



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF FINANCIAL OPERATIONS
Room 525, Health and Welfare Building
Harrisburg, Pennsylvania 17105-2675

KEVIN M. FRIEL
DIRECTOR

OCT 14 2010

TELEPHONE NUMBER
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Mr. James Kelly, Executive Director
Southeast Lancaster Health Services, Inc.
333 North Arch Street
Lancaster, Pennsylvania 17603

Dear Mr. Kelly:

I am enclosing the final performance audit report of your agency, as completed by the Division of Audit and Review. Your written response has been incorporated into the final report and labeled Appendix A.

The final report will be forwarded to the Office of Medical Assistance Programs (OMAP) to begin the Department of Public Welfare's resolution process concerning the report contents. The staff of the OMAP may be in contact with you to follow-up on the corrective action taken to comply with the report's recommendations.

I would like to express my appreciation for the courtesy and cooperation extended to my staff during the course of the fieldwork.

Please contact Mr. Alex Matolyak, Audit Resolution Section, at (717) 783-7786 if you have any questions concerning this audit or if we can be of any further assistance in this matter.

Sincerely,

Tina L Long for
Kevin M. Friel

Enclosure

c: Ms. Izanne Leonard-Haak
Ms. Jennifer Bertrand
Ms. Patricia Lampi
Mr. Samuel Caramela

Some information has been redacted from this audit report. The redaction is indicated by magic marker highlight. If you want to request an unredacted copy of this audit report, you should submit a written Right to Know Law (RTKL) request to DPW's RTKL Office. The request should identify the audit report and ask for an unredacted copy. The RTKL Office will consider your request and respond in accordance with the RTKL (65 P.S. §§ 67.101 et seq.). The DPW RTKL Office can be contacted by email at: ra-dpwtkl@pa.gov.



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Kevin M. Friel
 DIRECTOR

Ms. Izanne Leonard-Haak
 Acting Deputy Secretary for Medical Assistance Programs
 Health & Welfare Building Room 515
 Harrisburg, Pennsylvania 17120

Dear Ms. Leonard-Haak:

In response to a request from the Office of Medical Assistance Programs (OMAP), the Bureau of Financial Operations (BFO) has completed an audit of Southeast Lancaster Health Services, Inc. (SELHS) operations. The audit was requested to verify the accuracy of the Managed Care Organization (MCO) Settlement Reports submitted by SELHS for the Federal Fiscal Year (FFY) October 1, 2005 through September 30, 2006 and FFY October 1, 2006 through September 30, 2007.

This report is currently in its final form and therefore contains SELHS' views on the reported findings, conclusions and recommendations as an attachment to this report. The data used to prepare the reported findings was discussed with SELHS management at a closing conference held on March 30, 2010.

Southeast Lancaster Health Services, Inc.
Executive Summary

SELHS is a non-profit Federally Qualified Health Center (FQHC) that provides primary health care, chiropractic services, psychiatric services, obstetrics, pediatric care, dental services and patient health education to residents of Lancaster County.

FINDING	SUMMARY
Finding No. 1 – Encounters and MCO Revenues were Inaccurately Reported on the Settlement Reports.	<ul style="list-style-type: none"> • Medical encounters were under-reported by 164 in FFY 05/06 and 747 in FFY 06/07. • Dental encounters were over-reported by 658 in FFY 05/06 and under-reported by 107 in FFY 06/07. • MCO revenues were under-stated by \$5,594 in FFY 05/06 and \$444 in FFY 06/07.

HIGHLIGHTS OF RECOMMENDATIONS

OMAP should:

- Reimburse SELHS \$27,209, which is the net amount due to the agency between the two FFYs.

Southeast Lancaster Health Services, Inc.
For the Periods October 1, 2005 to September 30, 2007

<p>SELHS should:</p> <ul style="list-style-type: none"> • Ensure a comprehensive database is maintained that captures all eligible encounters. • Re-examine their procedures to ensure future MCO Settlement Reports accurately report encounters and MCO revenues.

FINDING	SUMMARY
<p>Finding No. 2 – The Dental Encounter Error Rate was Determined to be 26% in FFY 05/06 and 11% in FFY 06/07.</p>	<ul style="list-style-type: none"> • 26% of the total dental encounters for the FFY 05/06 and 11% for FFY 06/07 sampled and tested were determined ineligible for inclusion on the Settlement Reports resulting in recovery of \$144,237. • Errors were attributable to files lacking appropriate dentist documentation; visits lacking MCO payment and visits for ineligible patients being reported.

HIGHLIGHTS OF RECOMMENDATIONS
<p>OMAP should:</p> <ul style="list-style-type: none"> • Recover the overpayment of \$144,237 associated with erroneously reported dental encounters for FFY 05/06 and 06/07. <p>SELHS should:</p> <ul style="list-style-type: none"> • Re-examine their procedures and implement checks and balances to ensure accurate reporting of dental encounters.

FINDINGS	SUMMARY
<p>Finding No. 3 – The Medical Encounter Error Rate was Determined to be 2% in FFY 05/06 and 3% in FFY 06/07.</p>	<ul style="list-style-type: none"> • 2% of the total medical encounters for the FFY 05/06 and 3% for FFY 06/07 sampled and tested were determined ineligible for inclusion on the Settlement Reports resulting in a recommended recovery of \$90,280. • Errors were solely attributable to patient files that lacked the appropriate physician's documentation to validate the legitimacy of the visit.

HIGHLIGHTS OF RECOMMENDATIONS
<p>OMAP should:</p> <ul style="list-style-type: none"> • Recover the overpayment of \$90,280 associated with erroneously reported medical encounters for FFY 05/06 and 06/07. <p>SELHS should:</p> <ul style="list-style-type: none"> • Ensure that a patient's file contain all appropriate documentation, including the physician's note and signature.

