

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

**CONTRA COSTA REGIONAL MEDICAL CENTER'S  
FEDERALLY QUALIFIED HEALTH CENTERS  
MARTINEZ, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIERS: 1679642904, 1962587071,  
1437237690, 1346328507, 1467522284, 1942370762, 1285712471,  
1447338694, 1538247788, AND 1568540763**

**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: Matthew Moy  
Auditor: Gurdip Sohal**



TOBY DOUGLAS  
Director

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



EDMUND G. BROWN JR.  
Governor

September 10, 2012

Patrick Godley  
Chief Financial Officer  
Contra Costa Regional Medical Center  
50 Douglas Drive, Suite 310  
Martinez, CA 94553

PROVIDER: CONTRA COSTA REGIONAL MEDICAL CENTER – HOSPITAL BASED  
FEDERALLY QUALIFIED HEALTH CENTERS:

<u>CLINIC NAMES</u>	<u>NATIONAL PROVIDER IDENTIFIERS (NPIs)</u>
BASIC EMERGENCY ROOM	1679642904
RICHMOND HEALTH CENTER	1962587071
BRENTWOOD HEALTH CENTER	1437237690
CONCORD HEALTH CENTER	1346328507
MARTINEZ HEALTH CENTER	1467522284
MARTINEZ SPECIALTY CLINIC	1942370762
ANTIOCH HEALTH CENTER	1285712471
NORTH RICHMOND CENTER FOR HEALTH	1447338694
BAY POINT FAMILY HEALTH CENTER	1538247788
PITTSBURG HEALTH CENTER	1568540763

FISCAL PERIOD ENDED JUNE 30, 2009

We have examined the provider's Federally Qualified Health Center (FQHC) Medi-Cal Prospective Payment System (PPS) 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 Provider in the amount of \$1,277,760 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 PPS Reconciliation (Schedules 1-1 through 1-10)
3. Audit Adjustment 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.

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:

John Melton, Chief  
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  
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.

Patrick Godley  
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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:**  
**CONTRA COSTA REGIONAL MEDICAL CENTER - FQHCs**

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

	SETTLEMENT	COST
<b>1. BASIC EMERGENCY ROOM (SCHEDULE 1-1)</b> <b>Provider NPI: 1679642904</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 115,792  \$ (3,696)  \$ 112,096	
<b>2. RICHMOND HEALTH CENTER (SCHEDULE 1-2)</b> <b>Provider NPI: 1962587071</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 158,220  \$ (10,481)  \$ 147,739	
<b>3. BRENTWOOD HEALTH CENTER (SCHEDULE 1-3)</b> <b>Provider NPI: 1437237690</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 95,059  \$ (2,122)  \$ 92,937	
<b>4. CONCORD HEALTH CENTER (SCHEDULE 1-4)</b> <b>Provider NPI: 1346328507</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 137,161  \$ (2,445)  \$ 134,716	
<b>5. MARTINEZ HEALTH CENTER (SCHEDULE 1-5)</b> <b>Provider NPI: 1467522284</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 211,185  \$ (7,686)  \$ 203,499	
<b>6. MARTINEZ SPECIALTY CLINIC (SCHEDULE 1-6)</b> <b>Provider NPI: 1942370762</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 84,697  \$ (6,956)  \$ 77,741	
<b>7. ANTIOCH HEALTH CENTER (SCHEDULE 1-7)</b> <b>Provider NPI: 1285712471</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 102,102  \$ (3,494)  \$ 98,608	

**SUMMARY OF FINDINGS**

**Provider Name:**  
**CONTRA COSTA REGIONAL MEDICAL CENTER - FQHCs**

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

	SETTLEMENT	COST
<b>8. NORTH RICHMOND CENTER FOR HEALTH (SCHEDULE 1-8)</b> <b>Provider NPI: 1447338694</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 20,258  \$ (97)  \$ 20,161	
<b>9. BAY POINT FAMILY HEALTH CENTER (SCHEDULE 1-9)</b> <b>Provider NPI: 1538247788</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 22,203  \$ (139)  \$ 22,064	
<b>10. PITTSBURG HEALTH CENTER (SCHEDULE 1-10)</b> <b>Provider NPI: 1568540763</b> Reported Amount Due Clinic (State)  Net Change  Audited Amount Due Clinic (State)	\$ 384,997  \$ (16,798)  \$ 368,199	
<b>11. Total Combined Audited Settlement                      Due Clinic (State) - (Lines 1 through 10)</b>	\$ 1,277,760	

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: BASIC EMERGENCY ROOM	PROVIDER NPI: 1679642904
	FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1		Visits - Period 2		Visits - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
1. Managed Care Medi-Cal (Adj 1)	1,490	1,496	6,040	6,060	7,530	7,556
2. Managed Care Crossover		-		-	-	-
3. CHDP History Physicals		-		-	-	-
4. Medi-Cal Crossover (Adj 1)	521	521	1,618	1,580	2,139	2,101
5. <b>Total Visits</b>	<b>2,011</b>	<b>2,017</b>	<b>7,658</b>	<b>7,640</b>	<b>9,669</b>	<b>9,657</b>

	Payment - Period 1		Payment - Period 2		Payment - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
6. Managed Care Plans	\$ 136,360	\$ 136,360	\$ 552,369	\$ 552,369	\$ 688,729	\$ 688,729
7. Managed Care Medicare		\$ -		\$ -	\$ -	\$ -
8. Medi-Cal (Code 18) (Adj 2)	\$ 385,746	\$ 387,299	\$ 1,591,762	\$ 1,597,113	\$ 1,977,508	\$ 1,984,412
9. CHDP Program		\$ -		\$ -	\$ -	\$ -
10. Medicare Crossover (Non Managed Care) (Adj 2)	\$ 108,524	\$ 108,196	\$ 337,029	\$ 328,119	\$ 445,554	\$ 436,315
11. Medi-Cal Crossover (Non Managed Care) (Adj 2)	\$ 88,139	\$ 88,351	\$ 278,841	\$ 272,755	\$ 366,980	\$ 361,107
12. <b>Total Payments</b>	<b>\$ 718,770</b>	<b>\$ 720,207</b>	<b>\$ 2,760,001</b>	<b>\$ 2,750,356</b>	<b>\$ 3,478,771</b>	<b>\$ 3,470,563</b>

