

**REPORT  
ON THE  
COST BASED REIMBURSEMENT CLINICS  
LAC / JUVENILE COURT HEALTH SERVICES  
LOS ANGELES, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIERS: 1285744003,  
1780789065, 1598860876 & 1407951783  
FISCAL PERIOD ENDED  
JUNE 30, 2010**

**Audits Section - Burbank  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Daniel J. Giardinelli  
Audit Supervisor: Henry Kwan  
Auditor: Tricia Sugioka**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

December 6, 2013

Judy Wong, Manager  
State Reimbursement Section  
Program Reimbursement Division  
Department of Health Services  
County of Los Angeles  
313 North Figueroa Street, Room 426  
Los Angeles, California 90012

LAC / JUVENILE COURT HEALTH SERVICES  
NATIONAL PROVIDER IDENTIFIER (NPI): 1285744003  
FISCAL PERIOD ENDED JUNE 30, 2010

We have examined the Cost Based Reimbursement Clinic (CBRC) 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, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the audited settlement for the fiscal period due the Provider in the amount of \$699,530 represents a proper determination in accordance with Medi-Cal Program reimbursement principles. The audited amount represents the final settlement of Medi-Cal Program costs.

This Audit Report includes the:

1. Computation of Audited CBRC Settlement (Schedule 1) and supporting schedules
2. Audit Adjustments

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 Clinic by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

Judy Wong  
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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 Appeals and Hearings  
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 – Burbank at (818) 295-2620.

**Original Signed By**

Daniel J. Giardinelli, Chief  
Audits Section – Burbank  
Financial Audits Branch

Certified

## COMPUTATION OF MEDI-CAL REIMBURSEMENT SETTLEMENT

Provider Name:	NPI	Fiscal Period Ended:
LAC / JUVENILE COURT HEALTH SERVICES	1285744003	JUNE 30, 2010
	REPORTED	AUDITED
1. Total Costs (CBRC Sch. 2, Col. 4)	\$ 26,641,900	\$ 24,182,790
2. Determination of Overhead Costs Applicable to non-reimbursable CHC/HC Health Care Services		
a. CBRC Health Care Services Costs (CBRC Sch. 2, Col. 4, Line 2)	14,812,976	16,480,818
b. Non-Reimbursable CBRC Costs (CBRC Sch. 3, Line 59 - Line 54, Line 55 and Line 56)	1,655,372	2,935,349
c. Cost of all CBRC Costs - Excluding Overhead Costs (Line 2a + Line 2b)	16,468,348	19,416,167
d. Percentage of Non-Reimbursable CBRC Costs (Line 2b / Line 2c)	0.1005	0.1512
e. Total CBRC General Overhead Costs (CBRC Schedule 2, Col. 4, Line 1)	11,828,924	7,701,972
f. Overhead Applicable to Non-Reimbursable CBRC Costs (Line 2d X Line 2e)	1,189,025	1,164,389
3. Total Cost of Reimbursable CBRC Services (Line 1 - Line 2f)	\$ 25,452,875	\$ 23,018,401
4. Total Visits (Billable CBRC Visits) (Adj 11)	50,415	53,851
5. Average Cost Per Visit (Line 3 divided by Line 4)	\$ 504.87	\$ 427.45
6. Medi-Cal Visits (Adj 12)	2,145	2,105
7. Total Medi-Cal Cost (Line 5 X Line 6)	\$ 1,082,946	\$ 899,782
8. Less Payments:		
a. Medi-Cal (Billing Code 01 & 03) (Adj 12)	\$ 204,221	\$ 200,252
b. Patient Share of Cost	0	0
c. Total Payments	204,221	200,252
9. Balance Due Provider/(State) Before Protested Items (Line 7 - Line 8c)	\$ 878,725	\$ 699,530
10. Protested Items: (Adj)	\$ 0	\$ 0
11. Balance Due Provider/(State) After Protested Items	\$ 878,725	\$ 699,530

TOTAL CBRC COSTS

Provider Name:

NPI

Fiscal Period Ended:

LAC / JUVENILE COURT HEALTH SERVICES

1285744003

JUNE 30, 2010

CMS Line No.	Cost Centers	1 Direct Costs Trial Balance	2 Allocated Costs	3 Off-site Ancillary/ Indigent Costs	4 Total Allowable CBRC HDHS Costs (Col. 1 + Col. 2 - Col. 3)
1.00	JCHS A&G Overhead Costs (CBRC Sch. 3, Line 53)	\$ 7,701,972		\$ 0	\$ 7,701,972
2.00	JCHS Reimb. Patient Care Costs (CBRC Sch. 3, Line 29)	16,480,818		0	16,480,818
5.00	Old Capital - Related Costs - Bldg.and Fixtures		\$ 0		0
6.00	Old Capital - Related Costs - Movable Equipment		0		0
7.00	New Capital - Related Costs - Bldg. And Fixtures		0		0
8.00	New Capital Related Costs - Movable Equipment		0		0
9.00	Employee Benefits		0		0
10.00	Administrative and General		0		0
11.00	Maintenance and Repairs		0		0
12.00	Operation of Plant		0		0
13.00	Laundry & Linen Service		0		0
14.00	Housekeeping		0		0
15.00	Dietary		0		0
16.00	Cafeteria		0		0
17.00	Nursing Administration		0		0
18.00	Central Services and Supplies		0		0
19.00	Pharmacy		0		0
20.00	Medical Records & Medical Records Library		0		0
21.00	Social Services		0		0
22.00	PFSW Provider/Eligibility		0		0
23.00	PFSW Provider		0		0
24.00	Physicians		0		0
25.00	Nonphysician Anesthetists		0		0
26.00	Nonphysician Practitioner		0		0
27.00	Nursing School		0		0
28.00	I & R Services - Salaries & Fringe B. Approved		0		0
29.00	I & R Other Program Costs Approved		0		0
30.00	Physicians Teaching Program Costs		0		0
31.00	Paramedic Education Program		0		0
	Total	\$ 24,182,790	\$ 0	\$ 0	\$ 24,182,790

(To CBRC Sch 1, Line 1)

## SCHEDULE OF TRIAL BALANCE EXPENSE

Provider Name: LAC / JUVENILE COURT HEALTH SERVICES NPI: 1285744003 Fiscal Period Ended: JUNE 30, 2010

Cost Center	REPORTED	ADJUSTMENTS	AUDITED
<b>CBRC Health Care Costs</b>			
1. Physician	\$2,037,412	\$33,910	\$2,071,322
2. Physician Assistant	0	0	0
3. Nurse Practitioner	0	0	0
4. Other Nurse	6,835,062	443,012	7,278,074
5. Laboratory Technician	348,246	150,508	498,754
6. Nursing Supervision	1,710,333	(224,110)	1,486,223
7.	0	0	0
8.	0	0	0
9.	0	0	0
10.	0	0	0
11.	0	0	0
12.	0	0	0
13. Subtotal-CBRC Health Care Costs	\$10,931,053	\$403,320	\$11,334,373
14.	\$0	\$0	\$0
15. Physician - Supervision	0	0	0
16.	0	0	0
<b>CBRC Other Health Care Costs</b>			
18. Pharmacy	\$859,326	\$221,650	\$1,080,976
19. Dental	502,477	151,423	653,900
20. Optometry	0	0	0
21. Medical Supplies	0	0	0
22. Depreciation-Medical Equipment	0	0	0
23. Professional Liability Insurance	0	0	0
24. Health Education	67,526	17,794	85,320
25. Medical Records	18,939	6,095	25,034
26. Medical / Dental / Lab Supplies	1,296,949	878,481	2,175,430
27. Professional / Specialized Services	1,136,706	(10,921)	1,125,785
28. Subtotal-CBRC Other Health Care Costs	\$3,881,923	\$1,264,522	\$5,146,445
29 Total Cost of CBRC Health Care Services (Sum of Lines 13, 14, 15, and 28)	\$14,812,976	\$1,667,842	\$16,480,818
<b>CBRC Overhead-Facility Cost</b>			
30. Rent	\$6,721	\$0	\$6,721
31. Insurance	389,316	(76,095)	313,221
32. Interest Expense	0	0	0
33. Utilities	75,006	0	75,006
34. Depreciation-Building	0	0	0
35. Depreciation-Equipment	0	0	0
36. Housekeeping and Maintenance	203,007	(2,486)	200,521
37. Property Tax	151	0	151
38. Maintenance - Equipment / Grounds	15,210	(123)	15,087
38.5 Security to Building	110,042	0	110,042
39. Transportation	47,368	(562)	46,806
40. Home Office Costs	1,212,517	(86,657)	1,125,860
41. Subtotal-Overhead Facility Costs (Lines 30-40)	\$2,059,338	(\$165,923)	\$1,893,415
<b>CBRC Overhead-Administrative Cost</b>			
42. Office Salaries	\$1,439,653	\$579,134	\$2,018,787
43. Depreciation-Office Equipment	0	0	0
44. Office Supplies	162,304	(13,309)	148,995
45. Legal	0	0	0
46. Accounting	537,395	(78,468)	458,927
47. Insurance (Specify)	0	0	0
48. Telephone	79,549	(4,004)	75,545
49. Fringe Benefits And Payroll Taxes	6,080,210	(4,555,414)	1,524,796
50. Administrative and General	1,390,687	111,032	1,501,719
51. Services from Other County Departments	79,788	0	79,788
51.01 Provider's Adjustment - Public Health Lab	0	0	0
51.02 Provider's Adjustment - Other Adjustments	0	0	0
52. Subtotal-Administrative Costs (Lines 42-51.02)	\$9,769,586	(\$3,961,029)	\$5,808,557
53. Total CBRC Overhead Cost Subject To Allocation (Sum of Lines 41 and 52)	\$11,828,924	(\$4,126,952)	\$7,701,972
54. Non-Certified Facilities	\$6,084,865	\$766,932	\$6,851,797
55. Patterson Dental	0	0	0
56. Off-Site Medical Services	2,373,243	0	2,373,243
58. Nurse Only Visits (incl. Medical Records Staff)	1,655,372	1,279,977	2,935,349
59. Subtotal Nonreimbursable Costs	\$10,113,480	\$2,046,909	\$12,160,389
60 Total CBRC Costs (Sum of Lines 29, 41, 52, and 59)	\$36,755,380	(\$412,201)	\$36,343,179

