REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
SCHOOL HEALTH CLINICS
PROVIDER NUMBERS (NPI): FHC70844G (1851431647)

FISCAL PERIOD ENDED
JUNE 30, 2008

Audit Review and Analysis Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Evie Correa
Audit Supervisor: Ralph R. Zavala
Auditor: Emil Guzman

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

March 25, 2013

Administrator
Washington Neighborhood Health Clinic
5671 Santa Teresa Blvd, Ste 105
San Jose, CA 95123

PROVIDER LEGAL NAME: SCHOOL HEALTH CLINICS
DBA: WASHINGTON NEIGHBORHOOD HEALTH CLINIC
PROVIDER NUMBERS (NPI): FHC70844G (1851431647)
FISCAL PERIOD ENDED: JUNE 30, 2008

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period.Our review was made under the authority of Welfare and Institutions Code section 14170, and was limited to a review of the provider's records/data and the Medi-Cal Paid Claims Summary Reports received from the State's fiscal intermediary.

The data presented on Schedule 1 represents the reported Medi-Cal settlement due the Clinic in the amount of $20,845 which was accepted as filed.

Your interim Managed Care rate (Code 18), and Medi-Cal crossover rate (Code 02) will not be adjusted at this time.

This determination includes:

1. Reconciliation Review Report (Schedule 1)
1. Adjustments Schedule

The accepted 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 State's fiscal intermediary will forward the Statement(s) of Account Status to the Provider. Instructions regarding payment will be included with the Statement(s) of Account Status.

Please note; the computation of this reconciliation utilizes the PPS rate in effect for the applicable time period. Should a Change in Scope-of-Service Request result in a change in the PPS rate for the applicable period, the reconciliation amount will be revised to reflect the impact of the new PPS rate. At that time, a revised reconciliation determination will be sent to the clinic.

Notwithstanding this determination, overpayments to the provider are subject to recovery pursuant to California Code of Regulations, Title 22, Section 51458.1.

If you have further questions regarding this letter, please contact Emil Guzman Auditor, at (916) 650-6696.

Sincerely,

Original Signed By

Evie Correa, Chief
Audit Review and Analysis Section
Financial Audits Branch

Enclosure(s)
Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: SCHOOL HEALTH CLINICS	PROVIDER NUMBERS (NPI): FHC70844G (1851431647)
FISCAL PERIOD: JULY 1, 2007 THROUGH JUNE 30, 2008	

PAYMENT/RECOVERY DETERMINATION

1.	Managed Care Medi-Cal Visits	151	672	823	151		672		823
2.	Managed Care Crossover Visits	-	-	-	-		-		-
3.	CHDP History Physicals Visits (Non Managed Care)	11	209	220	11		209		220
4.	Medi-Cal Crossover Visits (Non Managed Care)	-	-	-	-		-		-
5.	Subtotal Visits	162	881	1,043	162		881		1,043
5b.	Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
	Total Visits	162	881	1,043	162		881		1,043
6.	Managed Care Plan(s) Payments	$ 8,626	$ 49,580	$ 58,206	$ 8,626		$ 49,580		$ 58,206
7.	Managed Care Medicare Payments	$ -	$ -	-	$ -		$ -		-
8.	Medi-Cal (Code 18) Payments	$ 12,566	$ 45,857	58,423	$ 12,566		$ 45,857		58,423
9.	CHDP Program Payments (Non Managed Care)	$ -	$ 5,751	5,751	$ -		$ 5,751		5,751
10.	Medicare Crossover Payments (Non Managed Care)	$ -	$ -	-	$ -		$ -		-
11.	Medi-Cal Crossover Payments (Non Managed Care)	$ -	$ -	-	$ -		$ -		-
12.	**Total Payments**	$ 21,192	$ 101,188	$ 122,380	$ 21,192		$ 101,188		$ 122,380
13.	PPS Rate	$ 112.96	$ 112.96		$ 137.32	1	$ 137.32	2	
14.	Total Medi-Cal Visits (From Line 5)	162	881	1,043	162		881		1,043
15.	PPS Amount (Line 13 x Line 14)	$ 18,300	$ 99,518	$ 117,817	$ 22,246		$ 120,979		$ 143,225
16.	Less: Total Payments (From Line 12)	$ 21,192	$ 101,188	$ 122,380	$ 21,192		$ 101,188		$ 122,380
17.	Reconciliation Amount Due Clinic (State) (L 15-L 16)	$ (2,893)	$ (1,670)	$ (4,563)	$ 1,054		$ 19,791		$ 20,845
18.	Medi-Cal Billing Review Results (Schedule 2)			$ -					$ -
19.	**Total Amount Due Clinic (State)** (L 17+L 18)	$ (2,893)	$ (1,670)	$ (4,563)	$ 1,054		$ 19,791		$ 20,845

Provider Legal Name	Fiscal Period	Provider Number (NPI)	Adjustments
SCHOOL HEALTH CLINICS	JULY 1, 2007 THROUGH JUNE 30, 2008	FHC70844G (1851431647)	2

Report References								
Adj. No.	Reconciliation Review		Reconciliation Request		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line				
					MEMORANDUM ADJUSTMENTS			
1	1	13	1	13	PPS RATE (PERIOD 1)	$112.96	$24.36	$137.32
2	1	13	1	13	PPS RATE (PERIOD 2)	$112.96	$24.36	$137.32

To adjust the reported PPS Rates to agree with the PPS rate in ACSNET.
42 CFR, Sections 413.20 and 413.24
CMS Pub. 15-1, Section 2304