	Reconciliation - Period 1		Reconciliation - Period 2		Reconciliation - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16	\$ 372.75	\$ 372.75		
14. Total Visits (From Line 5)	2,011	2,017	7,658	7,640	9,669	9,657
15. PPS Amount (Line 13 x Line 14)	\$ 736,348	\$ 738,545	\$ 2,854,520	\$ 2,847,810	\$ 3,590,867	\$ 3,586,355
16. Less: Total Payments (From Line 12)	\$ 718,770	\$ 720,207	\$ 2,760,001	\$ 2,750,356	\$ 3,478,771	\$ 3,470,563
17. Less: Overpayments					\$ -	
18. <b>Settlement Due Clinic (State)</b>	<b>\$ 17,578</b>	<b>\$ 18,338</b>	<b>\$ 94,518</b>	<b>\$ 97,454</b>	<b>\$ 112,096</b>	<b>\$ 115,792</b>

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: RICHMOND HEALTH CENTER	PROVIDER NPI: 1962587071
	FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1		Visits - Period 2		Visits - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
1. Managed Care Medi-Cal (Adj 3)	3,317	3,335	9,721	9,761	13,038	13,096
2. Managed Care Crossover		-		-	-	-
3. CHDP History Physicals		-		-	-	-
4. Medi-Cal Crossover (Adj 3)	2,306	2,306	6,201	6,113	8,507	8,419
5. <b>Total Visits</b>	<b>5,623</b>	<b>5,641</b>	<b>15,922</b>	<b>15,874</b>	<b>21,545</b>	<b>21,515</b>

	Payment - Period 1		Payment - Period 2		Payment - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
6. Managed Care Plans	\$ 303,985	\$ 303,985	\$ 889,715	\$ 889,715	\$ 1,193,700	\$ 1,193,700
7. Managed Care Medicare		\$ -		\$ -	\$ -	\$ -
8. Medi-Cal (Code 18) (Adj 4)	\$ 858,738	\$ 863,398	\$ 2,561,767	\$ 2,572,512	\$ 3,420,505	\$ 3,435,910
9. CHDP Program		\$ -		\$ -	\$ -	\$ -
10. Medicare Crossover (Non Managed Care) (Adj 4)	\$ 480,340	\$ 478,887	\$ 1,291,668	\$ 1,269,487	\$ 1,772,008	\$ 1,748,374
11. Medi-Cal Crossover (Non Managed Care) (Adj 4)	\$ 390,840	\$ 391,051	\$ 1,069,051	\$ 1,055,287	\$ 1,459,891	\$ 1,446,339
12. <b>Total Payments</b>	<b>\$ 2,033,903</b>	<b>\$ 2,037,322</b>	<b>\$ 5,812,201</b>	<b>\$ 5,787,001</b>	<b>\$ 7,846,105</b>	<b>\$ 7,824,323</b>

	Reconciliation - Period 1		Reconciliation - Period 2		Reconciliation - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16	\$ 372.75	\$ 372.75		
14. Total Visits (From Line 5)	5,623	5,641	15,922	15,874	21,545	21,515
15. PPS Amount (Line 13 x Line 14)	\$ 2,058,918	\$ 2,065,509	\$ 5,934,926	\$ 5,917,034	\$ 7,993,843	\$ 7,982,542
16. Less: Total Payments (From Line 12)	\$ 2,033,903	\$ 2,037,322	\$ 5,812,201	\$ 5,787,001	\$ 7,846,105	\$ 7,824,323
17. Less: Overpayments					\$ -	
18. <b>Settlement Due Clinic (State)</b>	<b>\$ 25,015</b>	<b>\$ 28,187</b>	<b>\$ 122,724</b>	<b>\$ 130,033</b>	<b>\$ 147,739</b>	<b>\$ 158,220</b>

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: BRENTWOOD HEALTH CENTER	PROVIDER NPI: 1437237690
FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009	

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1		Visits - Period 2		Visits - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
1. Managed Care Medi-Cal (Adj 5)	1,317	1,322	4,502	4,512	5,819	5,834
2. Managed Care Crossover		-		-	-	-
3. CHDP History Physicals		-		-	-	-
4. Medi-Cal Crossover (Adj 5)	209	209	719	712	928	921
5. <b>Total Visits</b>	<b>1,526</b>	<b>1,531</b>	<b>5,221</b>	<b>5,224</b>	<b>6,747</b>	<b>6,755</b>

	Payment - Period 1		Payment - Period 2		Payment - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
6. Managed Care Plans	\$ 120,500	\$ 120,500	\$ 411,269	\$ 411,269	\$ 531,769	\$ 531,769
7. Managed Care Medicare		\$ -		\$ -	\$ -	\$ -
8. Medi-Cal (Code 18) (Adj 6)	\$ 340,893	\$ 342,253	\$ 1,186,593	\$ 1,189,138	\$ 1,527,486	\$ 1,531,390
9. CHDP Program		\$ -		\$ -	\$ -	\$ -
10. Medicare Crossover (Non Managed Care) (Adj 6)	\$ 43,535	\$ 43,403	\$ 149,768	\$ 147,861	\$ 193,302	\$ 191,264
11. Medi-Cal Crossover (Non Managed Care) (Adj 6)	\$ 35,315	\$ 35,442	\$ 124,078	\$ 122,913	\$ 159,393	\$ 158,355
12. <b>Total Payments</b>	<b>\$ 540,243</b>	<b>\$ 541,598</b>	<b>\$ 1,871,708</b>	<b>\$ 1,871,180</b>	<b>\$ 2,411,951</b>	<b>\$ 2,412,778</b>