SCHEDULE OF TRIAL BALANCE EXPENSE

Provider Name:

NPI

Fiscal Period Ended:

LAC / JUVENILE COURT HEALTH SERVICES

1285744003

JUNE 30, 2010

	Total Adj.	AUDIT ADJ (Adj No. 1)	AUDIT ADJ (Adj No. 2)	AUDIT ADJ (Adj No. 3)	AUDIT ADJ (Adj No. 4)	AUDIT ADJ (Adj No. 5)	AUDIT ADJ (Adj No. 6)	AUDIT ADJ (Adj No. 7)	AUDIT ADJ (Adj No. 8)	AUDIT ADJ (Adj No. 9)	AUDIT ADJ (Adj No. 10)	AUDIT ADJ (Adj No. )	AUDIT ADJ (Adj No. )
1. Physician	\$33,910		154,147	(120,237)									
2. Physician Assistant	0												
3. Nurse Practitioner	0												
4. Other Nurse	443,012		1,835,854			(1,392,842)							
5. Laboratory Technician	150,508		150,508										
6. Nursing Supervision	(224,110)		477,603		(84,056)	(416,142)		(201,515)					
7.													
8.													
9.													
10.													
11.													
12.													
14.													
15. Physician - Supervision	0												
16.	0												
18. Pharmacy	221,650		221,698								(48)		
19. Dental	151,423		151,423										
20. Optometry	0												
21. Medical Supplies	0												
22. Depreciation-Medical Equipment	0												
23. Professional Liability Insurance	0												
24. Health Education	17,794		17,794										
25. Medical Records	6,095					6,095							
26. Medical / Dental / Lab Supplies	878,481					877,051				1,430			
27. Professional / Specialized Services	(10,921)					(10,921)							
30. Rent	0												
31. Insurance	(76,095)					(76,095)							
32. Interest Expense	0												
33. Utilities	0												
34. Depreciation-Building	0												
35. Depreciation-Equipment	0												
36. Housekeeping and Maintenance	(2,486)					(2,486)							
37. Property Tax	0												
38. Maintenance - Equipment / Grounds	(123)					(123)							
38.5 Security to Building	0												
39. Transportation	(562)					(562)							
40. Home Office Costs	(86,657)								(86,657)				
42. Office Salaries	579,134		632,450						(53,316)				
43. Depreciation-Office Equipment	0												
44. Office Supplies	(13,309)					(13,309)							
45. Legal	0												
46. Accounting	(78,468)		40,410								(118,878)		
47. Insurance (Specify)	0												
48. Telephone	(4,004)					(4,004)							
49. Fringe Benefits And Payroll Taxes	(4,555,414)	(541,448)	(3,681,887)	(14,101)	(7,090)	(238,451)	(50,118)	(18,562)	(4,211)		454		
50. Administrative and General	111,032					(8,188)					119,220		
51. Services from Other County Departments	0												
51.01 Provider's Adjustment - Public Health Lab	0												
51.02 Provider's Adjustment - Other Adjustments	0												
52. Subtotal-Administrative Costs (Lines 42-51.02)	0												
54. Non-Certified Facilities	766,932	541,448		134,338	91,146								
55. Patterson Dental	0												
56. Off-Site Medical Services	0												
58. Nurse Only Visits (incl. Medical Records Staff)	1,279,977					1,279,977							
59. Subtotal Nonreimbursable Costs	0												
60. Total CBRC Costs	(\$412,201)	\$0	\$0	\$0	\$0	\$0	(\$50,118)	(\$220,077)	(\$57,527)	(\$86,657)	\$2,178	\$0	\$0