Southeast Lancaster Health Services, Inc.
For the Periods October 1, 2005 to September 30, 2007

FINDING	SUMMARY
Finding No. 4 – There were Significant Internal Control Deficiencies at SELHS.	<ul style="list-style-type: none"> • The errors identified in Findings 1 through 3 are the result of weaknesses in internal controls that existed during the scope of our audit. • SELHS indicated that controls have been implemented. The BFO did not test the current internal control structure.

HIGHLIGHTS OF RECOMMENDATIONS

SELHS should: <ul style="list-style-type: none"> • Evaluate their current procedures and determine if adequate controls are in place to detect the errors that were identified in Findings 1 through 3.
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FINDING	SUMMARY
Finding No. 5 – FQHCs may be Inaccurately Reporting Dental Encounters associated with Procedures which Require Multiple Visits.	<ul style="list-style-type: none"> • SELHS included visits for dental procedures which require multiple visits (crowns, dentures) as separate encounters on the Settlement Reports. • The MCO reimburses the FQHC at the completion of the procedure, not after each visit. • Confusion exists as to how to handle these types of visits.

HIGHLIGHTS OF RECOMMENDATION

OMAP should: <ul style="list-style-type: none"> • Review and clarify the policy for reporting encounters for procedures which require multiple patient visits. The policy clarification should be sent to all affected providers to ensure a clear understanding of how to count those visits on the MCO Settlement Reports.

Background

Under federal requirements, OMAP is mandated to make supplemental payments to equal the difference, if any, between the amounts paid to an FQHC for eligible patients by the Managed Care Organization (MCO) with which the clinic has a contractual relationship and the amount the FQHC would have received under the regular OMAP Prospective Payment System (PPS). Supplemental payments are made based on MCO Settlement Reports submitted quarterly by the FQHC for the FFY (October 1 through September 30).

These reports compute what the FQHC would have received under the PPS by multiplying the face-to-face encounters between patients and a physician, dentist, or mid-level practitioner during the period, times the interim rate per visit. The interim rate per visit is based on an audit of allowable FQHC expenditures for the 1998-1999 and 1999-2000 fiscal years, adjusted

Southeast Lancaster Health Services, Inc.
For the Periods October 1, 2005 to September 30, 2007

annually based on the Medicare Economic Index. The interim rates per visit in effect for FFY 05/06 were \$100.49 per medical visit and \$110.23 per dental visit. The interim rates for FFY 06/07 were \$103.31 per medical visit and \$113.32 per dental visit.

Based on these interim rates the computed amount is then compared to the actual revenues received from the MCOs for the quarter. If the computed amount is higher than the MCO payments, the FQHC will be paid the difference; and if it is lower, OMAP will seek recovery of the difference.

Objectives/Scope/Methodology

The BFO audit objective, developed in concurrence with the OMAP was:

To verify the accuracy of the MCO encounters and revenue reported in the FQHC Interim Settlement Reports for the periods October 1, 2005 to September 30, 2006 and October 1, 2006 to September 30, 2007.

In pursuing the audit objective, BFO reviewed medical and dental encounter data, patient files, MCO check payments, capitation rosters and remittance advices and other pertinent data necessary to complete our objective. We also interviewed SELHS and OMAP staff. Program activities were evaluated for compliance in accordance with the PA PROMISe Provider Handbook, Appendix E.

Due to errors in SELHS' original MCO Settlement Report submissions, the BFO created a new master file to perform the audit testing, which was presented to and approved by SELHS prior to sample selection. A statistically valid random sample (SVRS) was selected on both medical and dental encounters for each FFY. The testing attributes of the FFY 05/06 dental encounter SVRS were a 95% confidence level with a 5% error factor. The testing attributes for the FFY 05/06 and FFY 06/07 medical and FFY 06/07 dental encounter SVRS' were a 95% confidence level with a 3% error factor.

We conducted this performance audit in accordance with Generally Accepted Government Audit Standards (GAGAS). Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Government auditing standards require that we obtain an understanding of management controls that are relevant to the audit objectives described above. The applicable controls were examined to the extent necessary to provide reasonable assurance of the effectiveness of these controls. The deficiencies in management controls that were noted are described in the findings included in this report.

Fieldwork was conducted intermittently from August 11, 2009 to March 3, 2010 at the SELHS Administrative Office in Lancaster, after which time SELHS provided additional documentation and records.

Southeast Lancaster Health Services, Inc.
For the Periods October 1, 2005 to September 30, 2007

Results of Fieldwork

Finding No. 1: Encounters and MCO Revenues were not Accurately Reported on the Settlement Reports

In order to verify the accuracy of the encounter totals on the MCO Settlement Reports we requested the supporting database information used to prepare the reports. SELHS was not able to provide a complete database. Therefore, using several files maintained by SELHS, the BFO compiled a new encounter file for each FFY audited and compared the new file to the Settlement Reports.

In FFY 05/06, SELHS under-reported medical encounters by 164 visits and over-reported dental encounters by 658 visits. For FFY 06/07, medical and dental encounters were under-reported by 747 visits and 107 visits, respectively.

In addition, we verified MCO payments to the Settlement Reports using SELHS' general ledger, remittance advices, copies of MCO checks and bank statements. The result of our analysis indicated that SELHS understated MCO revenues for each FFY. As part of the settlement process, OMAP bases its reimbursement to SELHS on the Gross Interim Settlement Amount (MA visits multiplied by the Interim Rate per Visit) less MCO Medicaid receipts (Capitation and Fee-For-Service payments) from the MCOs.

In FFY 05/06, SELHS under-reported medical and dental revenues in the amount of \$2,017 and \$3,577, respectively. In FFY 06/07, medical revenues were understated by \$504 and dental revenues were over-stated by \$60.