	Reconciliation - Period 1		Reconciliation - Period 2		Reconciliation - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16	\$ 372.75	\$ 372.75		
14. Total Visits (From Line 5)	1,526	1,531	5,221	5,224	6,747	6,755
15. PPS Amount (Line 13 x Line 14)	\$ 558,760	\$ 560,591	\$ 1,946,128	\$ 1,947,246	\$ 2,504,888	\$ 2,507,837
16. Less: Total Payments (From Line 12)	\$ 540,243	\$ 541,598	\$ 1,871,708	\$ 1,871,180	\$ 2,411,951	\$ 2,412,778
17. Less: Overpayments					\$ -	
18. <b>Settlement Due Clinic (State)</b>	<b>\$ 18,517</b>	<b>\$ 18,993</b>	<b>\$ 74,420</b>	<b>\$ 76,066</b>	<b>\$ 92,937</b>	<b>\$ 95,059</b>

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: CONCORD HEALTH CENTER	PROVIDER NPI: 1346328507
	FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1	
	Audited	Reported
1. Managed Care Medi-Cal (Adj 7)	2,009	2,010
2. Managed Care Crossover		-
3. CHDP History Physicals		-
4. Medi-Cal Crossover (Adj 7)	680	680
5. <b>Total Visits</b>	<b>2,689</b>	<b>2,690</b>

	Visits - Period 2	
	Audited	Reported
	7,049	7,062
		-
		-
	2,025	2,009
	<b>9,074</b>	<b>9,071</b>

	Visits - Total	
	Audited	Reported
	9,058	9,072
	-	-
	-	-
	2,705	2,689
	<b>11,763</b>	<b>11,761</b>

	Payment - Period 1	
	Audited	Reported
6. Managed Care Plans	\$ 183,212	\$ 183,212
7. Managed Care Medicare		\$ -
8. Medi-Cal (Code 18) (Adj 8)	\$ 520,110	\$ 520,369
9. CHDP Program		\$ -
10. Medicare Crossover (Non Managed Care) (Adj 8)	\$ 141,644	\$ 141,216
11. Medi-Cal Crossover (Non Managed Care) (Adj 8)	\$ 115,060	\$ 115,314
12. <b>Total Payments</b>	<b>\$ 960,026</b>	<b>\$ 960,110</b>

	Payment - Period 2	
	Audited	Reported
	\$ 643,701	\$ 643,701
		\$ -
	\$ 1,857,759	\$ 1,861,190
		\$ -
	\$ 421,808	\$ 417,209
	\$ 348,928	\$ 346,814
	<b>\$ 3,272,196</b>	<b>\$ 3,268,914</b>

	Payment - Total	
	Audited	Reported
	\$ 826,913	\$ 826,913
	\$ -	\$ -
	\$ 2,377,869	\$ 2,381,559
	\$ -	\$ -
	\$ 563,452	\$ 558,425
	\$ 463,988	\$ 462,128
	<b>\$ 4,232,221</b>	<b>\$ 4,229,025</b>

	Reconciliation - Period 1	
	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16
14. Total Visits (From Line 5)	2,689	2,690
15. PPS Amount (Line 13 x Line 14)	\$ 984,604	\$ 984,970
16. Less: Total Payments (From Line 12)	\$ 960,026	\$ 960,110
17. Less: Overpayments		
18. <b>Settlement Due Clinic (State)</b>	<b>\$ 24,579</b>	<b>\$ 24,860</b>

	Reconciliation - Period 2	
	Audited	Reported
	\$ 372.75	\$ 372.75
	9,074	9,071
	\$ 3,382,334	\$ 3,381,215
	\$ 3,272,196	\$ 3,268,914
	\$ -	
	<b>\$ 110,138</b>	<b>\$ 112,301</b>

	Reconciliation - Total	
	Audited	Reported
	11,763	11,761
	\$ 4,366,938	\$ 4,366,186
	\$ 4,232,221	\$ 4,229,025
	\$ -	
	<b>\$ 134,716</b>	<b>\$ 137,161</b>

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: MARTINEZ HEALTH CENTER	PROVIDER NPI: 1467522284
	FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1		Visits - Period 2		Visits - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
1. Managed Care Medi-Cal (Adj 9)	3,116	3,131	10,676	10,710	13,792	13,841
2. Managed Care Crossover		-		-	-	-
3. CHDP History Physicals		-		-	-	-
4. Medi-Cal Crossover (Adj 9)	928	928	3,002	2,955	3,930	3,883
5. <b>Total Visits</b>	<b>4,044</b>	<b>4,059</b>	<b>13,678</b>	<b>13,665</b>	<b>17,722</b>	<b>17,724</b>

	Payment - Period 1		Payment - Period 2		Payment - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
6. Managed Care Plans	\$ 285,391	\$ 285,391	\$ 976,217	\$ 976,217	\$ 1,261,607	\$ 1,261,607
7. Managed Care Medicare		\$ -		\$ -	\$ -	\$ -
8. Medi-Cal (Code 18) (Adj 10)	\$ 806,701	\$ 810,585	\$ 2,813,651	\$ 2,822,621	\$ 3,620,352	\$ 3,633,205
9. CHDP Program		\$ -		\$ -	\$ -	\$ -
10. Medicare Crossover (Non Managed Care) (Adj 10)	\$ 193,302	\$ 192,718	\$ 625,317	\$ 613,665	\$ 818,619	\$ 806,383
11. Medi-Cal Crossover (Non Managed Care) (Adj 10)	\$ 157,116	\$ 157,370	\$ 517,674	\$ 510,122	\$ 674,790	\$ 667,492
12. <b>Total Payments</b>	<b>\$ 1,442,510</b>	<b>\$ 1,446,063</b>	<b>\$ 4,932,858</b>	<b>\$ 4,922,624</b>	<b>\$ 6,375,368</b>	<b>\$ 6,368,687</b>

