REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
ALAMEDA COUNTY MEDICAL CENTER
PROVIDER NUMBERS (NPI): 1922131804

FISCAL PERIOD ENDED
JUNE 30, 2011

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

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

April 30, 2013

Don Briones
Newark Health Center
15400 Foothill Boulevard
San Leandro, CA 94578

PROVIDER LEGAL NAME: ALAMEDA COUNTY MEDICAL CENTER
DBA: NEWARK HEALTH CENTER
PROVIDER NUMBERS (NPI): 1922131804
FISCAL PERIOD ENDED: JUNE 30, 2011

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 data presented on Schedule 1 represents the reported Medi-Cal settlement due the Clinic in the amount of $529,497 which was accepted as filed.

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)

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

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 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: ALAMEDA COUNTY MEDICAL CENTER	PROVIDER NUMBERS (NPI): 1922131804
FISCAL PERIOD: JULY 1, 2010 THROUGH JUNE 30, 2011	

PAYMENT/RECOVERY DETERMINATION

		REPORTED			ACCEPT AS FILED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1.	Managed Care Medi-Cal Visits	852	2,465	3,317	852		2,465		3,317
2.	Managed Care Crossover Visits	-	-	-	-		-		-
3.	CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4.	Medi-Cal Crossover Visits (Non Managed Care)	30	137	167	30		137		167
5.	Subtotal Visits	882	2,602	3,484	882		2,602		3,484
5b.	Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
	Total Visits	882	2,602	3,484	882		2,602		3,484

		REPORTED			ACCEPT AS FILED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6.	Managed Care Plan(s) Payments	$ 35,520	$ 98,033	$ 133,553	$ 35,520		$ 98,033		$ 133,553
7.	Managed Care Medicare Payments	$ -	$ -	-	$ -		$ -		-
8.	Medi-Cal (Code 18) Payments	$ 61,131	$ 178,914	240,045	$ 61,131		$ 178,914		240,045
9.	CHDP Program Payments (Non Managed Care)	$ -	$ -	-	$ -		$ -		-
10.	Medicare Crossover Payments (Non Managed Care)	$ 2,287	$ 8,364	10,651	$ 2,287		$ 8,364		10,651
11.	Medi-Cal Crossover Payments (Non Managed Care)	$ 5,194	$ 18,987	24,181	$ 5,194		$ 18,987		24,181
12.	**Total Payments**	$ 104,132	$ 304,298	$ 408,430	$ 104,132		$ 304,298		$ 408,430

		REPORTED RECONCILIATION COMPUTED			ACCEPT AS FILED RECONCILIATION COMPUTED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13.	PPS Rate	$ 266.82	$ 270.02		$ 266.82		$ 270.02		
14.	Total Medi-Cal Visits (From Line 5)	882	2,602	3,484	882		2,602		3,484
15.	PPS Amount (Line 13 x Line 14)	$ 235,335	$ 702,592	$ 937,927	$ 235,335		$ 702,592		$ 937,927
16.	Less: Total Payments (From Line 12)	$ 104,132	$ 304,298	$ 408,430	$ 104,132		$ 304,298		$ 408,430
17.	Reconciliation Amount Due Clinic (State) (L 15-L 16)	$ 131,203	$ 398,294	$ 529,497	$ 131,203		$ 398,294		$ 529,497
18.	Medi-Cal Billing Review Results (Schedule 2)			$ -					$ -
19.	**Total Amount Due Clinic (State)** (L 17+L 18)	$ 131,203	$ 398,294	$ 529,497	$ 131,203		$ 398,294		$ 529,497