The effect of these errors on reimbursement to SELHS is shown below:

	FFY 05/06 Medical	FFY 05/06 Dental	FFY 06/07 Medical	FFY 06/07 Dental
Number of Under/(Over) Reported Encounters	164	(658)	747	107
Interim Rate per Visit	\$ 100.49	\$ 110.23	\$ 103.31	\$ 113.32
(Under)/Over Reported MCO Revenues	<u>\$ (2,017)</u>	<u>\$ (3,577)</u>	<u>\$ (504)</u>	<u>\$ 60</u>
Total Under/(Over) Payment To SELHS	\$14,463.36	\$(76,108.34)	\$76,668.57	\$12,185.24

SELHS was overpaid \$61,645 in FFY 05/06 and underpaid \$88,854 in FFY 06/07.

Southeast Lancaster Health Services, Inc.
For the Periods October 1, 2005 to September 30, 2007

Recommendations:

The BFO recommends that OMAP reimburse SELHS \$27,209, which is the net amount due to SELHS between the two FFYs.

The BFO also recommends that SELHS ensure a comprehensive database is maintained that captures all eligible encounters.

The BFO finally recommends that SELHS re-examine their procedures to ensure future MCO Settlement Reports accurately report encounters and MCO revenues. Encounters should be cross-walked to remittance advices included with payments received from the MCOs.

Finding No. 2: Dental Errors Were 26% in FFY 05/06 and 11% In FFY 06/07

Dental encounters were tested to determine their accuracy. Testing attributes included verifying an encounter occurred was valid and had matching revenues from the appropriate MCO.

SELHS had 3,125 dental encounters which occurred in FFY 05/06. Our audit testing determined 15 out of 58 sampled encounters were not eligible for inclusion on the MCO Settlement Report. As a result, an error rate of 26% was determined. Applying this error rate to the total number of claims submitted results in an overpayment of \$89,617.

In FFY 06/07, SELHS had 4,385 dental encounters. Eleven out of 97 sampled encounters, or 11%, were not eligible for reimbursement. Applying this error rate to the total number of claims submitted results in an overpayment of \$54,620.

Errors identified in both FFYs include patient files lacking the appropriate dentist documentation and visits lacking MCO payments. In some cases, claims were either not billed timely to the MCO or were rejected. In other instances, payment was not received because the procedure was performed over multiple visits (dentures, crowns) and the payment was only made following the final visit (See Finding No. 5).

In FFY 06/07, two errors were attributed to visits for patients that were not enrolled with an MCO.

Recommendations:

The BFO recommends that OMAP recover the overpayment of \$144,237 for the FFY 05/06 and 06/07.

The BFO recommends that SELHS re-examine their procedures and implement checks and balances to ensure accurate reporting of dental encounters. SELHS should ensure that only eligible visits for patients enrolled in a participating MCO is included in the Settlement Report. In addition, SELHS should ensure timely billing to the MCOs.

Finding No. 3: Medical Errors Were 2% in FFY 05/06 and 3% in FFY 06/07

The FQHC Guidelines state that the "FQHC must maintain legible, accurate, and complete charts and records in order to support and justify the services provided." A physician's note in the patient's file acknowledges that a service was provided and a determination can be made whether it should be included as an eligible encounter.

For FFY 05/06, physician's notes were absent in 2% of encounters sampled (2 out of 99) and 3% of encounters sampled (3 out of 97) in FFY 06/07. Applying the error rates to the total number of claims for each FFY results in an overpayment of \$37,282 in FFY 05/06 and \$52,998 in FFY 06/07.

Recommendations:

The BFO recommends that OMAP recover the overpayment of \$90,280 associated with erroneously reported medical encounters for FFY 05/06 and 06/07.

The BFO also recommends SELHS ensure that a patient's file contain all appropriate documentation, including the physician's note and signature. SELHS should perform periodic testing of client files to monitor for completeness.

Finding No. 4: Internal Control Weaknesses were Existent at SELHS

During the scope of the audit, SELHS did not have effective internal controls implemented at the agency. The lack of effective controls was the main cause for the issues discussed in Findings 1 through 3. Effective controls ensure that the detection and prevention of errors and irregularities occur.

SELHS did not have adequate procedures implemented specific to the tracking, recording and reporting of encounters and MCO revenues. In addition, SELHS did not have documented internal procedures related to the completion of the MCO Quarterly Settlement Reports. This should include an explanation cross-walking the agency's internally generated financial data and reports to the MCO Settlement Report. Further, the Controller is the one individual responsible for completing the MCO Settlement Report. Training at least one additional staff member will enable the agency to complete the reports accurately and timely in the case of absence.

SELHS management indicated that since the scope of our audit, controls have been put into place to reduce or alleviate the errors. The BFO did not test the current controls of the agency.

Recommendations:

The BFO recommends that SELHS, with the help of their auditor, evaluate their current procedures and determine if adequate controls are in place to detect the errors that were identified in Findings 1 through 3. If controls are found to be deficient, SELHS should work to develop and implement appropriate controls.

Southeast Lancaster Health Services, Inc.
For the Periods October 1, 2005 to September 30, 2007

Also, the BFO recommends that SELHS, cross-train, at a minimum, one other fiscal employee on the procedures for preparing the MCO Quarterly Settlement Report in the absence of the Controller. Preparation now will be a time and cost-savings for the future.

Finding No. 5: Policy Clarification is Needed Specific to Reporting Dental Procedures which Require Multiple Visits as Encounters

Subsequent to the closing conference, it came to our attention that SELHS was reporting as dental encounters procedures that require multiple visits, such as crowns, dentures and root canals on the MCO Settlement Reports. Payment is not received from the MCO until the procedure is complete. SELHS' position is that all visits associated with an eligible procedure are reportable as encounters since a payment is received at the end of the procedure.

OMAP disagrees with this position and references the PA PROMISE Handbook, Appendix E, page 43 which states, "If no MCO payment has been received by your FQHC/RHC for the services provided (service not covered; patient not eligible at time of service; claim rejected by MCO), you may not claim encounters for those services..."

