

**REPORT ON THE
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
MEDI-CAL PROSPECTIVE PAYMENTS SYSTEM (PPS)
RECONCILIATION REVIEW**

**ALAMEDA COUNTY MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS
OAKLAND, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER NUMBERS:
1104959089, 1922131804, AND 1033241633**

**FISCAL PERIOD ENDED
JUNE 30, 2009**

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

**Section Chief: Louise Wong
Audit Supervisor: Jesse Duran
Auditor: John Uribe**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

January 11, 2013

Marion Schales
Chief Financial Officer
Alameda County Medical Center
1411 East 31st Street
Oakland, CA 94602

ALAMEDA COUNTY MEDICAL CENTER
FEDERALLY QUALIFIED HEALTH CENTERS:

<u>CLINIC NAME</u>	<u>PROVIDER NO.</u>	<u>NPI. NO.</u>
EASTMONT WELLNESS CENTER	FHC11783G	1104959089
NEWARK HEALTH CENTER	FHC11799G	1922131804
WINTON WELLNESS CENTER	FHC11797G	1033241633

FISCAL PERIOD ENDED JUNE 30, 2009

We have examined the provider's Federally Qualified Health Center (FQHC) Medi-Cal Prospective Payment System (PPS) Reconciliation Forms 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 combined settlement for the fiscal period due the Clinic in the amount of \$1,565,836 presented in the Summary of Findings represent a proper determination in accordance with the reimbursement principles of applicable program.

This audit report includes the:

1. Summary of Findings
2. Computation of Audited FQHC Medi-Cal PPS Reconciliation
3. Audit Adjustments Schedule

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

If you disagree with the decision of the Department, you may appeal by writing to:

John Melton, Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
MS 0017
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
P.O. Box 997413
Sacramento, CA 95899-7413

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 95814-5005
(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 - Richmond at (510) 620-3100.

Original Signed by

Louise Wong, Chief
Audits Section - Richmond
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
ALAMEDA COUNTY MEDICAL CENTER - FQHCs

Fiscal Period Ended:
JUNE 30, 2009

	SETTLEMENT	COST
1. EASTMONT WELLNESS CENTER (SCHEDULE 1-1) Provider NPI: 1104959089 Reported Amount Due Clinic (State) Net Change Audited Amount Due Clinic (State)	\$ 444,430 \$ (23,199) \$ 421,231	
2. NEWARK HEALTH CENTER (SCHEDULE 1-2) Provider NPI: 1922131804 Reported Amount Due Clinic (State) Net Change Audited Amount Due Clinic (State)	\$ 445,436 \$ (35,154) \$ 410,282	
3. WINTON WELLNESS CENTER (SCHEDULE 1-3) Provider NPI: 1033241633 Reported Amount Due Clinic (State) Net Change Audited Amount Due Clinic (State)	\$ 783,425 \$ (49,102) \$ 734,323	
4. Provider NPI: Reported Amount Due Clinic (State) Net Change Audited Amount Due Clinic (State)	\$ \$ \$	
5. Provider NPI: Reported Amount Due Clinic (State) Net Change Audited Amount Due Clinic (State)	\$ \$ \$	
6. Provider NPI: Reported Amount Due Clinic (State) Net Change Audited Amount Due Clinic (State)	\$ \$ \$	
7. Total Combined Audited Settlement Due Due Clinic (State) - (Lines 1 through 6)	\$ 1,565,836	

COMPUTATION OF FQHC MEDI-CAL PPS RECONCILIATION

PROVIDER NAME: EASTMONT WELLNESS CENTER	FISCAL PERIOD ENDED: JUNE 30, 2009
PROVIDER NUMBER: FHC11783G	NPI NUMBER: 1104959089

PAYMENT/RECOVERY DETERMINATION

	REPORTED		AUDITED	
	Visits	Visits	Visits	Visits
	Period 1	Period 2	Period 1	Period 2
1. Managed Care Medi-Cal (Adjs 1, 3)	1,904	6,887	1,911	6,975
2. Managed Care Crossover	27	77	27	77
3. CHDP History and Physicals	51	69	51	69
4. Medi-Cal Crossover (Adjs 1, 3)	309	843	322	848
5. Total Visits	2,291	7,876	2,311	7,969