	Reconciliation - Period 1		Reconciliation - Period 2		Reconciliation - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16	\$ 372.75	\$ 372.75		
14. Total Visits (From Line 5)	4,044	4,059	13,678	13,665	17,722	17,724
15. PPS Amount (Line 13 x Line 14)	\$ 1,480,751	\$ 1,486,243	\$ 5,098,475	\$ 5,093,629	\$ 6,579,226	\$ 6,579,872
16. Less: Total Payments (From Line 12)	\$ 1,442,510	\$ 1,446,063	\$ 4,932,858	\$ 4,922,624	\$ 6,375,368	\$ 6,368,687
17. Less: Overpayments			\$ 358.63		\$ 359	
18. <b>Settlement Due Clinic (State)</b>	<b>\$ 38,241</b>	<b>\$ 40,180</b>	<b>\$ 165,258</b>	<b>\$ 171,005</b>	<b>\$ 203,499</b>	<b>\$ 211,185</b>

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: MARTINEZ SPECIALTY CLINIC	PROVIDER NPI: 1942370762
	FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1	
	Audited	Reported
1. Managed Care Medi-Cal (Adj 11)	1,802	1,816
2. Managed Care Crossover		-
3. CHDP History Physicals		-
4. Medi-Cal Crossover (Adj 11)	1,415	1,415
5. <b>Total Visits</b>	<b>3,217</b>	<b>3,231</b>

	Visits - Period 2	
	Audited	Reported
	5,721	5,754
		-
		-
	4,417	4,337
	<b>10,138</b>	<b>10,091</b>

	Visits - Total	
	Audited	Reported
	7,523	7,570
	-	-
	-	-
	5,832	5,752
	<b>13,355</b>	<b>13,322</b>

	Payment - Period 1	
	Audited	Reported
6. Managed Care Plans	\$ 165,528	\$ 165,528
7. Managed Care Medicare		\$ -
8. Medi-Cal (Code 18) (Adj 12)	\$ 466,469	\$ 470,144
9. CHDP Program		\$ -
10. Medicare Crossover (Non Managed Care) (Adj 12)	\$ 294,745	\$ 293,853
11. Medi-Cal Crossover (Non Managed Care) (Adj 12)	\$ 239,405	\$ 239,956
12. <b>Total Payments</b>	<b>\$ 1,166,147</b>	<b>\$ 1,169,481</b>

	Payment - Period 2	
	Audited	Reported
	\$ 524,477	\$ 524,477
		\$ -
	\$ 1,507,756	\$ 1,516,467
		\$ -
	\$ 920,061	\$ 900,665
	\$ 760,694	\$ 748,696
	<b>\$ 3,712,988</b>	<b>\$ 3,690,305</b>

	Payment - Total	
	Audited	Reported
	\$ 690,006	\$ 690,006
	\$ -	\$ -
	\$ 1,974,225	\$ 1,986,611
	\$ -	\$ -
	\$ 1,214,806	\$ 1,194,518
	\$ 1,000,099	\$ 988,652
	<b>\$ 4,879,135</b>	<b>\$ 4,859,786</b>

	Reconciliation - Period 1	
	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16
14. Total Visits (From Line 5)	3,217	3,231
15. PPS Amount (Line 13 x Line 14)	\$ 1,177,937	\$ 1,183,063
16. Less: Total Payments (From Line 12)	\$ 1,166,147	\$ 1,169,481
17. Less: Overpayments		
18. <b>Settlement Due Clinic (State)</b>	<b>\$ 11,790</b>	<b>\$ 13,582</b>

	Reconciliation - Period 2	
	Audited	Reported
	\$ 372.75	\$ 372.75
	10,138	10,091
	\$ 3,778,940	\$ 3,761,420
	\$ 3,712,988	\$ 3,690,305
	\$ 65,951	\$ 71,115

	Reconciliation - Total	
	Audited	Reported
	13,355	13,322
	\$ 4,956,876	\$ 4,944,483
	\$ 4,879,135	\$ 4,859,786
	\$ -	
	\$ 77,741	\$ 84,697

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: ANTIOCH HEALTH CENTER	PROVIDER NPI: 1285712471
FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009	

PAYMENT/RECOVERY DETERMINATION	Visits - Period 1		Visits - Period 2		Visits - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
1. Managed Care Medi-Cal (Adj 13)	1,435	1,445	4,906	4,924	6,341	6,369
2. Managed Care Crossover		-		-	-	-
3. CHDP History Physicals		-		-	-	-
4. Medi-Cal Crossover (Adj 13)	300	300	921	893	1,221	1,193
5. <b>Total Visits</b>	1,735	1,745	5,827	5,817	7,562	7,562

  

	Payment - Period 1		Payment - Period 2		Payment - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
6. Managed Care Plans	\$ 131,712	\$ 131,712	\$ 448,823	\$ 448,823	\$ 580,534	\$ 580,534
7. Managed Care Medicare		\$ -		\$ -	\$ -	\$ -
8. Medi-Cal (Code 18) (Adj 14)	\$ 371,507	\$ 374,096	\$ 1,292,581	\$ 1,297,720	\$ 1,664,088	\$ 1,671,816
9. CHDP Program		\$ -		\$ -	\$ -	\$ -
10. Medicare Crossover (Non Managed Care) (Adj 14)	\$ 62,490	\$ 62,301	\$ 191,844	\$ 185,449	\$ 254,334	\$ 247,750
11. Medi-Cal Crossover (Non Managed Care) (Adj 14)	\$ 50,874	\$ 50,874	\$ 158,863	\$ 154,159	\$ 209,737	\$ 205,033
12. <b>Total Payments</b>	\$ 616,583	\$ 618,983	\$ 2,092,111	\$ 2,086,151	\$ 2,708,694	\$ 2,705,134