In the case of the SEHLS dental encounters tested, the service was covered, the patient was eligible at the time of service and the claim was accepted by the MCO. When the MCO reimburses the FQHC, it is for the series of visits, not solely the last visit therefore it seems appropriate to include all visits associated with the procedure as encounters on the Settlement Report.

The issue arises because it is unknown if the concept of "paid" encounters was taken into account during the preparation of the 1999-2000 Agreed-Upon Procedure (AUP). The AUP was used to verify the reimbursement rate to the FQHC. Page 5 of the PA PROMISE Provider Handbook, Appendix E describes an encounter as a face-to-face contact between a patient and a physician, dentist or mid-level practitioner who exercises independent judgment in the provision of healthcare services. It continues to say that for a health service to be defined as an encounter, the provision of the health service must be recorded in the patient's record. This creates a conflict with the reimbursement. Using "encounter" as a face-to-face visit (without exception to payment) during the development of the interim rate compared to "paid encounter" for MCO Settlement Report purposes, results in a rate that is understated.

Therefore if SELHS was including these types of visits as encounters during the audit periods when the AUP was completed, their interim rate is understated.

Recommendation:

The BFO recommends OMAP review this matter and issue a policy clarification specific to the reporting of dental encounters for procedures where multiple visits are needed. If it is determined that these visits should not be reported as eligible encounters on the MCO Settlement Report, the BFO recommends that OMAP re-examine the interim rates that are paid to each FQHC/RHC to determine if they are being reimbursed appropriately.

Southeast Lancaster Health Services, Inc.
For the Periods October 1, 2005 to September 30, 2007

Exit Conference

Minor revisions were made to Finding No. 1 in the draft report specific to the number of medical encounters reported by SELHS in FFY 05/06 and FFY 06/07. This resulted in a \$1,133 reduction to the total amount due from SELHS. On September 29, 2010, an exit conference was held with SELHS management. Based on discussions at the exit conference, no further changes were made to the draft report.

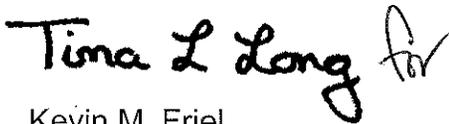
In accordance with our established procedures, an audit response matrix will be provided to your office. Once received, please complete the matrix within 60 days and email the Excel file to the DPW Audit Resolution Section at:

RA-pwauditresolution@state.pa.us

The response to each recommendation should indicate your office's concurrence or non-concurrence, the corrective action to be taken, the staff from your office responsible for the corrective action, the expected date that the corrective action will be completed, and any related comments.

Please contact Alexander Matolyak, Audit Resolution Section at (717) 783-7786 if you have any questions concerning this audit or if we can be of any further assistance in this matter.

Sincerely,

 Tina L Long

Kevin M. Friel

Attachments

c: Ms. Jennifer Bertrand
Ms. Patricia Lampi
Mr. Samuel Caramela
Mr. James Kelly

**SOUTHEAST LANCASTER HEALTH SERVICES
RESPONSE TO THE DRAFT REPORT**

APPENDIX A



August 18, 2010

Ms. Kelly Leighty, Audit Manager
Division of Audit Review
Bureau of Financial Operations
Department of Public Welfare
3rd Floor Bertolino Bldg.
1401 North 7th Street
PO Box 2675
Harrisburg, PA 17105-2675

Dear Ms. Leighty,

SouthEast Lancaster Health Services, Inc. (SELHS) management appreciates the opportunity to respond to the findings that were reported by the Medical Assistance (MA), Bureau of Financial Operations (BPO), Division of Audit and Review (DAR), regarding the audit of our Managed Care Organization (MCO), MA wraparound interim settlement reports for Federal Fiscal Year (FFY) October 1, 2005 through September 30, 2006 and FFY October 1, 2006 through September 30, 2007. The findings, issues and responses are as follows:

Finding 1: Encounters and MCO Payments were Inaccurately Reported on the Settlement Report.

1.1 Medical encounters were under reported by 163 in FFY 05/06 and 737 in FFY 06/07

ISSUE: Management recognizes that adequate internal controls were not in place in 05/06 and 06/07, which prevented encounters from being entered into the Patient Management System (PMS) in a timely manner. These additional visits were identified at the end of the respective FFY periods when the quarterly reports were reconciled to the practice management system. A revised 4th quarter report for the unreported encounters was submitted to the Office of Medical Assistance Programs (OMAP) in June 18, 2008 (Exhibit A).

RESPONSE: In FFY 05/06 and 06/07, several departments were responsible for entering encounters into the practice management system. This process has since been changed. The new policy requires the Billing Department to enter all encounters into the practice management system within five business days. A billing status report is printed from the system to show all open encounters where a ticket was printed but no charges were entered to ensure that all encounters have been processed in a timely manner.

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a united way agency

1.2 Dental encounters were over reported by 658 in FFY 05/06 and under reported 107 in FFY 06/07

ISSUE: Management realized after the wraparound report was submitted that encounters for non-credentialed providers were included in error. A revised report excluding these visits was submitted to Ms. Patricia Lampi on January 22, 2007 (Exhibit B).

RESPONSE: In order to reduce the number of days from the date of hire and to the date the provider is credentialed, SELHS streamlined its processes. In addition, the Credentialing Coordinator now notifies the billing and finance departments when each individual provider is credentialed by an insurance carrier.

ISSUE: The under reported dental encounters were related to the internal control issues noted above for medical encounters. A supplemental report for the unreported encounters was submitted to the Office of Medical Assistance Programs (OMAP) in June 18, 2008 along with the under reported medical encounters.

RESPONSE: In FFY 05/06 and 06/07, several departments were responsible for entering encounters into the practice management system. This process has since been changed. The new policy requires the Billing Department to enter all encounters into the practice management system within five business days. A billing status report is printed from the system to show all open encounters where a ticket was printed but no charges were entered to ensure that all encounters have been processed in a timely manner.