	Payments		Payments	
	Period 1	Period 2	Period 1	Period 2
	6. Managed Care Plans	\$ 223,964	\$ 807,018	\$ 223,964
7. Managed Care Medicare (Adj 2)	112	1,339	462	1,450
8. Medi-Cal (Code 18) (Adj 2)	258,705	952,035	264,201	976,922
9. CHDP Program	2,678	5,455	2,678	5,455
10. Medicare Crossover (Non Managed Care) (Adj 2)	29,747	81,192	19,599	42,761
11. Medi-Cal Crossover (Non Managed Care) (Adj 2)	17,972	38,314	32,489	87,565
12. Total Payments	\$ 533,177	\$ 1,885,353	\$ 543,393	\$ 1,921,171

	Reconciliation		Reconciliation	
	Period 1	Period 2	Period 1	Period 2
	13. PPS Rate	\$ 277.72	\$ 282.72	\$ 277.72
14. Total Visits (From Line 5)	2,291	7,876	2,311	7,969
15. PPS Amount (Line 13 x Line 14)	\$ 636,257	\$ 2,226,703	\$ 641,811	\$ 2,252,996
16. Less: Total Payments (From Line 12)	\$ 533,177	\$ 1,885,353	\$ 543,393	\$ 1,921,171
17. Less: Medi-Cal Late Billed Penalty (Adj)	\$ -	\$ -	\$ -	\$ -
18. Less: Medi-Cal Overpayment (Adjs 4, 5)	\$ -	\$ -	\$ 1,944	\$ 7,068
19. Amount Due Clinic (State)	\$ 103,080	\$ 341,350	\$ 96,474	\$ 324,757
20. Total Amount Due Clinic (State)		\$ 444,430		\$ 421,231

COMPUTATION OF FQHC MEDI-CAL PPS RECONCILIATION

PROVIDER NAME: NEWARK HEALTH CENTER	FISCAL PERIOD ENDED: JUNE 30, 2009
PROVIDER NUMBER: FHC11799G	NPI NUMBER: 1922131804

PAYMENT/RECOVERY DETERMINATION

	REPORTED		AUDITED	
	Visits	Visits	Visits	Visits
	Period 1	Period 2	Period 1	Period 2
1. Managed Care Medi-Cal (Adjs 6, 8)	661	2,460	645	2,390
2. Managed Care Crossover	16	34	16	34
3. CHDP History and Physicals	9	20	9	20
4. Medi-Cal Crossover (Adj 6)	115	199	116	190
5. Total Visits	801	2,713	786	2,634

	Payments		Payments	
	Period 1	Period 2	Period 1	Period 2
	6. Managed Care Plans	\$ 42,029	\$ 156,859	\$ 42,029
7. Managed Care Medicare (Adj 7)	127	252	400	589
8. Medi-Cal (Code 18) (Adj 7)	43,669	166,244	44,945	169,252
9. CHDP Program	553	1,359	553	1,359
10. Medicare Crossover (Non Managed Care) (Adj 7)	18,535	31,045	5,677	8,487
11. Medi-Cal Crossover (Non Managed Care) (Adj 7)	5,603	7,421	19,415	32,316
12. Total Payments	\$ 110,515	\$ 363,179	\$ 113,019	\$ 368,862

	Reconciliation		Reconciliation	
	Period 1	Period 2	Period 1	Period 2
	13. PPS Rate	\$ 257.98	\$ 262.62	\$ 257.98
14. Total Visits (From Line 5)	801	2,713	786	2,634
15. PPS Amount (Line 13 x Line 14)	\$ 206,642	\$ 712,488	\$ 202,772	\$ 691,741
16. Less: Total Payments (From Line 12)	\$ 110,515	\$ 363,179	\$ 113,019	\$ 368,862
17. Less: Medi-Cal Late Billed Penalty	\$ -	\$ -	\$ -	\$ -
18. Less: Medi-Cal Overpayment (Adjs 9, 10, 11)	\$ -	\$ -	\$ 774	\$ 1,576
19. Amount Due Clinic (State)	\$ 96,127	\$ 349,309	\$ 88,979	\$ 321,303
20. Total Amount Due Clinic (State)		\$ 445,436		\$ 410,282

