

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
IMPROVEMENT PROGRAMS INC
PROVIDER NUMBER (NPI): FHC11425F (1528143401)**

**FISCAL PERIOD ENDED
MARCH 31, 2009**

**Special Programs Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Alan J. Eng
Audit Supervisor: Alan J. Eng
Auditor: Ali Khan**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

September 5, 2012

Ramon Ferrer
South Of Market Health Center
229 7th Street
San Francisco, CA 94103

PROVIDER LEGAL NAME: IMPROVEMENT PROGRAMS INC
DBA: SOUTH OF MARKET HEALTH CENTER
FQHC PROVIDER NO. (NPI): FHC11425F (1528143401)
FISCAL PERIOD ENDED MARCH 31, 2009

We have reviewed the Clinic's 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 reported reconciliation data, ACS Medi-Cal Paid Claims Summary Report, the base period's Medi-Cal program audit reports, the Medicare audit report for the current fiscal period (if applicable and available), and, if necessary, the provider's records.

The reconciliation review includes a settlement of the difference between the Medi-Cal Prospective Payment System (PPS) rate per visit, and the Managed Care Plan(s) visits and payments, which includes the Medi-Cal Managed Care Wrap-Around code 018 payments.

Further, the review may include an adjustment for Medi-Cal duplicate payments or non-billable payments found during our review of ACS Medi-Cal Paid Claims Detail Report(s).

The amount due the State for the above fiscal period in the amount of \$58,895 as presented in the accompanying schedule(s) represents a final determination in accordance with the reimbursement principles of the program.

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 Computation Summary (Schedule 1)
2. Reconciliation Review Adjustments

Ramon Ferrer
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The reconciliation amount will be incorporated into a Statement(s) of Accounts Status, which may reflect other financial transactions initiated by the Department. The State's Medi-Cal fiscal intermediary will forward the Statement(s) of Account Status to the Clinic.

Please note; the computation of this reconciliation utilizes the PPS rate in effect for the applicable time period. Should a Scope-of-Service change result in a change in the PPS rate for the applicable period, the reconciliation amount will be adjusted 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 disagree with the determination of the Department as set forth in this letter, you may appeal by writing to Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814. This 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 the Assistant Chief Counsel, Appeals and Suspension Section, Office of Legal Services, Department of Health Care Services, 1501 Capitol Avenue, P.O. Box 942732, Sacramento, California 94234-7320. 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. Excerpts of the statute and regulations are included for your information.

If you have further questions, please contact Ali Khan, Auditor at (916) 322-8787.

Sincerely,

Original Signed By

Alan J. Eng, Chief
Special Programs Section
Financial Audits Branch

Enclosures
Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: IMPROVEMENT PROGRAMS INC	PROVIDER NUMBER (NPI): FHC11425F (1528143401)
FISCAL PERIOD: APRIL 1, 2008 THROUGH MARCH 31, 2009	

PAYMENT/RECOVERY DETERMINATION

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1. Managed Care Medi-Cal Visits	374	115	489	49	1	15	2	64
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	-	-	-	-		-		-
5. Subtotal Visits	374	115	489	49		15		64
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
Total Visits	374	115	489	49		15		64

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 46,817	\$ 15,471	\$ 62,288	\$ 46,817		\$ 15,471		\$ 62,288
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ -	\$ -	\$ -	\$ 3,778	3	\$ 1,178	4	4,956
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
10. Medicare Crossover Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
12. Total Payments	\$ 46,817	\$ 15,471	\$ 62,288	\$ 50,595		\$ 16,648		\$ 67,244

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 174.28	\$ 177.42		\$ 174.28		\$ 177.42		
14. Total Medi-Cal Visits (From Line 5)	374	115	489	49		15		64
15. PPS Amount (Line 13 x Line 14)	\$ 65,181	\$ 20,403	\$ 85,584	\$ 8,540		\$ 2,661		\$ 11,201
16. Less: Total Payments (From Line 12)	\$ 46,817	\$ 15,471	\$ 62,288	\$ 50,595		\$ 16,648		\$ 67,244
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 18,364	\$ 4,933	\$ 23,296	\$ (42,056)		\$ (13,987)		\$ (56,043)
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ (1,666)	5	\$ (1,187)	6	\$ (2,853)
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 18,364	\$ 4,933	\$ 23,296	\$ (43,721)		\$ (15,174)		\$ (58,895)

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Adjustments
IMPROVEMENT PROGRAMS INC					APRIL 1, 2008 THROUGH MARCH 31, 2009	FHC11425F (1528143401)		6
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</u>								
1	1	1	1	1	Managed Care Medi-Cal Visits (Period 1)	374	(325)	49
2	1	1	1	1	Managed Care Medi-Cal Visits (Period 2)	115	(100)	15
3	1	8	1	8	Medi-Cal (Code 18) Payments (Period 1)	\$0	\$3,778	\$3,778
4	1	8	1	8	Medi-Cal (Code 18) Payments (Period 2)	0	1,178	1,178
To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report: Run On: 6/27/2012 Payment Period: 4/1/2008 through 6/27/2012 Service Period: 4/1/2008 through 3/31/2009 42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3								

Provider Legal Name					Fiscal Period		Provider Number (NPI)		Adjustments	
IMPROVEMENT PROGRAMS INC					APRIL 1, 2008 THROUGH MARCH 31, 2009		FHC11425F (1528143401)		6	
Report References					Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request							
	Schedule	Line	Worksheet	Line						
<u>ADJUSTMENTS TO OTHER MATTERS</u>										
5	1	18	N/A	N/A	Medi-Cal Billing Review Results (Period 1)			\$0	(\$1,666)	(\$1,666)
6	1	18	N/A	N/A	Medi-Cal Billing Review Results (Period 2)			0	(1,187)	(1,187)
					To recoup overpayments made to provider due to duplicate or non-allowable billings.					
					42 CFR 405.2463, 405.371, 405.373 & 405.375					
					CMS Pub. 15-1, Section 2409.2					