1.3 MCO payments were under stated by \$5,594 in FFY 05/06 and \$444 in FFY 06/07.

ISSUE: The under reporting of MCO payments in both FFY periods was due to a cash receipts posting error. These payments were inadvertently entered and posted to the wrong revenue account in the general journal.

RESPONSE: Payments reported on the wraparound report are reconciled to the MCO payments posted in the cash receipts journal regardless of account to ensure that all applicable payments have been included on the MA wraparound reports.

Finding 2: The Dental Encounter Error Rate was Determined to be 26% in FFY 05/06 and 11% in FFY 06/07

2.1 Twenty-six percent of all dental encounters for FFY 05/06 and 11% of FFY 06/07 sampled and tested were deemed ineligible on the settlement reports, resulting in recovery of \$144,237.

ISSUE: SELHS included encounters in the wraparound report that management believes meet the definition of a visit under the PROMISE Provider Handbook, Appendix E.. There are several routine services that our Dental department performs that require more than one visit, i.e. crowns, dentures, root canals, etc. per industry standards. Even though payment for these services were not made by the MCO until all procedures were complete, a customary practice in Dentistry, the visits associated with each procedure are considered an integral part of the service that is covered by the payment and, therefore, eligible for inclusion in the wraparound. This rate was applied to all dental visits reported for these years, resulting in an amount due to the Commonwealth in the amount of \$58,532 and \$24,817, respectively.

RESPONSE: In order to be considered an eligible visit, there must be 1) a face-to-face encounter with the provider, 2) payment must be received for the service provided and 3) proper documentation must exist in the patient's health record to support the visit. OMAP's interpretation of and policy regarding payment for services requiring multiple visits, however, is to only recognize the last visit since a payment is only made after all the procedures are completed. Our position is that payment is for all required visits, not just the last visit. The number of denials for this reason represents 17% of the FFY 05/06 visits sampled and 5% of the

FFY 06/07 visits sampled. SELHS management does not agree with OMAP's interpretation of the regulations.

- 2.2 Several visits sampled lacked the appropriate documentation in the health record to support the visit, did not receive a corresponding payment from the MCO and/or the patient was not eligible for service under the Medical Assistance or MCO plan.

ISSUE: In FFY 05/06, the absence of documentation to support Headstart visits was due to inconsistencies in record retention policies between CAP and SELHS. The records for all Headstart dental visits were housed at the Community Action Program (CAP) for services performed by the SELHS dental hygienist under that program. CAP had already purged their files for years being audited.

RESPONSE: Previously, copies of all dental records were retained only by CAP according to their record retention policy. This policy was changed by the Dental Director approximately two years ago. Now, copies of all Headstart dental encounters are maintained at SELHS as well as CAP.

ISSUE: During the audit, the examiner found several visits where the MCO did not reimburse SELHS for services rendered and reported on the wraparound reports because the patient was not eligible under the plan.

RESPONSE: SELHS verifies the patient's insurance the day prior to the visit. If SELHS is not the PCP, the patient is notified and instructed to contact their PCP for a visit or the MCO to change their PCPs. If a patient has an acute illness and needs to be seen by a provider to avoid an unnecessary trip to the emergency room as determined by a SELHS triage nurse and we are not the patient's PCP, SELHS, as part of our mission, will typically see the patient, but requests that the patient contact the MCO to change their PCP as soon as possible. In most cases, the patient complies with the request. However, sometimes the change does not occur until after the acute visit has taken place. We have approached the MCOs about making changes to our contract that would allow SELHS to be paid for these acute visits even if we are not the PCP.

ISSUE: Several visits for SELHS patients were denied by the auditor for non payment by the MCO. This can occur for several reasons: 1) the procedure performed was not a covered service, 2) the service was covered but inadvertently never billed to the MCO, and 3) the service was covered and billed but denied for administrative reasons, for example no pre-authorization filed.

RESPONSE: In 2009, SELHS hired a consultant to review the billing and collections processes. The evaluation identified several weaknesses in the receivable management process. Recommendations were made and an action plan developed. As a result, SELHS has improved collection of its accounts receivable balances.

Finding 3: The Medical Encounter Error Rate as Determined to be 2% in FFY 05/06 and 3% in FFY 06/07

- 3.1 In FFY 05/06, two percent, and in FFY 06/07, three percent, of all total medical encounters were sampled and tested were determined ineligible for inclusion on the Settlement Reports resulting in a recommended recovery of \$90,280.

ISSUE: Errors were solely attributable to patient files that lacked the appropriate documentation to support the visit. Documentation of the visit was not evident in two patient medical record charts for FFY 05/06 and three charts for FFY 06/07. One of these errors was an inpatient visit provided by one of the physicians of SELHS and the documentation for the visit is maintained by the hospital.

RESPONSE: Given the age of the visits in question, it is likely that the documentation was purged and sent off site.

Finding 4: There were Significant Internal Control Deficiencies at SELHS.

4.1 Under reporting of encounters on the wraparound reports for FFY 05/06 and FFY 06/07

ISSUE: Timely entry of encounters into the billing system

RESPONSE: In FFY 05/06 and 06/07, several departments were responsible for entering encounters into the practice management system. This process has since been changed. The new policy requires the Billing Department to enter all encounters into the practice management system within five business days. A billing status report is printed from the system to show all open encounters where a ticket was printed but no charges were entered to ensure that all encounters have been processed in a timely manner.

4.2 Over reporting of encounters on the wraparound reports for FFY 05/06 and FFY 06/07

ISSUE: Inclusion of non-credentialed providers

RESPONSE: In order to reduce the number of days from the date of hire and to the date the provider is credentialed, SELHS streamlined its processes. In addition, the Credentialing Coordinator now notifies the billing and finance departments when each individual provider is credentialed by an insurance carrier.