COMPUTATION OF FQHC MEDI-CAL PPS RECONCILIATION

PROVIDER NAME: WINTON WELLNESS CENTER	FISCAL PERIOD ENDED: JUNE 30, 2009
PROVIDER NUMBER: FHC11797G	NPI NUMBER: 1033241633

PAYMENT/RECOVERY DETERMINATION

	REPORTED		AUDITED	
	Visits	Visits	Visits	Visits
	Period 1	Period 2	Period 1	Period 2
1. Managed Care Medi-Cal (Adjs 12, 14, 18)	938	3,252	953	3,233
2. Managed Care Crossover	22	52	22	52
3. CHDP History and Physicals	11	22	11	22
4. Medi-Cal Crossover (Adjs 12, 18)	142	289	141	283
5. Total Visits	1,113	3,615	1,127	3,590

	Payments		Payments	
	Period 1	Period 2	Period 1	Period 2
	6. Managed Care Plans (Adj 13)	\$ 31,432	\$ 105,067	\$ 33,919
7. Managed Care Medicare (Adj 13)	29	382	522	1,695
8. Medi-Cal (Code 18) (Adj 13)	29,004	99,126	30,026	103,155
9. CHDP Program	791	1,693	791	1,693
10. Medicare Crossover (Non Managed Care) (Adj 13)	8,485	16,948	8,073	14,588
11. Medi-Cal Crossover (Non Managed Care) (Adj 13)	8,073	13,625	8,922	17,957
12. Total Payments	\$ 77,814	\$ 236,840	\$ 82,253	\$ 274,736

	Reconciliation		Reconciliation	
	Period 1	Period 2	Period 1	Period 2
	13. PPS Rate	\$ 229.10	\$ 233.22	\$ 229.10
14. Total Visits (From Line 5)	1,113	3,615	1,127	3,590
15. PPS Amount (Line 13 x Line 14)	\$ 254,988	\$ 843,090	\$ 258,196	\$ 837,260
16. Less: Total Payments (From Line 12)	\$ 77,814	\$ 236,840	\$ 82,253	\$ 274,736
17. Less: Medi-Cal Late Billed Penalty (Adj)	\$ -	\$ -	\$ -	\$ -
18. Less: Medi-Cal Overpayment (Adjs 15, 16, 17)	\$ -	\$ -	\$ 2,978	\$ 1,166
19. Amount Due Clinic (State)	\$ 177,174	\$ 606,250	\$ 172,965	\$ 561,358
20. Total Amount Due Clinic (State)		\$ 783,425		\$ 734,323

Provider Name			Fiscal Period				NPI Numbers		Adjustments	
ALAMEDA COUNTY MEDICAL CENTER - FQHC			JULY 1, 2008 THROUGH JUNE 30, 2009				1104959089, ET AL		18	
Report References										
Adj. No.	Audit Report	RECONCILIATION FORM					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - EASTMONT WELLNESS CENTER (NPI - 1104959089)										
<u>Visits Period 1 (July 1, 2008 through September 30, 2008)</u>										
1	1-1	Page 2 of 2			1	1	Managed Care Medi-Cal Visits	1,904	19	1,923 *
	1-1	Page 2 of 2			4	1	Medi-Cal Crossover Visits	309	14	323 *
<u>Visits Period 2 (October 1, 2008 through June 30, 2009)</u>										
	1-1	Page 2 of 2			1	2	Managed Care Medi-Cal Visits	6,887	98	6,985 *
	1-1	Page 2 of 2			4	2	Medi-Cal Crossover Visits	843	5	848
<p>To adjust FQHC visits to agree with the provider's records and the following Fiscal Intermediary Payment Data:</p> <p style="text-align: center;">August 18, 2011</p> <p>Report Date: July 1, 2008 through July 15, 2011</p> <p>Payment Period: July 1, 2008 through June 30, 2009</p> <p>Service Period: 413.24, 413.50, 413.53, 413.60, and 413.64</p> <p>CMS Pub. 15-1, Sections 2300, 2304, and 2408.3</p>										
<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u>										
2	1-1	Page 2 of 2			7	1	Managed Care Medicare Payments	\$112	\$350	\$462
	1-1	Page 2 of 2			8	1	Medi-Cal (Code 18) Payments	258,705	5,496	264,201
	1-1	Page 2 of 2			10	1	Medicare Crossover (Non Managed Care) Payments	29,747	(10,148)	19,599
	1-1	Page 2 of 2			11	1	Medi-Cal Crossover (Non Managed Care) Payments	17,972	14,517	32,489
<u>Payments Period 2 (October 1, 2008 through June30, 2009)</u>										
	1-1	Page 2 of 2			7	2	Managed Care Medicare Payments	\$1,339	\$111	\$1,450
	1-1	Page 2 of 2			8	2	Medi-Cal (Code 18) Payments	952,035	24,887	976,922
	1-1	Page 2 of 2			10	2	Medicare Crossover (Non Managed Care) Payments	81,192	(38,431)	42,761
	1-1	Page 2 of 2			11	2	Medi-Cal Crossover (Non Managed Care) Payments	38,314	49,251	87,565
- Continued on next page -										