Provider Name					Fiscal Period	NPI	Adjustments	
LAC / JUVENILE COURT HEALTH SERVICES					JULY 1, 2009 THROUGH JUNE 30, 2010	1285744003	12	
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report		Cost Report					
	Schedule	Line	Worksheet	Line				
<b><u>RECLASSIFICATIONS TO REPORTED COSTS</u></b>								
1	CBRC 4	54	TB 1 of 1	54	Non-Certified Facilities	\$6,084,865	\$541,448	\$6,626,313 *
	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes	6,080,210	(541,448)	5,538,762 *
To reclassify fixed benefits expense to the Non-Certified Facilities cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
2	CBRC 4	1	TB 1 of 1	1	Physician	\$2,037,412	\$154,147	\$2,191,559 *
	CBRC 4	4	TB 1 of 1	4	Other Nurse	6,835,062	1,835,854	8,670,916 *
	CBRC 4	5	TB 1 of 1	5	Laboratory Technician	348,246	150,508	498,754
	CBRC 4	6	TB 1 of 1	6	Nursing Supervision	1,710,333	477,603	2,187,936 *
	CBRC 4	18	TB 1 of 1	18	Pharmacy	859,326	221,698	1,081,024 *
	CBRC 4	19	TB 1 of 1	19	Dental	502,477	151,423	653,900
	CBRC 4	24	TB 1 of 1	24	Health Education	67,526	17,794	85,320
	CBRC 4	42	TB 1 of 1	42	Office Salaries	1,439,653	632,450	2,072,103 *
	CBRC 4	46	TB 1 of 1	46	Accounting	537,395	40,410	577,805 *
	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes	* 5,538,762	(3,681,887)	1,856,875 *
To reclassify fringe benefits expense for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								
3	CBRC 4	54	TB 1 of 1	54	Non-Certified Facilities	* \$6,626,313	\$134,338	\$6,760,651 *
	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes	* 1,856,875	(14,101)	1,842,774 *
	CBRC 4	1	TB 1 of 1	1	Physician	* 2,191,559	(120,237)	2,071,322
To reclassify physician salaries for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304								

Provider Name					Fiscal Period	NPI		Adjustments	
LAC / JUVENILE COURT HEALTH SERVICES					JULY 1, 2009 THROUGH JUNE 30, 2010	1285744003		12	
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report		Cost Report						
	Schedule	Line	Worksheet	Line					
<b><u>RECLASSIFICATIONS TO REPORTED COSTS</u></b>									
4	CBRC 4	54	TB 1 of 1	54	Non-Certified Facilities	*	\$6,760,651	\$91,146	\$6,851,797
	CBRC 4	6	TB 1 of 1	6	Nursing Supervision	*	2,187,936	(84,056)	2,103,880 *
	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes	*	1,842,774	(7,090)	1,835,684 *
					To reclassify the administrative nursing salaries and benefits to the Non-Certified Facilities cost center for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				
5	CBRC 4	58	TB 1 of 1	58	Nurse Only Visits		\$1,655,372	\$1,279,977	\$2,935,349
	CBRC 4	25	TB 1 of 1	25	Medical Records		18,939	6,095	25,034
	CBRC 4	26	TB 1 of 1	26	Medical / Dental / Lab Supplies		1,296,949	877,051	2,174,000 *
	CBRC 4	4	TB 1 of 1	4	Other Nurse	*	8,670,916	(1,392,842)	7,278,074
	CBRC 4	6	TB 1 of 1	6	Nursing Supervision	*	2,103,880	(416,142)	1,687,738 *
	CBRC 4	27	TB 1 of 1	27	Professional / Specialized Services		1,136,706	(10,921)	1,125,785
	CBRC 4	31	TB 1 of 1	31	Insurance		389,316	(76,095)	313,221
	CBRC 4	36	TB 1 of 1	36	Housekeeping and Maintenance		203,007	(2,486)	200,521
	CBRC 4	38	TB 1 of 1	38	Maintenance-Equipment/Grounds		15,210	(123)	15,087
	CBRC 4	39	TB 1 of 1	39	Transportation		47,368	(562)	46,806
	CBRC 4	44	TB 1 of 1	44	Office Supplies		162,304	(13,309)	148,995
	CBRC 4	48	TB 1 of 1	48	Telephone		79,549	(4,004)	75,545
	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes	*	1,835,684	(238,451)	1,597,233 *
	CBRC 4	50	TB 1 of 1	50	Administration and General		1,390,687	(8,188)	1,382,499 *
					To reclassify the Nurse Only Visits expense for proper cost determination. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304				

