

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.
PROVIDER NUMBERS (NPI): 1073640918**

**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**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 12, 2013

R. Wayne Yost
Ravenswood Family Health Center At Belle Haven
1798 A Bay Road
East Palo Alto, CA 94303

PROVIDER LEGAL NAME: SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.
DBA: RAVENSWOOD FAMILY HEALTH CENTER AT BELLE HAVEN
PROVIDER NUMBERS (NPI): 1073640918
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 \$69,125 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.

R. Wayne Yost
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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: SOUTH COUNTY COMMUNITY HEALTH CENTER, INC	PROVIDER NUMBERS (NPI): 1073640918
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	390	989	1,379	390		989		1,379
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	-	-	-	-		-		-
5. Subtotal Visits	390	989	1,379	390		989		1,379
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
Total Visits	390	989	1,379	390		989		1,379

	REPORTED			ACCEPT AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 28,431	\$ 99,348	\$ 127,779	\$ 28,431		\$ 99,348		\$ 127,779
7. Managed Care Medicare Payments	\$ 10,158	\$ 16,717	26,875	\$ 10,158		\$ 16,717		26,875
8. Medi-Cal (Code 18) Payments	\$ 11,379	\$ 28,939	40,318	\$ 11,379		\$ 28,939		40,318
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	\$ 49,968	\$ 145,004	\$ 194,972	\$ 49,968		\$ 145,004		\$ 194,972

	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	\$ 151.43	\$ 151.43		\$ 189.95	1	\$ 192.13	2	
14. Total Medi-Cal Visits (From Line 5)	390	989	1,379	390		989		1,379
15. PPS Amount (Line 13 x Line 14)	\$ 59,058	\$ 149,764	\$ 208,822	\$ 74,081		\$ 190,017		\$ 264,097
16. Less: Total Payments (From Line 12)	\$ 49,968	\$ 145,004	\$ 194,972	\$ 49,968		\$ 145,004		\$ 194,972
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 9,090	\$ 4,760	\$ 13,850	\$ 24,113		\$ 45,013		\$ 69,125
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 9,090	\$ 4,760	\$ 13,850	\$ 24,113		\$ 45,013		\$ 69,125

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments	
SOUTH COUNTY COMMUNITY HEALTH CENTER, INC.					JULY 1, 2010 THROUGH JUNE 30, 2011	1073640918	2	
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	13	1	13	PPS RATE (PERIOD 1)	\$151.43	\$38.42	\$189.85
2	1	13	1	13	PPS RATE (PERIOD 2)	151.43	40.70	192.13
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								