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			NPI Numbers		Adjustments
ALAMEDA COUNTY MEDICAL CENTER - FQHC							JULY 1, 2008 THROUGH JUNE 30, 2009			1104959089, ET AL		18
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	RECONCILIATION FORM										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - EASTMONT WELLNESS CENTER (NPI - 1104959089)												
- Continued from previous page -												
2							To adjust FQHC visits to agree with the provider's records and the following Fiscal Intermediary Payment Data: August 18, 2011 Report Date: July 1, 2008 through July 15, 2011 Payment Period: July 1, 2008 through June 30, 2009 Service Period: 413.24, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2300, 2304, and 2408.3					
							<u>Visits Period 1 (July 1, 2008 through September 30, 2008)</u>					
3	1-1	Page 2 of 2			1	1	Managed Care Medi-Cal Visits	*	1,923	(12)	1,911	
	1-1	Page 2 of 2			4	1	Medi-Cal Crossover Visits	*	323	(1)	322	
							<u>Visits Period 2 (October 1, 2008 through June 30, 2009)</u>					
	1-1	Page 2 of 2			1	2	Managed Care Medi-Cal Visits	*	6,985	(10)	6,975	
							To disallow duplicate Medi-Cal FQHC visits. 42 CFR 405.2463, 405.2470 and 405.2448 CMS Pub. 15-1, Section 2304 Title 22, CCR Section 51458.1					
							<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u>					
4	1-1	Not reported					Medi-Cal Overpayments		\$0	\$1,666	\$1,666 *	
							<u>Payments Period 2 (October 1, 2008 through June 30, 2009)</u>					
	1-1	Not reported					Medi-Cal Overpayments		\$0	\$6,503	\$6,503 *	
							To recover Medi-Cal overpayments for non-billable services. 42 CFR 405.2463, 405.2648, 405.2470, and 405.2448 CMS Pub. 15-1, Section 2304 Title 22, CCR Section 51458.1					

Provider Name			Fiscal Period				NPI Numbers		Adjustments		
ALAMEDA COUNTY MEDICAL CENTER - FQHC			JULY 1, 2008 THROUGH JUNE 30, 2009				1104959089, ET AL		18		
Report References			RECONCILIATION FORM				Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report	Work Sheet									
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - EASTMONT WELLNESS CENTER (NPI - 1104959089)											
5	1-1	Not reported	<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u> Medi-Cal Overpayments				*	\$1,666	\$278	\$1,944	
	1-1	Not reported	<u>Payments Period 2 (October 1, 2008 through June 30, 2009)</u> Medi-Cal Overpayments				*	\$6,503	\$565	\$7,068	
			To recover Medi-Cal overpayments for a lack of supporting documentation 42 CFR 405.2463, 405.2468, 405.2470, and 405.2448 CMS Pub. 15-1, Sections 2300 and 2304 Title 22, CCR Section 51458.1								

