Revised Amount Due Provider (State)	\$	<u>(29,542)</u>

Administrator
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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. 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—ENCINITAS

Fiscal Period Ended:
SEPTEMBER 30, 2009

		SETTLEMENT	COST
1. Medi-Cal Noncontract Settlement (SCHEDULE 1) NPI: 1700829199	Audited	\$ (3,163)	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ (3,163)	
2. Subprovider I (SCHEDULE 1-1) NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
3. Rehabilitation (SCHEDULE 1-2) NPI: 1700829199	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
4. Medi-Cal Contract Cost (CONTRACT SCH 1) NPI: 1700829199	Audited		\$ 7,789,189
	Net Change		\$ 0
	Revised Cost		\$ 7,789,189
	Revised Amount Due Provider (State)	\$ (29,542)	
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)		\$ (32,705)	
9. Total Medi-Cal Cost			\$ 7,789,189

SUMMARY OF FINDINGS

Provider Name:
SCRIPPS MEMORIAL HOSPITAL—ENCINITAS

Fiscal Period Ended:
SEPTEMBER 30, 2009

		SETTLEMENT	COST
10. Subacute (SUBACUTE SCH 1-1) NPI:	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) NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
12. Rural Health Clinic (RHC 95-210 SCH 1) NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
13. Rural Health Clinic (RHC 95-210 SCH 1-1) NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
14. County Medical Services Program (CMSP SCH 1) NPI:	Audited	\$ 0	
	Net Change	\$ 0	
	Revised Amount Due Provider (State)	\$ 0	
15. Transitional Care (TC SCH 1) NPI:	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)		\$ (32,705)	

COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SCRIPPS MEMORIAL HOSPITAL—ENCINITAS

Fiscal Period Ended:
SEPTEMBER 30, 2009

NPI:
1700829199

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients	\$ <u>13,957</u>	\$ <u>13,957</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>13,957</u>	\$ <u>13,957</u>
6. Interim Payments (Rev)	\$ <u>(17,120)</u>	\$ <u>(17,120)</u>
7. Balance Due Provider (State)	\$ <u>(3,163)</u>	\$ <u>(3,163)</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>(3,163)</u></u>	\$ <u><u>(3,163)</u></u>
	(To Summary of Findings)	

COMPUTATION OF
MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:
SCRIPPS MEMORIAL HOSPITAL—ENCINITAS

Fiscal Period Ended:
SEPTEMBER 30, 2009

NPI:
1700829199

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

(To Summary of Findings)

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
SCRIPPS MEMORIAL HOSPITAL—ENCINITAS

Fiscal Period Ended:
SEPTEMBER 30, 2009

NPI:
1700829199

	AUDITED	REVISED
1. Net Cost of Covered Services Rendered to Medi-Cal Patients	\$ <u>7,789,189</u>	\$ <u>7,789,189</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>7,789,189</u>	\$ <u>7,789,189</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><u>7,789,189</u></u>	\$ <u><u>7,789,189</u></u>
	(To Summary of Findings)	
9. Medi-Cal Overpayments (Rev 1)	\$ <u>(41,341)</u>	\$ <u>(17,659)</u>
10. Medi-Cal Credit Balances (Rev)	\$ <u>(11,883)</u>	\$ <u>(11,883)</u>
11.	\$ <u>0</u>	\$ <u>0</u>
12.	\$ <u>0</u>	\$ <u>0</u>
13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State)	\$ <u><u>(53,224)</u></u>	\$ <u><u>(29,542)</u></u>
	(To Summary of Findings)	

Provider Name							Fiscal Period	NPI		Revisions
SCRIPPS MEMORIAL HOSPITAL—ENCINITAS							OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009	1700829199		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			9		Medi-Cal Overpayments Revision to adjustment 17. To reverse the recovery of Medi-Cal payments based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE 2 CASE NUMBER: HA13-0909-187H-CM	\$41,341	(\$23,682)	\$17,659