  

	Reconciliation - Period 1		Reconciliation - Period 2		Reconciliation - Total	
	Audited	Reported	Audited	Reported	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16	\$ 372.75	\$ 372.75		
14. Total Visits (From Line 5)	1,735	1,745	5,827	5,817	7,562	7,562
15. PPS Amount (Line 13 x Line 14)	\$ 635,288	\$ 638,949	\$ 2,172,014	\$ 2,168,287	\$ 2,807,302	\$ 2,807,236
16. Less: Total Payments (From Line 12)	\$ 616,583	\$ 618,983	\$ 2,092,111	\$ 2,086,151	\$ 2,708,694	\$ 2,705,134
17. Less: Overpayments					\$ -	
18. <b>Settlement Due Clinic (State)</b>	\$ 18,705	\$ 19,966	\$ 79,903	\$ 82,136	\$ 98,608	\$ 102,102

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: NORTH RICHMOND CENTER FOR HEALTH	PROVIDER NPI: 1447338694
	FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1	
	Audited	Reported
1. Managed Care Medi-Cal	362	362
2. Managed Care Crossover		-
3. CHDP History Physicals		-
4. Medi-Cal Crossover (Adj 15)	186	186
5. <b>Total Visits</b>	548	548

	Visits - Period 2	
	Audited	Reported
	1,112	1,112
		-
		-
	483	475
	1,595	1,587

	Visits - Total	
	Audited	Reported
	1,474	1,474
	-	-
	-	-
	669	661
	2,143	2,135

	Payment - Period 1	
	Audited	Reported
6. Managed Care Plans	\$ 32,996	\$ 32,996
7. Managed Care Medicare		\$ -
8. Medi-Cal (Code 18)	\$ 93,718	\$ 93,718
9. CHDP Program		\$ -
10. Medicare Crossover (Non Managed Care) (Adj 16)	\$ 38,744	\$ 38,627
11. Medi-Cal Crossover (Non Managed Care) (Adj 16)	\$ 31,372	\$ 31,542
12. <b>Total Payments</b>	\$ 196,830	\$ 196,883

	Payment - Period 2	
	Audited	Reported
	\$ 101,359	\$ 101,359
		\$ -
	\$ 293,068	\$ 293,068
		\$ -
	\$ 100,609	\$ 98,643
	\$ 83,165	\$ 81,999
	\$ 578,201	\$ 575,069

	Payment - Total	
	Audited	Reported
	\$ 134,355	\$ 134,355
	\$ -	\$ -
	\$ 386,786	\$ 386,786
	\$ -	\$ -
	\$ 139,353	\$ 137,270
	\$ 114,537	\$ 113,541
	\$ 775,031	\$ 771,952

	Reconciliation - Period 1	
	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16
14. Total Visits (From Line 5)	548	548
15. PPS Amount (Line 13 x Line 14)	\$ 200,656	\$ 200,656
16. Less: Total Payments (From Line 12)	\$ 196,830	\$ 196,883
17. Less: Overpayments		
18. <b>Settlement Due Clinic (State)</b>	\$ 3,826	\$ 3,773

	Reconciliation - Period 2	
	Audited	Reported
	\$ 372.75	\$ 372.75
	1,595	1,587
	\$ 594,536	\$ 591,554
	\$ 578,201	\$ 575,069
	\$ 16,336	\$ 16,485

	Reconciliation - Total	
	Audited	Reported
	2,143	2,135
	\$ 795,192	\$ 792,210
	\$ 775,031	\$ 771,952
	\$ 20,161	\$ 20,258

## SCHEDULE 1-9

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: BAY POINT FAMILY HEALTH CENTER	PROVIDER NPI: 1538247788
FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009	

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1	
	Audited	Reported
1. Managed Care Medi-Cal (Adj 17)	325	326
2. Managed Care Crossover		-
3. CHDP History Physicals		-
4. Medi-Cal Crossover (Adj 17)	30	30
5. <b>Total Visits</b>	<b>355</b>	<b>356</b>

Visits - Period 2	
Audited	Reported
1,008	1,008
	-
	-
124	121
<b>1,132</b>	<b>1,129</b>

Visits - Total	
Audited	Reported
1,333	1,334
-	-
-	-
154	151
<b>1,487</b>	<b>1,485</b>

	Payment - Period 1	
	Audited	Reported
6. Managed Care Plans	\$ 29,715	\$ 29,715
7. Managed Care Medicare		\$ -
8. Medi-Cal (Code 18) (Adj 18)	\$ 84,139	\$ 84,398
9. CHDP Program		\$ -
10. Medicare Crossover (Non Managed Care) (Adj 18)	\$ 6,249	\$ 6,230
11. Medi-Cal Crossover (Non Managed Care) (Adj 18)	\$ 5,087	\$ 5,087
12. <b>Total Payments</b>	<b>\$ 125,190</b>	<b>\$ 125,431</b>

Payment - Period 2	
Audited	Reported
\$ 91,879	\$ 91,879
	\$ -
\$ 265,658	\$ 265,658
	\$ -
\$ 25,829	\$ 25,128
\$ 21,320	\$ 20,888
<b>\$ 404,686</b>	<b>\$ 403,554</b>

Payment - Total	
Audited	Reported
\$ 121,594	\$ 121,594
\$ -	\$ -
\$ 349,797	\$ 350,057
\$ -	\$ -
\$ 32,078	\$ 31,358
\$ 26,407	\$ 25,976
<b>\$ 529,876</b>	<b>\$ 528,984</b>