4.3 Under reporting of MCO payments on the wraparound reports for FFY 05/06 and FFY 06/07

ISSUE: Posting Error in the Cash Receipts Journal

RESPONSE: Payments reported on the wraparound report are reconciled to the MCO payments posted in the cash receipts journal regardless of account to ensure all applicable payments are included on the MA wraparound reports.

4.4 Visits included on the wraparound reports for FFY 05/06 and FFY 06/07 that could not be supported.

ISSUE: Lack of proper documentation

RESPONSE: Previously, copies of all dental records were retained only by CAP according to their record retention policy. This policy was changed by the Dental Director approximately two years ago. Now, copies of Headstart dental encounters are maintained at SELHS as well as CAP.

Given the age of the visits in question, it is likely that the documentation was purged and sent off site.

4.5 Visits included on the wraparound reports for FFY 05/06 and FFY 06/07 for patients where SELHS was not reimbursed either under the capitation or Fee-For-Service.

ISSUE: SELHS was not the PCP

RESPONSE: SELHS verifies the patient's insurance the day prior to the visit. If SELHS is not the PCP, the patient is notified and instructed to contact their provider or contact the MCO to change PCPs. If a patient has an acute illness and needs to be seen by a provider as determined by a triage nurse in order to avoid an unnecessary trip to the emergency room and we are not the PCP, SELHS will see the patient, as part of our mission, but request that the patient contact the MCO to change their PCP. In most cases, the patient complies with the request. However, sometimes the change does not occur until after the acute visit has taken place. We have approached the MCOs about making changes to our contract that would allow SELHS to be paid for these acute visits even if we are not the PCP.

ISSUE: SELHS patient where service provided was covered as FFS and payment was not received.

RESPONSE: In 2009, SELHS hired a consultant to review the billing and collections processes. The evaluation identified several weaknesses in receivable management process. Recommendations were made and an action plan developed. As a result, SELHS has improved collection of accounts receivable balances.

Finding 5: FQHCs may be Inaccurately Reporting Dental Encounters associated with Procedures Which Require Multiple Visits

ISSUE: SELHS included encounters in the wraparound report that management believes meet the definition of a visit under the PROMISe Provider Handbook, Appendix E. There are several routine services that our Dental department performs that require more than one visit, i.e. crowns, dentures, root canals, etc. Even though payment for these services were not made by the MCO until all procedures were complete, a customary practice in Dentistry, the visits associated with each procedure are considered an integral part of the service that is covered by the payment and, therefore, eligible for inclusion in the wraparound. OMAP's interpretation of and policy regarding payment for services requiring multiple visits, however, is to only recognize the last visit since payment after the last visit. Denials for this reason represent 17% of the FFY 05/06 visits sampled and 5% of the FFY 06/07 visits sampled. This rate was applied to all dental visits reported for these years, resulting in an amount due to the Commonwealth in the amount of \$58,532 for FFY 05/06 and \$24,817 for FFY 06/07.

RESPONSE: Within the PROMISe Provider Handbook, Appendix E, there are three criteria that must be satisfied in order to be included on the MA Wraparound Interim Settlement Report. First, an encounter must exist and is defined as a face-to-face contact between a patient and a physician, dentist or mid-level practitioner who exercises independent judgment in the provision of healthcare services. Second, the Provider Handbook defines an encounter as a documentable event between the patient and provider that is to be noted in the patient medical chart. And lastly, receipt of payment must be received by the FQHC for visits. Management believes that the services requiring multiple visits where the payment is made at the completion of the all procedures meets the definition of eligibility. However, OMAP instructed the auditors to remove these dental visits from the MA wraparound report. Management disagrees with OMAP's interpretation and is appealing the decision as it places limits on payment that do not exist in writing and it violates the cost reporting rules and regulations.

In addition to appealing the reimbursement methodology used by OMAP for services that require multiple visits, SELHS is disputing the amount owed as it excludes 1) an adjustment to reconcile dental fee for service visits submitted directly to and accepted by OMAP for Medicaid eligible patients, 2) an adjustment for services provided under the Family Health Network program, (a settlement for these items was issued for years April 1, 2000 –September 30, 2005) (Exhibit C and Exhibit D), and 3) an adjustment for changes in the PPS rate through the Medical Economic Index (MEI). Therefore, SELHS is requesting that the reconciliation of the dental fee-for-service reimbursements and the Family Health Network program for FFY 05/06 and 06/07, and the PPS rate be part of this settlement process.

Sincerely,



James P. Kelly
Chief Executive Officer

EXHIBIT A

FEDERALLY QUALIFIED HEALTH CENTER/RURAL HEALTH CLINIC MCO COST SETTLEMENT REPORT

WORKSHEET 5, SCHEDULE A

PAGE 1 OF 2

PROBRIET NAME: Southeast Lancaster Health Services, Inc

MAID#: 26-01704128

REPORTING MONTH: APRIL 1, 2006 THROUGH SEPTEMBER 30, 2006

ENCOUNTER DETAIL SHOW ALL MEDICAL ASSISTANCE REIMBURSABLE MCO ENCOUNTERS (See Instructions)

Direct (Core Med Svcs)	Column 2 HMO #1	Column 3 HMO #2	Column 4 HMO #3	Column 5 HMO #4	Column 6 HMO #5	Column 7 HMO #6	Column 8 HMO #7	Column 9 Tot HMO Enc
HMO Name(s)	Name: PA Resubscribe	Name: Adolescent/Adm/Specy	Name: Med Plus	Name: Gateway	Name:	Name:	Name:	Name:
1. Physician	0	1,931	836	967				3,764
2. Certified Reg Nurse Practitioner	0	916	473	457				1,846
3. Other Nurse	0	0	0	0				0
4. Licensed Psychologist	0	247	0	0				247
5. Licensed Clinical Social Worker	0	0	0	0				0
6. Physician Assistant	0	1,461	786	763				3,010
7. Other (Specify)	0	0	0	0				0
8. Tot Core Med Svcs (lines 1-7)	0	4,555	2,115	2,187				8,857
OTHER AMBULATORY SERVICES								
9. Dentist	0	608	221	295				1,124
10. Dental Hygienist	0	16	7	23				46
11. EDSOT Treatment Service								0
12. Other (Specify)								0
13. Tot Other Amb Svcs (Lines 9-12)	0	624	228	318				1,170
14. Tot Medical Assistance MCO Encounters (Sum Lines 9 and 13)	0	5,179	2,343	2,505				10,027
15. Tot Med Encounters for ALL MA Recipients								10,171
16. Tot Dental Encounters for ALL MA Recipients								1,597

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

Intentional misrepresentation or falsification of any information contained on these worksheets may be punished by fine and/or imprisonment under Federal and/or State Laws.