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				NPI Number		Adjustments	
ALAMEDA COUNTY MEDICAL CENTER - FQHC			JULY 1, 2008 THROUGH JUNE 30, 2009				1104959089, ET AL		18	
Report References										
Adj. No.	Audit Report	RECONCILIATION FORM					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - NEWARK HEALTH CENTER (NPI - 1922131804)										
<u>Visits Period 1 (July 1, 2008 through September 30, 2008)</u>										
6	1-2	Page 2 of 2			1	1	Managed Care Medi-Cal Visits	661	(13)	648 *
	1-2	Page 2 of 2			4	1	Medi-Cal Crossover Visits	115	1	116
<u>Visits Period 2 (October 1, 2008 through June 30, 2009)</u>										
	1-2	Page 2 of 2			1	2	Managed Care Medi-Cal Visits	2,460	(63)	2,397 *
	1-2	Page 2 of 2			4	2	Medi-Cal Crossover Visits	199	(9)	190
<p>To adjust FQHC visits to agree with the provider's records and the following Fiscal Intermediary Payment Data:</p> <p style="text-align: center;">August 16, 2011</p> <p>Report Date: July 1, 2008 through July 15, 2011</p> <p>Payment Period: July 1, 2008 through June 30, 2009</p> <p>Service Period: 413.24, 413.50, 413.53, 413.60, and 413.64</p> <p>CMS Pub. 15-1, Sections 2300, 2304, and 2408.3</p>										
<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u>										
7	1-2	Page 2 of 2			7	1	Managed Care Medicare Payments	\$127	\$273	\$400
	1-2	Page 2 of 2			8	1	Medi-Cal (Code 18) Payments	43,669	1,276	44,945
	1-2	Page 2 of 2			10	1	Medicare Crossover (Non Managed Care) Payments	18,535	(12,858)	5,677
	1-2	Page 2 of 2			11	1	Medi-Cal Crossover (Non Managed Care) Payments	5,603	13,812	19,415
<u>Payments Period 2 (October 1, 2008 through June30, 2009)</u>										
	1-2	Page 2 of 2			7	2	Managed Care Medicare Payments	\$252	\$337	\$589
	1-2	Page 2 of 2			8	2	Medi-Cal (Code 18) Payments	166,244	3,008	169,252
	1-2	Page 2 of 2			10	2	Medicare Crossover (Non Managed Care) Payments	31,045	(22,558)	8,487
	1-2	Page 2 of 2			11	2	Medi-Cal Crossover (Non Managed Care) Payments	7,421	24,895	32,316
- Continued on next page -										

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			NPI Number		Adjustments
ALAMEDA COUNTY MEDICAL CENTER - FQHC							JULY 1, 2008 THROUGH JUNE 30, 2009			1104959089, ET AL		18
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	RECONCILIATION FORM										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - NEWARK HEALTH CENTER (NPI - 1922131804)												
- Continued from previous page -												
7							To adjust FQHC visits to agree with the provider's records and the following Fiscal Intermediary Payment Data: August 16 2011 Report Date: July 1, 2008 through July 15, 2011 Payment Period: July 1, 2008 through June 30, 2009 Reporting Period: 413.24, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2300, 2304, and 2408.3					
8	1-2	Page 2 of 2			1	1	<u>Visits Period 1 (July 1, 2008 through September 30, 2008)</u> Managed Care Medi-Cal Visits	*	648	(3)	645	
	1-2	Page 2 of 2			1	2	<u>Visits Period 2 (October 1, 2008 through June 30, 2009)</u> Managed Care Medi-Cal Visits To disallow duplicate Medi-Cal FQHC visits. 42 CFR 405.2463, 405.2470 and 405.2448 CMS Pub. 15-1, Section 2304 Title 22, CCR Section 51458.1	*	2,397	(7)	2,390 *	
9	1-2	Not reported					<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u> Medi-Cal Overpayments		\$0	\$258	\$258 *	
	1-2	Not reported					<u>Payments Period 2 (October 1, 2008 through June 30, 2009)</u> Medi-Cal Overpayments To recover duplicate Medi-Cal FQHC payments. 42 CFR 405.2463, 405.2468, 405.2470, and 405.2448 CMS Pub. 15-1, Section 2304 Title 22, CCR Section 51458.1		\$0	\$263	\$263 *	