	Reconciliation - Period 1	
	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16
14. Total Visits (From Line 5)	355	356
15. PPS Amount (Line 13 x Line 14)	\$ 129,987	\$ 130,353
16. Less: Total Payments (From Line 12)	\$ 125,190	\$ 125,431
17. Less: Overpayments		
18. <b>Settlement Due Clinic (State)</b>	<b>\$ 4,797</b>	<b>\$ 4,922</b>

Reconciliation - Period 2	
Audited	Reported
\$ 372.75	\$ 372.75
1,132	1,129
\$ 421,953	\$ 420,835
\$ 404,686	\$ 403,554
<b>\$ 17,267</b>	<b>\$ 17,281</b>

Reconciliation - Total	
Audited	Reported
1,487	1,485
\$ 551,940	\$ 551,188
\$ 529,876	\$ 528,984
\$ -	
<b>\$ 22,064</b>	<b>\$ 22,203</b>

## COMPUTATION OF FQHC RECONCILIATION SETTLEMENT

PROVIDER NAME: PITTSBURG HEALTH CENTER	PROVIDER NPI: 1568540763
	FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 2009

## PAYMENT/RECOVERY DETERMINATION

	Visits - Period 1	
	Audited	Reported
1. Managed Care Medi-Cal (Adj 19)	5,728	5,760
2. Managed Care Crossover		-
3. CHDP History Physicals		-
4. Medi-Cal Crossover (Adj 19)	1,631	1,631
5. <b>Total Visits</b>	<b>7,359</b>	<b>7,391</b>

	Visits - Period 2	
	Audited	Reported
	19,178	19,286
		-
		-
	5,097	5,017
	<b>24,275</b>	<b>24,303</b>

	Visits - Total	
	Audited	Reported
	24,906	25,046
	-	-
	-	-
	6,728	6,648
	<b>31,634</b>	<b>31,694</b>

	Payment - Period 1	
	Audited	Reported
6. Managed Care Plans	\$ 525,024	\$ 525,024
7. Managed Care Medicare		\$ -
8. Medi-Cal (Code 18) (Adj 20)	\$ 1,482,922	\$ 1,491,206
9. CHDP Program		\$ -
10. Medicare Crossover (Non Managed Care) (Adj 20)	\$ 339,737	\$ 338,710
11. Medi-Cal Crossover (Non Managed Care) (Adj 20)	\$ 275,186	\$ 276,585
12. <b>Total Payments</b>	<b>\$ 2,622,869</b>	<b>\$ 2,631,525</b>

	Payment - Period 2	
	Audited	Reported
	\$ 1,757,919	\$ 1,757,919
		\$ -
	\$ 5,054,259	\$ 5,082,825
		\$ -
	\$ 1,061,705	\$ 1,041,880
	\$ 878,126	\$ 866,085
	<b>\$ 8,752,009</b>	<b>\$ 8,748,709</b>

	Payment - Total	
	Audited	Reported
	\$ 2,282,943	\$ 2,282,943
	\$ -	\$ -
	\$ 6,537,181	\$ 6,574,032
	\$ -	\$ -
	\$ 1,401,442	\$ 1,380,590
	\$ 1,153,312	\$ 1,142,670
	<b>\$ 11,374,878</b>	<b>\$ 11,380,234</b>

	Reconciliation - Period 1	
	Audited	Reported
13. PPS Rate	\$ 366.16	\$ 366.16
14. Total Visits (From Line 5)	7,359	7,391
15. PPS Amount (Line 13 x Line 14)	\$ 2,694,571	\$ 2,706,289
16. Less: Total Payments (From Line 12)	\$ 2,622,869	\$ 2,631,525
17. Less: Overpayments		
18. <b>Settlement Due Clinic (State)</b>	<b>\$ 71,702</b>	<b>\$ 74,763</b>

	Reconciliation - Period 2	
	Audited	Reported
	\$ 372.75	\$ 372.75
	24,275	24,303
	\$ 9,048,506	\$ 9,058,943
	\$ 8,752,009	\$ 8,748,709
	<b>\$ 296,497</b>	<b>\$ 310,234</b>

	Reconciliation - Total	
	Audited	Reported
	31,634	31,694
	\$ 11,743,078	\$ 11,765,232
	\$ 11,374,878	\$ 11,380,234
	\$ -	
	<b>\$ 368,199</b>	<b>\$ 384,997</b>

Provider Name							Fiscal Period		Provider NPI		Adjustments
BASIC EMERGENCY ROOM							JULY 1, 2008 THROUGH JUNE 30, 2009		1679642904		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO OTHER MATTERS</b>											
1	SCH. 1-1	SCH. 1			1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	1,496	(6)	1,490	
	SCH. 1-1	SCH. 1			1.00	2	Managed Care Medi-Cal Visits (October 1, 2008 through June 30, 2009)	6,060	(20)	6,040	
	SCH. 1-1	SCH. 1			4.00	2	Medi-Cal Crossover Visits (October 1, 2008 through June 30, 2009)	1,580	38	1,618	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits related to Medicare, Medi-Cal, and Managed Care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408				
2	SCH. 1-1	SCH. 1			8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$387,299	(\$1,553)	\$385,746	
	SCH. 1-1	SCH. 1			8.00	2	Medi-Cal Code 18 Payments (October 1, 2008 through June 30, 2009)	1,597,113	(5,351)	1,591,762	
	SCH. 1-1	SCH. 1			11.00	1	Medi-Cal Crossover Payments (July 1, 2008 through September 30, 2008)	88,351	(212)	88,139	
	SCH. 1-1	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	272,755	6,086	278,841	
	SCH. 1-1	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	436,315	9,239	445,554	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment Summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)				

