REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
COMMUNICARE HEALTH CENTERS
PROVIDER NUMBERS (NPI): 1558366823

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: Emil Guzman
Auditor: Larry Vu

State of California—Health and Human Services Agency

Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

July 12, 2013

Sherry Cauchois
Davis Community Health Center
2051 John Jones Road
Davis, CA 95616

PROVIDER LEGAL NAME: COMMUNICARE HEALTH CENTERS
DBA: DAVIS COMMUNITY HEALTH CENTER
PROVIDER NUMBERS (NPI): 1558366823
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 $173,467 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)
2. Adjustment Schedule

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 Larry Vu, Auditor, at (916) 650-6696.

Sincerely,

Original Signed By

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

Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: COMMUNICARE HEALTH CENTERS	PROVIDER NUMBERS (NPI): 1558366823
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	1,141	3,600	4,741	1,141		3,600		4,741
2.	Managed Care Crossover Visits	-	-	-	-		-		-
3.	CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4.	Medi-Cal Crossover Visits (Non Managed Care)	-	3	3	-		3		3
5.	Subtotal Visits	1,141	3,603	4,744	1,141		3,603		4,744
5b.	Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
	Total Visits	1,141	3,603	4,744	1,141		3,603		4,744

		REPORTED			ACCEPT AS FILED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6.	Managed Care Plan(s) Payments	$ 76,835	$ 242,424	$ 319,259	$ 76,835		$ 242,424		$ 319,259
7.	Managed Care Medicare Payments	$ -	$ -	-	$ -		$ -		-
8.	Medi-Cal (Code 18) Payments	$ 56,077	$ 190,315	246,392	$ 56,077		$ 190,315		246,392
9.	CHDP Program Payments (Non Managed Care)	$ -	$ -	-	$ -		$ -		-
10.	Medicare Crossover Payments (Non Managed Care)	$ -	$ 265	265	$ -		$ 265		265
11.	Medi-Cal Crossover Payments (Non Managed Care)	$ -	$ 92	92	$ -		$ 92		92
12.	**Total Payments**	$ 132,912	$ 433,096	$ 566,008	$ 132,912		$ 433,096		$ 566,008

		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	$ 154.48	$ 156.33		$ 154.43	1	$ 156.28	2	
14.	Total Medi-Cal Visits (From Line 5)	1,141	3,603	4,744	1,141		3,603		4,744
15.	PPS Amount (Line 13 x Line 14)	$ 176,262	$ 563,271	$ 739,533	$ 176,205		$ 563,271		$ 739,476
16.	Less: Total Payments (From Line 12)	$ 132,912	$ 433,096	$ 566,008	$ 132,912		$ 433,096		$ 566,008
17.	Reconciliation Amount Due Clinic (State) (L 15-L 16)	$ 43,350	$ 130,175	$ 173,524	$ 43,293		$ 130,175		$ 173,467
18.	Medi-Cal Billing Review Results (Schedule 2)			$ -					$ -
19.	**Total Amount Due Clinic (State)** (L 17+L 18)	$ 43,350	$ 130,175	$ 173,524	$ 43,293		$ 130,175		$ 173,467

Provider Legal Name	Fiscal Period	Provider Number (NPI)	Adjustments
COMMUNICARE HEALTH CENTERS	JULY 1, 2010 THROUGH JUNE 30, 2011	1558366823	2

Report References								
Adj. No.	Reconciliation Review		Reconciliation Request		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line				
					MEMORANDUM ADJUSTMENTS			
1	1	13	1	13	PPS RATE (PERIOD 1)	$154.48	($0.05)	$154.43
2	1	13	1	13	PPS RATE (PERIOD 2)	$156.33	($0.05)	$156.28

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