

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
COUNTY OF SANTA CRUZ
PROVIDER NUMBER (NPI): (1770709149) & (1578680310)**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

**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: Kenny Mooc**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 10, 2013

Glenn Kulm
Santa Cruz County
1080 Emeline Ave
Santa Cruz, CA 95060

PROVIDER LEGAL NAME: COUNTY OF SANTA CRUZ
DBA: SANTA CRUZ COUNTY
PROVIDER NUMBER (NPI): (1770709149) & (1578680310)
FISCAL PERIOD ENDED: JUNE 30, 2010

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 reconciliation review consists of finding the difference between the Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis such as those rendered to Managed Care Plan patients and Non-Managed Care crossovers.

This review may include an adjustment for duplicate payments, credit balances or payments made for non-billable services found during our review of Medi-Cal Paid Claims Detail Report.

The amount due the State for the above referenced fiscal period in the amount of \$51,379 as presented in the accompanying schedules 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 Review Report (Schedule 1)
2. Adjustment Schedule(s)

The reconciliation settlement amount will be incorporated into a Statement(s) of Account Status, which may reflect other financial transactions initiated by the Department. The State's 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 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 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 regarding this letter, please contact Kenny Mooc, Auditor, at (916) 650-6696.

Sincerely,

Original Signed By

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

Enclosure(s)
Certified

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **COUNTY OF SANTA CRUZ**

NPI(s): **(1578680310)**
(1770709149)

FISCAL PERIOD From: **JULY 1, 2009**

FISCAL PERIOD To: **JUNE 30, 2010**

VISITS	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
1 Medi-Cal Managed Care - Code 18	4,650	13,537	18,187	5,154	6	14,771	7	19,925
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-		-		-
3 Medi-Cal Non-Mgd Care Crossover - Code 02	3,271	9,060	12,331	3,139	2	8,017	3	11,156
4 Total Visits	7,921	22,597	30,518	8,293		22,788		31,081
5 Less: Duplicate and Unallowable Visits (W/P _____)	N/A	N/A	N/A	-		-		-
6 Payable Visits	7,921	22,597	30,518	8,293		22,788		31,081

PAYMENTS	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
Code 18:								
7 Medi-Cal Managed Care Plan Payments	\$ 126,520	\$ 360,492	\$ 487,012	\$ 126,520		\$ 360,492		\$ 487,012
8 Medicare and MAP Payments	\$ 71,175	\$ 189,167	\$ 260,342	\$ 71,175		\$ 189,167		\$ 260,342
9 Code 18 Payments	\$ 1,305,866	\$ 3,872,695	\$ 5,178,561	\$ 1,447,444	8	\$ 4,149,599	9	\$ 5,597,043
Code 20:								
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
Code 02:								
12 Medicare Payments for Crossovers	\$ 82,010	\$ 229,730	\$ 311,740	\$ 299,561	10	\$ 792,830	11	\$ 1,092,391
13 Code 02 Payments	\$ 880,036	\$ 2,539,030	\$ 3,419,066	\$ 838,299	4	\$ 2,152,721	5	\$ 2,991,020
14 Total Payments	\$ 2,465,607	\$ 7,191,114	\$ 9,656,721	\$ 2,782,999		\$ 7,644,809		\$ 10,427,808

SETTLEMENT	REPORTED RECONCILIATION			AUDITED RECONCILIATION				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
15 PPS Rate	\$ 329.88	\$ 335.26	N/A	\$ 329.88	1	\$ 335.26		N/A
16 Total Medi-Cal Visits (From Line 6)	7,921	22,597	30,518	8,293		22,788		31,081
17 PPS Amount (Line 15 x Line 16)	\$ 2,612,979	\$ 7,575,870	\$ 10,188,850	\$ 2,736,524		\$ 7,639,905		\$ 10,376,429
18 Less: Total Payments (From Line 14)	\$ 2,465,607	\$ 7,191,114	\$ 9,656,721	\$ 2,782,999		\$ 7,644,809		\$ 10,427,808
19 Reconciliation Amount Due Clinic (State) (L 17-L 18)	\$ 147,372	\$ 384,756	\$ 532,129	\$ (46,475)		\$ (4,904)		\$ (51,379)
20 Medi-Cal Billing Review Results (W/P _____)	N/A	N/A	N/A	\$ -		\$ -		\$ -
21 Total Amount Due Clinic (State) (L 19+L 20)	\$ 147,372	\$ 384,756	\$ 532,129	\$ (46,475)		\$ (4,904)		\$ (51,379)

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Adjustments
COUNTY OF SANTA CRUZ					JULY 1, 2009 THROUGH JUNE 30, 2010	(1770709149)		11
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
<u>MEMORANDUM ADJUSTMENTS</u>								
1	1	15	1	15	PPS Rate (Period 1)	\$ 329.88	\$ 0.10	\$ 329.98
<p>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</p>								

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments	
COUNTY OF SANTA CRUZ					JULY 1, 2009 THROUGH JUNE 30, 2010	(1770709149)	11	
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA								
2	1	3	1	3	Medi-Cal Non-Mgd Care Crossover - Code 2 Visits (Period 1)	3,271	(132)	3,139
3	1	3	1	3	Medi-Cal Non-Mgd Care Crossover - Code 2 Visits (Period 2)	9,060	(1,043)	8,017
4	1	13	1	13	Code 02 Payments (Period 1)	\$880,036	(\$41,737)	\$838,299
5	1	13	1	13	Code 02 Payments (Period 2)	2,539,030	(386,309)	2,152,721
6	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 1)	4,650	504	5,154
7	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	13,537	1,234	14,771
8	1	9	1	9	Code 18 Payments (Period 1)	\$1,305,866	\$141,578	\$1,447,444
9	1	9	1	9	Code 18 Payments (Period 2)	3,872,695	276,904	4,149,599
<p>To adjust Medi-Cal Reconciliation Data to agree with the following: EDS Paid Claims Summary: Run On: September 24, 2012 Payment Period: July 1, 2009 Through September 1, 2012 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</p>								
10	1	10	1	10	Medicare Crossover Payments (Period 1)	\$82,010	\$217,551	\$299,561
11	1	10	1	10	Medicare Crossover Payments (Period 2)	229,730	563,100	792,830
<p>To adjust Medicare Payments received for the Medi-Cal Crossover (Code 2) visits. CA Welfare and Institutions Code 14132.100 (h) 42 CFR, Sections 413.20 and 413.24 CMS Pub. 15-1, Section 2304</p>								