Provider Name							Fiscal Period		Provider NPI		Adjustments
RICHMOND HEALTH CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009		1962587071		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO OTHER MATTERS</b>											
3	SCH. 1-2	SCH. 1			1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	3,335	(18)	3,317	
	SCH. 1-2	SCH. 1			1.00	2	Managed Care Medi-Cal Visits (October 1, 2008 through June 30, 2009)	9,761	(40)	9,721	
	SCH. 1-2	SCH. 1			4.00	2	Medi-Cal Cross Over Visits (October 1, 2008 through June 30, 2009)	6,113	88	6,201	
To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408											
4	SCH. 1-2	SCH. 1			8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$863,398	(\$4,660)	\$858,738	
	SCH. 1-2	SCH. 1			8.00	2	Medi-Cal Code 18 Payments (October 1, 2008 through June 30, 2009)	2,572,512	(10,745)	2,561,767	
	SCH. 1-2	SCH. 1			11.00	1	Medi-Cal Crossover Payments (July 1, 2008 through September 30, 2008)	391,051	(211)	390,840	
	SCH. 1-2	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	1,055,287	13,764	1,069,051	
	SCH. 1-2	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	1,748,374	23,634	1,772,008	
To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)											

Provider Name							Fiscal Period		Provider NPI		Adjustments
BRENTWOOD HEALTH CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009		1437237690		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO OTHER MATTERS</b>											
5	SCH. 1-3	SCH. 1			1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	1,322	(5)	1,317	
	SCH. 1-3	SCH. 1			1.00	2	Managed Care Medi-Cal Visits (October 1, 2008 through June 30, 2009)	4,512	(10)	4,502	
	SCH. 1-3	SCH. 1			4.00	2	Medi-Cal Cross Over Visits (October 1, 2008 through June 30, 2009)	712	7	719	
To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408											
6	SCH. 1-3	SCH. 1			8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$342,253	(\$1,360)	\$340,893	
	SCH. 1-3	SCH. 1			8.00	2	Medi-Cal Code 18 Payments (October 1, 2008 through June 30, 2009)	1,189,138	(2,545)	1,186,593	
	SCH. 1-3	SCH. 1			11.00	1	Medi-Cal Crossover Payments (July 1, 2008 through September 30, 2008)	35,442	(127)	35,315	
	SCH. 1-3	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	122,913	1,165	124,078	
	SCH. 1-3	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	191,264	2,038	193,302	
To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)											

Provider Name							Fiscal Period		Provider NPI		Adjustments
CONCORD HEALTH CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009		1346328507		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO OTHER MATTERS</b>											
7	SCH. 1-4	SCH. 1			1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	2,010	(1)	2,009	
	SCH. 1-4	SCH. 1			1.00	2	Managed Care Medi-Cal Visits (October 1, 2008 through June 30, 2009)	7,062	(13)	7,049	
	SCH. 1-4	SCH. 1			4.00	2	Medi-Cal Crossover Visits (October 1, 2008 through June 30, 2009)	2,009	16	2,025	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits related to Medicare, Medi-Cal, and Managed Care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408				
8	SCH. 1-4	SCH. 1			8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$520,369	(\$259)	\$520,110	
	SCH. 1-4	SCH. 1			8.00	2	Medi-Cal Code 18 Payments (October 1, 2008 through June 30, 2009)	1,861,190	(3,431)	1,857,759	
	SCH. 1-4	SCH. 1			11.00	1	Medi-Cal Crossover Payments (July 1, 2008 through September 30, 2008)	115,314	(254)	115,060	
	SCH. 1-4	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	346,814	2,114	348,928	
	SCH. 1-4	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	558,425	5,027	563,452	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)				

Provider Name							Fiscal Period		Provider NPI		Adjustments
MARTINEZ HEALTH CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009		1467522284		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO OTHER MATTERS</b>											
9	SCH. 1-5	SCH. 1			1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	3,131	(15)	3,116	
	SCH. 1-5	SCH. 1			1.00	2	Managed Care Medi-Cal Visits (October 1, 2008 through June 30, 2009)	10,710	(34)	10,676	
	SCH. 1-5	SCH. 1			4.00	2	Medi-Cal Crossover Visits (October 1, 2008 through June 30, 2009)	2,955	47	3,002	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits related to Medicare, Medi-Cal, and Managed Care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408				
10	SCH. 1-5	SCH. 1			8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$810,585	(\$3,884)	\$806,701	
	SCH. 1-5	SCH. 1			8.00	2	Medi-Cal Code 18 Payments (October 1, 2008 through June 30, 2009)	2,822,621	(8,970)	2,813,651	
	SCH. 1-5	SCH. 1			11.00	1	Medi-Cal Crossover Payments (July 1, 2008 through September 30, 2008)	157,370	(254)	157,116	
	SCH. 1-5	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	510,122	7,552	517,674	
	SCH. 1-5	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	806,383	12,236	818,619	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)				

Provider Name							Fiscal Period		Provider NPI		Adjustments
MARTINEZ SPECIALTY CLINIC							JULY 1, 2008 THROUGH JUNE 30, 2009		1942370762		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO OTHER MATTERS</b>											
11	SCH. 1-6	SCH. 1			1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	1,816	(14)	1,802	
	SCH. 1-6	SCH. 1			1.00	2	Managed Care Medi-Cal Visits (October 1, 2008 through June 30, 2009)	5,754	(33)	5,721	
	SCH. 1-6	SCH. 1			4.00	2	Medi-Cal Crossover Visits (October 1, 2008 through June 30, 2009)	4,337	80	4,417	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits related to Medicare, Medi-Cal, and Managed Care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408				
12	SCH. 1-6	SCH. 1			8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$470,144	(\$3,675)	\$466,469	
	SCH. 1-6	SCH. 1			8.00	2	Medi-Cal Code 18 Payments (October 1, 2008 through June 30, 2009)	1,516,467	(8,711)	1,507,756	
	SCH. 1-6	SCH. 1			11.00	1	Medi-Cal Crossover Payments (July 1, 2008 through September 30, 2008)	239,956	(551)	239,405	
	SCH. 1-6	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	748,696	11,998	760,694	
	SCH. 1-6	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	1,194,518	20,288	1,214,806	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)				