Provider Name					Fiscal Period		NPI		Adjustments
LAC / JUVENILE COURT HEALTH SERVICES					JULY 1, 2009 THROUGH JUNE 30, 2010		1285744003		12
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report		Cost Report						
	Schedule	Line	Worksheet	Line					
<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>									
6	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes To reconcile the past pension cost to agree with the Los Angeles County auditor controller's report. 42 CFR 413.20, 413.24, and 413.134 CMS Pub. 15-1, Sections 102 and 2304	*	\$1,597,233	(\$50,118)	\$1,547,115 *
7	CBRC 4	6	TB 1 of 1	6	Nursing Supervision	*	\$1,687,738	(\$201,515)	\$1,486,223
	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes To eliminate Department of Justice expense not related to patient care. 42 CFR 413.14 / CMS Pub. 15-1, Sections 2150.2 and 2304	*	1,547,115	(18,562)	1,528,553 *
8	CBRC 4	42	TB 1 of 1	42	Office Salaries	*	\$2,072,103	(\$53,316)	\$2,018,787
	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes To eliminate expense related to the human resource department. 42 CFR 413.14 / CMS Pub. 15-1, Sections 2150.2 and 2304	*	1,528,553	(4,211)	1,524,342 *
9	CBRC 4	40	TB 1 of 1	40	Home Office Costs To adjust the home office costs to agree with the Los Angeles County Health Services Administration home office audit report for the fiscal period ended June 30, 2010. 42 CFR 413.14 CMS Pub. 15-1, Sections 2150.2 and 2304		\$1,212,517	(\$86,657)	\$1,125,860
10	CBRC 4	18	TB 1 of 1	18	Pharmacy	*	\$1,081,024	(\$48)	\$1,080,976
	CBRC 4	26	TB 1 of 1	26	Medical / Dental / Lab Supplies	*	2,174,000	1,430	2,175,430
	CBRC 4	46	TB 1 of 1	46	Accounting	*	577,805	(118,878)	\$458,927
	CBRC 4	49	TB 1 of 1	49	Fringe Benefits and Payroll Taxes	*	1,524,342	454	1,524,796
	CBRC 4	50	TB 1 of 1	50	Administration and General To adjust the reported expense to agree with the LAC + USC Medical Center audit report for the fiscal period ended June 30, 2010. 42 CFR 413.14 / CMS Pub. 15-1, Sections 2150.2 and 2304	*	1,382,499	119,220	1,501,719

\*Balance carried forward from prior/to subsequent adjustments

Provider Name					Fiscal Period		NPI		Adjustments
LAC / JUVENILE COURT HEALTH SERVICES					JULY 1, 2009 THROUGH JUNE 30, 2010		1285744003		12
Report References					Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report		Cost Report						
Schedule	Line	Worksheet	Line						
<b><u>ADJUSTMENT TO REPORTED PATIENT VISITS</u></b>									
11	CBRC 1	4	2	4	Total Visits (Billable CBRC Visits) To adjust total CBRC visit to agree with the daily visit logs. 42 CFR 413.20 and 413.50 CMS Pub. 15-1, Sections 2205 and 2304	50,415	3,436	53,851	

Provider Name				Fiscal Period		NPI		Adjustments
LAC / JUVENILE COURT HEALTH SERVICES				JULY 1, 2009 THROUGH JUNE 30, 2010		1285744003		12
Report References				Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report		Cost Report					
Schedule	Line	Worksheet	Line					
<b>ADJUSTMENT TO REPORTED MEDI-CAL SETTLEMENT DATA</b>								
12	CBRC 1	6	2	6	Medi-Cal Visits	2,145	(40)	2,105
	CBRC 1	8a	2	8a	Medi-Cal Payments (Billing Code 01 & 03)	\$204,221	(\$3,969)	\$200,252
To adjust Medi-Cal settlement data to agree with the following paid claims summary report: Report Date: May 1, 2013 Payment Period: July 1, 2009 through April 30, 2013 Service Period: July 1, 2009 through June 30, 2010 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3								