REPORT
ON THE
LIMITED REVIEW AUDIT

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
SAN DIEGO, CALIFORNIA
PROVIDER NUMBER: 37-0104

TARGETED CASE MANAGEMENT PROGRAM
PROGRAM: OUTPATIENT CLINICS

FISCAL PERIOD:
JULY 1, 2003 THROUGH JUNE 30, 2004

Audits Section - Sacramento
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Evie Correa
Audit Supervisor: Gary Diffenderffer
Auditor: Martin Alvarez

DHCS

DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency

Department of Health Care Services

ARNOLD SCHWARZENEGGER
Governor

JUN 30 2009

Ms. Janice DiCroce, Ph.D.
LGA MAA/TCM Coordinator
Revenue Development
Health & Human Service Agency
San Diego County
3851 Rosecrans Street Mail Stop W475
San Diego, CA 92110

PROVIDER NAME: COUNTY OF SAN DIEGO
PROVIDER NUMBER: 37-0104
PROGRAM NAME: OUTPATIENT CLINICS
FISCAL PERIOD JULY 1, 2003 THROUGH JUNE 30, 2004

We have examined the provider's claims for reimbursement of Targeted Case Management (TCM) services for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report, Targeted Case Management System Paid Claims Summary Report, and prior fiscal period's TCM program audit report, if applicable and available.

In our opinion, Schedule 1 of the attached report reflects balance due the State that were determined in accordance with the reimbursement principles of the TCM program and 42 Code of Federal Regulations, Section 433.51.

Amount Due State From Provider	Amount Due State From Federal Government	Total Amount Due State
$0	$62,961.55	$62,961.55

This audit report includes the:

1. Certified Public Expenditure (CPE) Review schedules

2. Audit Adjustments Schedule

The report concludes that $0 is due the State from provider.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Office of Administrative Appeals and Hearings
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The 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:

United States Postal Service (USPS)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899-7413

Courier (UPS, FedEx, etc.)
Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814-5005
(916) 440-7700

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.

If you have questions regarding this report, you may call the Audits Section—Sacramento at (916) 650-6994.

Evie Correa

Evie Correa, Chief
Audits Section—Sacramento
Financial Audits Branch

Certified

cc: Elizabeth Touhey, Chief
Department of Health Care Services
Safety Net Financing Division
Administrative Claiming Local
and Schools Services Branch
P.O. Box 997436, MS 4603
Sacramento, CA 95899-7436

Mr. Brian Burdullis, Accountant
Division of Medicaid and Children's Health
Department of Health and Human Services
Centers for Medicare and Medicaid Services
801 I Street, Room 219
Sacramento, CA 95814

STATE OF CALIFORNIA *SCHEDULE 1*

SUMMARY OF TARGETED CASE MANAGEMENT (TCM) REIMBURSEMENT
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - OUTPATIENT CLINICS

	AS AUDITED	AMOUNTS DUE
TCM REIMBURSEMENT RECONCILIATION		
1. Computed Maximum TCM Program Reimbursement (Sch 4)	$ 62,961.55	
2 TCM Program Payments To LGA (Sch 4)	$ 62,961.55	
3 TCM Program Overpayments (Line 1 - Line 2; If Line 1 > Line 2, then 0)	$ -	
4. CMS Deferred Invoices: TCM Program Overpayments (Sch 4)	$ -	
5. CMS Paid Invoices: TCM Program Overpayments (Sch 4)	$ -	
6. ***Amount Due (State)*** (Line 3)		$ -
CPE REVIEW OF CMS DEFERRED CLAIMS		
CPE Requirements Met - Qualified for Federal Reimbursement 7. Amount Due (State) (Sch 2)		$ (62,961.55)
CPE Requirements Not Met - ***Not*** Qualified for Federal Reimbursement 8 Amount Due (State) (Sch 2)		$ -
AMOUNTS DUE		
9. ***Amount Due Provider / (State)*** (Line 6 + Line 8)		$ -
10. ***Amount Due Federal Government / (State)*** (Line 7 - Line 5)		$ *(62,961.55)*

STATE OF CALIFORNIA

SCHEDULE 2

SUMMARY OF TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - OUTPATIENT CLINICS

TCM SERVICE PROVIDER	From Schedule	Maximum Allowable Rate Per Encounter 1	Deferred Medi-Cal Encounters 2	Computed Maximum TCM Program Reimbursement 3	CPE Requirement Not Met 4	CPE Requirement Met 5
1. VISTA COMMUNITY CLINIC	3A	$ 109.35	1,083	$ 62,961.55	$ -	$ (62,961.55)
TOTAL			1,083	$ 62,961.55	$ -	$ (62,961.55)
					(To Sch 1)	(To Sch 1)