Provider Name							Fiscal Period		Provider NPI		Adjustments
ANTIOCH HEALTH CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009		1285712471		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Audit Report	Cost Report									
		Work Sheet	Part	Title	Line	Col.					
<b>ADJUSTMENTS TO OTHER MATTERS</b>											
13	SCH. 1-7	SCH. 1			1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	1,445	(10)	1,435	
	SCH. 1-7	SCH. 1			1.00	2	Managed Care Medi-Cal Visits (October 1, 2008 through June 30, 2009)	4,924	(18)	4,906	
	SCH. 1-7	SCH. 1			4.00	2	Medi-Cal Crossover Visits (October 1, 2008 through June 30, 2009)	893	28	921	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits related to Medicare, Medi-Cal, and Managed Care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408				
14	SCH. 1-7	SCH. 1			8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$374,096	(\$2,589)	\$371,507	
	SCH. 1-7	SCH. 1			8.00	2	Medi-Cal Code 18 Payments (October 1, 2008 through June 30, 2009)	1,297,720	(5,139)	1,292,581	
	SCH. 1-7	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	154,159	4,704	158,863	
	SCH. 1-7	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	247,750	6,584	254,334	
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)				

Provider Name							Fiscal Period			Provider NPI		Adjustments
NORTH RICHMOND CENTER FOR HEALTH							JULY 1, 2008 THROUGH JUNE 30, 2009			1447338694		20
Report References							Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Cost Report												
Adj. No.	Audit Report	Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO OTHER MATTERS</b>												
15	SCH. 1-8	SCH. 1			4.00	2	Medi-Cal Crossover Visits (October 1, 2008 through June 30, 2009) To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits related to Medicare, Medi-Cal, and Managed Care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408	475	8	483		
16	SCH. 1-8	SCH. 1			11.00	1	Medi-Cal Crossover Payments (July 1, 2008 through September 30, 2008)	\$31,542	(\$170)	\$31,372		
	SCH. 1-8	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	81,999	1,166	83,165		
	SCH. 1-8	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009) To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)	137,270	2,083	139,353		

Provider Name							Fiscal Period			Provider NPI		Adjustments
BAY POINT FAMILY HEALTH CENTER							JULY 1, 2008 THROUGH JUNE 30, 2009			1538247788		20
Report References												
Adj. No.	Audit Report	Cost Report					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO OTHER MATTERS</b>												
17	SCH. 1-9	SCH. 1			1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	326	(1)	325		
	SCH. 1-9	SCH. 1			4.00	2	Medi-Cal Crossover Visits (October 1, 2008 through June 30, 2009)	121	3	124		
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits related to Medicare, Medi-Cal, and Managed Care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408					
18	SCH. 1-9	SCH. 1			8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$84,398	(\$259)	\$84,139		
	SCH. 1-9	SCH. 1			11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	20,888	432	21,320		
	SCH. 1-9	SCH. 1			10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	31,358	720	32,078		
							To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)					

Provider Name							Fiscal Period			Provider NPI		Adjustments
PITTSBURG HEALTH CLINIC							JULY 1, 2008 THROUGH JUNE 30, 2009			1568540763		20
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
Adj. No.	Audit Report	Cost Report										
		Work Sheet	Part	Title	Line	Col.						
<b>ADJUSTMENTS TO OTHER MATTERS</b>												
19	SCH. 1-10	SCH. 1				1.00	1	Managed Care Medi-Cal Visits (July 1, 2008 through September 30, 2008)	5,760	(32)	5,728	
	SCH. 1-10	SCH. 1				1.00	2	Managed Care Medi-Cal Visits (October 1, 2008 through June 30, 2009)	19,286	(108)	19,178	
	SCH. 1-10	SCH. 1				4.00	2	Medi-Cal Crossover Visits (October 1, 2008 through June 30, 2009)	5,017	80	5,097	
To adjust Medi-Cal Federally Qualified Health Center (FQHC) visits related to Medicare, Medi-Cal, and Managed Care services to agree with the following intermediary payment data: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408												
20	SCH. 1-10	SCH. 1				8.00	1	Medi-Cal Code 18 Payments (July 1, 2008 through September 30, 2008)	\$1,491,206	(\$8,284)	\$1,482,922	
	SCH. 1-10	SCH. 1				8.00	2	Medi-Cal Code 18 Payments (October 1, 2008 through June 30, 2009)	5,082,825	(28,566)	5,054,259	
	SCH. 1-10	SCH. 1				11.00	1	Medi-Cal Crossover Payments (July 1, 2008 through September 30, 2008)	276,585	(1,399)	275,186	
	SCH. 1-10	SCH. 1				11.00	2	Medi-Cal Crossover Payments (October 1, 2008 through June 30, 2009)	866,085	12,041	878,126	
	SCH. 1-10	SCH. 1				10.00	N/A	Medicare Crossover Payments (July 1, 2008 through June 30, 2009)	1,380,590	20,852	1,401,442	
To adjust Medi-Cal Federally Qualified Health Center (FQHC) Payments reconciliation related to Medicare, Medi-Cal and Manage care services to agree with the following fiscal intermediary payment data or Medicare payment summary: Report Date: February 15, 2011 Payment Period: July 1, 2008 through February 15, 2011 Service Period: July 1, 2008 through June 30, 2009 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304, 2404, and 2408 CCR, Title 22, Sections 51304(a)												