I hereby certify that I have examined the accompanying Worksheets prepared by: Franckie Childs, Accounting Manager for the reporting period Beginning

April 1, 2006 through September 30, 2006 and that to the best of my knowledge and belief, it is a true, correct and complete statement

prepared from the books and records of the FQHC in accordance with applicable instructions except as noted: _____

Signature/Officer or Administrator of FQHC: *Dorcas P. Kelly* Title: Executive Director Date: *4/19/08* Telephone: (717) 299-0372 Extension 114
JOB NUMBER: 11754533 MW

FEDERALLY QUALIFIED HEALTH CENTERS/RURAL HEALTH CLINIC MCO COST SETTLEMENT REPORT

WORKSHEET 5, SCHEDULE A

PAGE 1 OF 2

FOR/CRHC NAME: Southeast Lancaster Health Services, Inc

MAID#: 26-01704128

REPORTING MONTH: APRIL 1, 2006 THROUGH SEPTEMBER 30, 2006

PENNSYLVANIA MEDICAL ASSISTANCE MANAGED CARE RECEIPTS DETAIL ALL MEDICAID MANAGED CARE RECEIPTS

	A	B	C	D	E	F	G	Total
HMO Name	HMO #1	HMO #2	HMO #3	HMO #4	HMO #5	HMO #6	HMO #7	HMO RECEIPTS
Date of Contract	Name PA HealthPlan	Name: AncestralHealth Mercy	Name: Med Blue	Name: Gateway	Name:	Name:	Name:	
		07/01/999	11/29/2001	10/01/2001				
1. Capitation Payments	0	0	0	0	0	0	0	0
2. Case Management Res	0	0	0	0	0	0	0	0
3. Fee-for-Service	0	526,070	0	0	0	0	0	526,070
4. Dental	0	0	0	0	0	0	0	0
5. Other (specify)	0	0	0	0	0	0	0	0
6. Other (specify)	0	0	0	0	0	0	0	0
7. Total Receipts (Lines 1-6)	0	526,070	0	0	0	0	0	526,070

SOUTHEAST LANCASTER HEALTH SERVICES, INC.				SUMMARY				0 20-01704138			
SUMMARY TOTALS-MEDICAID PLANS ONLY											
PA MEDICAID MEDICAL CAPITATION SETTLEMENT											
ALL MA HMO PAYERS											
April 1, 2006 through March 31, 2007											
MONTH	MEMBERS	CAPITATION	BONUS	FFS	TOTAL RECEIPTS	MEDICAL ENCINTRS	OTHER ENCINTRS	TOTAL ENCINTRS	AVERAGE COLLECTION / ENCOUNTER	AVERAGE CASH RPT'S / MEMBER	AVERAGE CAP / MEMBER
	5,911	0	0	0	526,070	8,857	0	8,857	\$59.40	\$98.00	\$0.00
	5,587	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
	5,463	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	16,964	0	0	0	526,070	8,857	0	8,857	\$59.40	\$31.01	\$0.00
Per Member	6,955	\$0.00	\$0.00	\$0.00	\$31.01			8,857			\$0.00
SOURCES:											
ACTUAL ANALYSIS FROM HMO CAP & BONUS REMITTANCES & MEMBER RECEIPTS FROM VARIOUS SOURCES & CROSS REFERENCES											
PER ENCOUNTER				W/O LAB				PER MEMBER (PMPM)			
AVERAGE CASH RECEIPTS PER ENCOUNTER				\$59.40				AVERAGE CASH RECEIPTS PER MEMBER			
FOHC INTERIM RATE/PER ENCOUNTER MEDICAL				\$100.49				FOHC REIMBURSEMENT PER MEMBER			
SETTLEMENT/ADJUSTMENT				\$41.09				SETTLEMENT/ADJ PMPM			
X ENCOUNTERS				PROOF				X MEMBERS			
INTERIM COST SETTLEMENT				8,857				X MEMBER MONTHS			
				363,970				INTERIM COST SETTLEMENT			
INTERIM REIMBURSEMENT RATE PER MA											
MEDICAL & LAB				PMPM				PMPM			
LAB				PMPM				PMPM			
MEDICAL ONLY				PMPM				PMPM			