Provider Name							Fiscal Period	NPI Number		Adjustments	
ALAMEDA COUNTY MEDICAL CENTER - FQHC							JULY 1, 2008 THROUGH JUNE 30, 2009	1104959089, ET AL		18	
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
RECONCILIATION FORM											
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.					
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - NEWARK HEALTH CENTER (NPI - 1922131804)											
10	1-2	Not reported					<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u> Medi-Cal Overpayments	*	\$258	\$258	\$516 *
	1-2	Not reported					<u>Payments Period 2 (October 1, 2008 through June 30, 2009)</u> Medi-Cal Overpayments	*	\$263	\$788	\$1,051 *
							To recover Medi-Cal overpayments for non-billable services. 42 CFR 405.2463, 405.2468, 405.2470, and 405.2448 CMS Pub. 15-1, Section 2304 Title 22, CCR Section 51458.1				
11	1-2	Not reported					<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u> Medi-Cal Overpayments	*	\$516	\$258	\$774
	1-2	Not reported					<u>Payments Period 2 (October 1, 2008 through June 30, 2009)</u> Medi-Cal Overpayments	*	\$1,051	\$525	\$1,576
							To recover Medi-Cal overpayments for a lack of supporting documentation. 42 CFR 405.2463, 405.2468, 405.2470, 405.2448, and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 Title 22, CCR Section 51458.1				

*Balance carried forward from prior/to subsequent adjustments

Provider Name			Fiscal Period				NPI Number		Adjustments	
ALAMEDA COUNTY MEDICAL CENTER - FQHC			JULY 1, 2008 THROUGH JUNE 30, 2009				1104959089, ET AL		18	
Report References										
Adj. No.	Audit Report	RECONCILIATION FORM					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Work Sheet	Part	Title	Line	Col.				
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - WINTON WELLNESS CENTER (NPI - 1033241633)										
<u>Visits Period 1 (July 1, 2008 through September 30, 2008)</u>										
12	1-3	Page 2 of 2			1	1	Managed Care Medi-Cal Visits	938	25	963 *
	1-3	Page 2 of 2			4	1	Medi-Cal Crossover Visits	142	1	143 *
<u>Visits Period 2 (October 1, 2008 through June 30, 2009)</u>										
	1-3	Page 2 of 2			1	2	Managed Care Medi-Cal Visits	3,252	(2)	3,250 *
	1-3	Page 2 of 2			4	2	Medi-Cal Crossover Visits	289	(6)	283
<p>To adjust FQHC visits to agree with the provider's records and the following Fiscal Intermediary Payment Data:</p> <p style="text-align: center;">August 18, 2011</p> <p>Report Date: July 1, 2008 through July 15, 2011</p> <p>Payment Period: July 1, 2008 through June 30, 2009</p> <p>Service Period: 413.24, 413.50, 413.53, 413.60, and 413.64</p> <p>CMS Pub. 15-1, Sections 2300, 2304, and 2408.3</p>										
<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u>										
13	1-3	Page 2 of 2			6	1	Managed Care Plan Payments	\$31,432	\$2,487	\$33,919
	1-3	Page 2 of 2			7	1	Managed Care Medicare Payments	29	493	522
	1-3	Page 2 of 2			8	1	Medi-Cal (Code 18) Payments	29,004	1,022	30,026
	1-3	Page 2 of 2			10	1	Medicare Crossover (Non Managed Care) Payments	8,485	(412)	8,073
	1-3	Page 2 of 2			11	1	Medi-Cal Crossover (Non Managed Care) Payments	8,073	849	8,922
<u>Payments Period 2 (October 1, 2008 through June30, 2009)</u>										
	1-3	Page 2 of 2			6	2	Managed Care Plan Payments	\$105,067	\$30,581	\$135,648
	1-3	Page 2 of 2			7	2	Managed Care Medicare Payments	382	1,313	1,695
	1-3	Page 2 of 2			8	2	Medi-Cal (Code 18) Payments	99,126	4,029	103,155
	1-3	Page 2 of 2			10	2	Medicare Crossover (Non Managed Care) Payments	16,948	(2,360)	14,588
	1-3	Page 2 of 2			11	2	Medi-Cal Crossover (Non Managed Care) Payments	13,625	4,332	17,957
- Continued on next page -										