STATE OF CALIFORNIA

SCHEDULE 3A

TCM INVOICES DEFERRED BY CMS
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - OUTPATIENT CLINICS

TCM Service Provider:
VISTA COMMUNITY CLINIC

TCM Invoice No. 1	Claim Schedule # 2	Date Invoice Received by TCM Program 3	Maximum Allowable Rate Per Encounter 4	Deferred Medi-Cal Encounters 5	FMAP % 6	TCM Program Reimbursement % 7	Computed Maximum TCM Program Reimbursement 8	CPE Requirement Not Met (Adj) 9	CPE Requirement Met 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)		(-C9 + -C8)
1 3703/04-1B	6341004	07/15/04	$ 109.35	176	54.35%	100%	$ 10,459.98	$ -	$ (10,459.98)
2 3703/04-2B	6341004	07/15/04	$ 109.35	130	52.95%	100%	$ 7,527.11	$ -	$ (7,527.11)
3 3703/04-3B	6341004	07/26/04	$ 109.35	306	52.95%	100%	$ 17,717.65	$ -	$ (17,717.65)
4 3703/04-3I	6341004	08/26/04	$ 109.35	2	52.95%	100%	$ 115.80	$ -	$ (115.80)
5 3703/04-4B	6341004	07/26/04	$ 109.35	428	52.95%	100%	$ 24,781.55	$ -	$ (24,781.55)
6 3703/04-4H	6341004	08/26/04	$ 109.35	36	52.95%	100%	$ 2,084.43	$	$ (2,084.43)
7 3703/04-4N	6340715	09/28/04	$ 109.35	1	52.95%	100%	$ 57.90	$ -	$ (57.90)
8 3703/04-4R	6341004	10/21/04	$ 109.35	3	52.95%	100%	$ 173.70	$ -	$ (173.70)
9 3703/04-4W	6342337	03/07/05	$ 109.35	1	52.95%	75%	$ 43.43	$ -	$ (43.43)
TOTAL (SUM OF LINES 1-9)				1,083			$ 62,961.55	$ -	$ (62,961.55)
				(To Sch 2)			(To Sch 2)	(To Sch 2)	(To Sch 2)

STATE OF CALIFORNIA *SCHEDULE 4*

SUMMARY OF TCM RATES AND INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - OUTPATIENT CLINICS

Calculation of Maximum Allowable Rate	*AS AUDITED*	*AS AUDITED*
1. Actual Cost Per TCM Encounter per LGA Cost Report		$ 481.85
2. LGA Contractual Rate Per TCM Encounter		$ -
2a. TCM Service Provider # 1	$ -	
2b. TCM Service Provider # 2	$ -	
3. Greater of Line 1 or 2		$ 481.85
3a. TCM Service Provider # 1	$ -	
3b TCM Service Provider # 2	$ -	
4. Approved Rate Per TCM Encounter		$ 109.35
5. Maximum Allowable Rate per TCM Encounter (Lesser of Line 3 or Line 4)		$ 109.35
5a TCM Service Provider # 1	$ -	
5b. TCM Service Provider # 2	$ -	
	(To Sch 3 and 5)	*(To Sch 3 and 5)*

Summary of TCM Invoice Reconciliation

	Medi-Cal Encounters 1	**Computed Maximum TCM Program Reimbursement 2**	**TCM Program Payments to LGA 3**	**TCM Program Overpayments 4**
	(From Sch 5)	*(From Sch 5)*	*(From Sch 5)*	(C2 - C3; If C2 > C3, then 0)
CMS Deferred Invoices				
6. LGA - Global	1,083	$ 62,961.55	$ 62,961.55	$ -
7. TCM Service Provider #				$ -
8. TCM Service Provider #				$ -
SUBTOTAL (SUM OF LINE 6-8)	1,083	$ 62,961.55	$ 62,961.55	$ -
				(To Sch 1)
CMS Paid Invoices				
9. LGA - Global	-	$ -	$ -	$ -
10. TCM Service Provider #				$ -
11. TCM Service Provider #				$ -
SUBTOTAL (SUM OF LINE 9-11)	-	$ -	$ -	$ -
				(To Sch 1)
TOTAL (SUM OF LINE 6-11)	1,083	$ 62,961.55	$ 62,961.55	$ -
		(To Sch 1)	*(To Sch 1)*	

12. TCM Underpayments - Informational Only $ 214,478.10

STATE OF CALIFORNIA

SCHEDULE 5

TCM INVOICE RECONCILIATION
CERTIFIED PUBLIC EXPENDITURE (CPE) REVIEW

Provider:
COUNTY OF SAN DIEGO

Fiscal Period Ended:
JUNE 30, 2004

Program:
TCM - OUTPATIENT CLINICS

TCM Invoice No. 1	Claim Schedule # 2	Date Invoice Received by TCM Program 3	Maximum Allowable Rate Per Encounter 4	Medi-Cal Encounters 5	FMAP % 6	TCM Program Reimbursement % 7	Computed Maximum TCM Program Reimbursement 8	TCM Program Payments To LGA 9	TCM Program Overpayments 10
			(Sch 4, Line 5)				(C4*C5*C6*C7)		(C8-C9; If C8>C9, then 0)
CMS Deferred Invoices									(Adj)
1 3703/04-1B	6341004	07/15/2004	$ 109.35	176	54.35%	100.00%	$ 10,459.98	$ 10,459.98	$ -
2 3703/04-2B	6341004	07/15/2004	$ 109.35	130	52.95%	100.00%	$ 7,527.11	$ 7,527.11	$ -
3 3703/04-3B	6341004	07/26/2004	$ 109.35	306	52.95%	100.00%	$ 17,717.65	$ 17,717.65	$ -
4 3703/04-3I	6341004	08/26/2004	$ 109.35	2	52.95%	100.00%	$ 115.80	$ 115.80	$ -
5 3703/04-4B	6341004	07/26/2004	$ 109.35	428	52.95%	100.00%	$ 24,781.55	$ 24,781.55	$ -
6 3703/04-4H	6341004	08/26/2004	$ 109.35	36	52.95%	100.00%	$ 2,084.43	$ 2,084.43	$ -
7 3703/04-4N	6340715	09/28/2004	$ 109.35	1	52.95%	100.00%	$ 57.90	$ 57.90	$ -
8 3703/04-4R	6341004	10/21/2004	$ 109.35	3	52.95%	100.00%	$ 173.70	$ 173.70	$ -
9 3703/04-4W	6342337	03/07/2005	$ 109.35	1	52.95%	75.00%	$ 43.43	$ 43.43	$ -
TOTAL (SUM OF LINES 1-9)				1,083			$ 62,961.55	$ 62,961.55	$ -
				(To Sch 4)			(To Sch 4)	(To Sch 4)	