

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
SHERMAN HEIGHTS FAMILY HEALTH CENTER  
PROVIDER NUMBER (NPI): FHC70709F (1174549232)**

**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: Emil Guzman**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 10, 2013

Fran Butler-Cohen  
Family Health Centers Of San Diego, Inc.  
823 Gateway Center Way  
San Diego, CA 92102-4541

PROVIDER LEGAL NAME: SHERMAN HEIGHTS FAMILY HEALTH CENTER  
DBA: FAMILY HEALTH CENTERS OF SAN DIEGO, INC.  
PROVIDER NUMBER (NPI): FHC70709F (1174549232)  
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 Clinic for the above referenced fiscal period in the amount of \$63,823 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 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: SHERMAN HEIGHTS FAMILY HEALTH CENTER	PROVIDER NUMBER (NPI): FHC70709F (1174549232)
FISCAL PERIOD: JULY 1, 2009 THROUGH JUNE 30, 2010	

## PAYMENT/RECOVERY DETERMINATION

1.	Managed Care Medi-Cal Visits	469	1,882	2,351	490	3	1,927	4	2,417
2.	Managed Care Crossover Visits	17	42	59	-	5	-	6	-
3.	CHDP History Physicals Visits (Non Managed Care)	7	17	24	-	10	-	11	-
4.	Medi-Cal Crossover Visits (Non Managed Care)	16	86	102	16		96	1	112
5.	Subtotal Visits	509	2,027	2,536	506		2,023		2,529
5b.	Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
	<b>Total Visits</b>	509	2,027	2,536	506		2,023		2,529

6.	Managed Care Plan(s) Payments	\$ 38,101	\$ 138,342	\$ 176,443	\$ 38,101		\$ 138,342		\$ 176,443
7.	Managed Care Medicare Payments	\$ 3,442	\$ 7,678	11,120	\$ 3,442		\$ 7,678		11,120
8.	Medi-Cal (Code 18) Payments	\$ 26,442	\$ 106,393	132,835	\$ 27,556	7	\$ 117,500	8	145,056
9.	CHDP Program Payments (Non Managed Care)	\$ 566	\$ 1,322	1,888	\$ -	12	\$ -	13	-
10.	Medicare Crossover Payments (Non Managed Care)	\$ 1,527	\$ 8,495	10,022	\$ 1,527		\$ 9,522	9	11,048
11.	Medi-Cal Crossover Payments (Non Managed Care)	\$ 455	\$ 2,337	2,792	\$ 455		\$ 2,789	2	3,244
12.	<b>Total Payments</b>	\$ 70,533	\$ 264,566	\$ 335,099	\$ 71,080		\$ 275,830		\$ 346,910

13.	PPS Rate	\$ 154.97	\$ 164.27		\$ 154.97		\$ 164.27		
14.	Total Medi-Cal Visits (From Line 5)	509	2,027	2,536	506		2,023		2,529
15.	PPS Amount (Line 13 x Line 14)	\$ 78,880	\$ 332,975	\$ 411,855	\$ 78,415		\$ 332,318		\$ 410,733
16.	Less: Total Payments (From Line 12)	\$ 70,533	\$ 264,566	\$ 335,099	\$ 71,080		\$ 275,830		\$ 346,910
17.	Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 8,347	\$ 68,409	\$ 76,756	\$ 7,335		\$ 56,488		\$ 63,823
18.	Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19.	<b>Total Amount Due Clinic (State) (L 17+L 18)</b>	\$ 8,347	\$ 68,409	\$ 76,756	\$ 7,335		\$ 56,488		\$ 63,823

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Adjustments
SHERMAN HEIGHTS FAMILY HEALTH CENTER					JULY 1, 2009 THROUGH JUNE 30, 2010	FHC70709F (1174549232)		13
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>								
1	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	86	10	96
2	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	\$2,337	\$452	\$2,789
3	1	1	1	1	Managed Care Medi-Cal Visits (Period 1)	469	21	490
4	1	1	1	1	Managed Care Medi-Cal Visits (Period 2)	1,882	45	1,927
5	1	2	1	2	Managed Care Crossover Visits (Period 1)	17	(17)	0
6	1	2	1	2	Managed Care Crossover Visits (Period 2)	42	(42)	0
7	1	8	1	8	Medi-Cal (Code 18) Payments (Period 1)	\$26,442	\$1,114	\$27,556
8	1	8	1	8	Medi-Cal (Code 18) Payments (Period 2)	106,393	11,107	117,500
<p style="margin-left: 40px;">To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report:                      Run On: 10/25/12                      Payment Period: 07/01/09 through 10/25/12                      Service Period: 07/01/09 through 06/30/10                      42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64                      CMS Pub. 15-1, Sections 2304 and 2408.3</p>								
9	1	10	1	10	Medicare Crossover Payments (Period 2) 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	\$8,495	\$1,027	\$9,522
10	1	3	1	3	CHDP History Physicals Visits (Period 1)	7	(7)	0
11	1	3	1	3	CHDP History Physicals Visits (Period 2)	17	(17)	0
12	1	9	1	9	CHDP Program Payments (Period 1)	\$566	(\$566)	\$0
13	1	9	1	9	CHDP Program Payments (Period 2) To eliminate CHDP visits and payments due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304	1,322	(1,322)	0