*Balance carried forward from prior/to subsequent adjustments

Provider Name							Fiscal Period			NPI Number		Adjustments
ALAMEDA COUNTY MEDICAL CENTER - FQHC							JULY 1, 2008 THROUGH JUNE 30, 2009			1104959089, ET AL		18
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	RECONCILIATION FORM										
		Work Sheet	Part	Title	Line	Col.						
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - WINTON WELLNESS CENTER (NPI - 1033241633)												
- Continued from previous page -												
13							To adjust FQHC visits to agree with the provider's records and the following Fiscal Intermediary Payment Data: August 18, 2011 Report Date: July 1, 2008 through July 15, 2011 Payment Period: July 1, 2008 through June 30, 2009 Service Period: 413.24, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2300, 2304, and 2408.3					
14	1-3	Page 2 of 2			1	1	<u>Visits Period 1 (July 1, 2008 through September 30, 2008)</u> Managed Care Medi-Cal Visits	*	963	(5)	958 *	
	1-3	Page 2 of 2			1	2	<u>Visits Period 2 (October 1, 2008 through June 30, 2009)</u> Managed Care Medi-Cal Visits	*	3,250	(12)	3,238 *	
							To disallow duplicate Medi-Cal FQHC visits. 42 CFR 405.2463, 405.2470, and 405.2448 CMS Pub. 15-1, Section 2304 Title 22, CCR Section 51458.1					
15	1-3	Not reported					<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u> Medi-Cal Overpayments		\$0	\$687	\$687 *	
							To recover duplicate Medi-Cal FQHC payments. 42 CFR 405.2463, 405.2468, 405.2470, and 405.2448 CMS Pub. 15-1, Section 2304 Title 22, CCR Section 51458.1					
16	1-3	Not reported					<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u> Medi-Cal Overpayments	*	\$687	\$1,604	\$2,291 *	
- Continued on next page -												

Provider Name			Fiscal Period				NPI Number		Adjustments		
ALAMEDA COUNTY MEDICAL CENTER - FQHC			JULY 1, 2008 THROUGH JUNE 30, 2009				1104959089, ET AL		18		
Report References			RECONCILIATION FORM				As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.				Explanation of Audit Adjustments	
ADJUSTMENTS TO REPORTED FQHC PPS RECONCILIATION - WINTON WELLNESS CENTER (NPI - 1033241633)											
- Continued from previous page -											
16	1-3	Not reported					<u>Payments Period 2 (October 1, 2008 through June 30, 2009)</u>				
							Medi-Cal Overpayments				
								\$0	\$233	\$233 *	
To recover Medi-Cal overpayments for non-billable services. 42 CFR 405.2463, 405.2468, 405.2470 and 405.2448 CMS Pub. 15-1, Section 2304 Title 22, CCR Section 51458.1											
17	1-3	Not reported					<u>Payments Period 1 (July 1, 2008 through September 30, 2008)</u>				
							Medi-Cal Overpayments				
							*	\$2,291	\$687	\$2,978	
	1-3	Not reported					<u>Payments Period 2 (October 1, 2008 through June 30, 2009)</u>				
							Medi-Cal Overpayments				
							*	\$0	\$933	\$933	
To recover Medi-Cal overpayments for a lack of supporting documentation. 42 CFR 405.2463, 405.2468, 405.2470, 405.2448, and 413.24 CMS Pub. 15-1, Sections 2300 and 2304 Title 22, CCR Section 51458.1											
18	1-3	Page 2 of 2			1	1	<u>Visits Period 1 (July 1, 2008 through September 30, 2008)</u>				
	1-3	Page 2 of 2			4	1	Managed Care Medi-Cal Visits				
							*	958	(5)	953	
							*	143	(2)	141	
	1-3	Page 2 of 2			1	2	<u>Visits Period 2 (October 1, 2008 through June 30, 2009)</u>				
							Managed Care Medi-Cal Visits				
							*	3,238	(5)	3,233	
To adjust Medi-Cal FQHC visits due to a lack of supporting documentation. 42 CFR 405.2463, 405.2470, 405.2448, 413.20, and 413.24 CMS Pub. 15-1, Sections 2300 and 2304											