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DATE	DESCRIPTION	AMOUNT	PER ENCOUNTER	W/O LAB	PER MEMBER (PMPM)	PER MEMBER (PMPM)	AVERAGE COLLECTION / ENCOUNTER	AVERAGE CASH RPTS / MEMBER	AVERAGE CAP / MEMBER	
09/31/2008	SOUTHEAST LANCASTER HEALTH SERVICES, INC.									
	AMERHEALTH-MERCY									
	MEDICAL CAPITATION SETTLEMENT									
	April 1, 2006 through March 31, 2007									
MONTH	USERS									
	MEMBERS									
	CAPITATION									
	BONUS									
	FES PAYMTS									
	TOTAL RECEIPTS									
	MEDICAL ENCNTRS									
	OTHER ENCNTRS									
	TOTAL ENCNTRS									
	AVERAGE COLLECTION / ENCOUNTER									
	AVERAGE CASH RPTS / MEMBER									
	AVERAGE CAP / MEMBER									
TOTALS	8,243	0	0	526,070	4,555	0	4,555	\$113.48	\$63.82	\$0.00
PROOF										
PMPM	2748	\$0.00	\$0.00	\$63.82	\$63.82	AVG ENCOUNTER RATES	6.63			
	PER ENCOUNTER									
	W/O LAB									
	AVERAGE CASH RECEIPTS PER ENCOUNTER			\$113.49	AVERAGE CASH RECEIPTS PER MEMBER			\$63.82		
	FOHC INTERIM RATE PER ENC. MEDICAL			\$100.49	FOHC REIMBURSEMENT PER MEMBER			\$63.33		
	SETTLEMENT ADJUSTMENT			(\$16.00)	SETTLEMENT ADJ PMPM			(\$8.29)		
	X ENCOUNTERS			4,555	X MEMBER MONTHS			8,243		
	INTERIM COST SETTLEMENT			(\$68,338)	INTERIM COST SETTLEMENT			(\$68,338)		
	SOURCES							6.63		

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SOUTHEAST LANCASTER HEALTH SERVICES, INC.												
UNISON												
MEDICAL CAPITATION SETTLEMENT												
April 1, 2006 through March 31, 2007												
MONTH	MEMBERS	CAPITATION	BONUS	FFS PAYMTs	TOTAL RECEIPTS	MEDICAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION /ENCOUNTER	AVERAGE CASH RCPTS /MEMBER	AVERAGE CAP /MEMBER	
	0	1,742	0	0	0	2,115	0	2,115	\$0.00	\$0.00	\$0.00	
	0	1,509	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00	
	0	1,826	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00	
TOTALS	5,139	0	0	0	0	2,115	0	2,115	\$0.00	\$0.00	\$0.00	
PROOF												
PMPM	1743	\$0.00	\$0.00	\$0.00	\$3.00	AVG ENCOUNTER RATES>>>		1,992				
		PER ENCOUNTER	W/O-LAB			PER MEMBER (PMPM)		0.99				
		AVERAGE CASH RECEIPTS PER ENCOUNTER		\$0.00	AVERAGE CASH RECEIPTS PER MEMBER			\$0.00				
		FOHC INTERM RATE/PER ENCOUNTER MEDICAL		\$100.49	FOHC REIMBURSEMENT PER MEMBER			\$41.36				
		SETTLEMENT ADJUSTMENT		\$100.49	SETTLEMENT ADJ. PMPM			\$41.36				
		X ENCOUNTERS		2,115	X MEMBER MONTHS			\$139				
		INTERIM COST SETTLEMENT		212,536.35	INTERIM COST SETTLEMENT			212,536.35				
		Sources:			AVERAGE ANNUAL ENCOUNTER PER MEMBER			0.99				

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06/13/2008		SOUTHEAST LANCASTER HEALTH SERVICES, INC.									
		GATEWAY									
		MEDICAL CAPITATION SETTLEMENT									
		April 1, 2006 through March 31, 2007									
MONTH	MEMBERS	CAPITATION	BONUS	FFS PAYMTs	TOTAL RECEIPTS	MEDICAL ENCNTRS	OTHER ENCNTRS	TOTAL ENCNTRS	AVERAGE COLLECTION /ENCOUNTER	AVERAGE CASH ROPTS /MEMBER	AVERAGE CAP /MEMBER
	0	1,221	0	0	0	2,187	0	2,187	\$0.00	\$0.00	\$0.00
	0	1,192	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
	0	1,186	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	5,582	0	0	0	0	2,187	0	2,187	\$0.00	\$0.00	\$0.00
PROOF											
PMPM	1,194	\$0.00	\$0.00	\$0.00	\$0.00	AVG ENCOUNTER RATES>>>		1.47			
		PER ENCOUNTER		W/LAB		PER MEMBER (PMPM)					
		AVERAGE CASH RECEIPTS PER ENCOUNTER	\$0.00	AVERAGE CASH RECEIPTS PER MEMBER				\$0.00			
		FOHC INTERM RATE/PER ENCTR. MEDICAL	\$100.29	FOHC REIMBURSEMENT PER MEMBER				\$61.35			
		SETTLEMENT/ADJUSTMENT	\$100.29	SETTLEMENT/ADJ. PMPM				\$61.35			
		X ENCOUNTERS	2,187	X MEMBER MONTHS				3,582			
		INTERIM COST SETTLEMENT	219,772	INTERIM COST SETTLEMENT				219,772			
		Sources:		AVERAGE ANNUAL ENCOUNTER PER MEMBER				1.47			

000101020000 1 07/24/07 010

SOUTHEAST LANCASTER HEALTH SERVICES, INC.										SUMMARY		
SUMMARY/TOTALS-MEDICAID PLANS ONLY										0 26-01704158		
PA MEDICAID DENTAL CAPITATION SETTLEMENT												
ALL PAYERS												
April 1, 2006 through March 31, 2007												
MONTH	MEMBERS	CAPITATION	BONUS	LAB CAPT.	HFS	TOTAL RECEIPTS	DENTAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION	AVERAGE CASH RCPTS	AVERAGE CAP
						PER ENCOUNTER	PER MEMBER	PER MEMBER	PER MEMBER	PER MEMBER	PER MEMBER	PER MEMBER
	5,911	0	0	0	0	0	1,170	0	1,170	\$0.00	\$0.00	\$0.00
	5,697	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
	5,468	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	16,964	0	0	0	0	\$0.00	1,170	0	1,170	\$0.00	\$0.00	\$0.00
Per Member	0.955	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	1.170	0	1.170	\$0.00	\$0.00	\$0.00
PER ENCOUNTER												
WOLAB												
AVERAGE CASH RECEIPTS PER ENCOUNTER												
\$0.00												
FOHC INTERIM RATE PER ENCTH. MEDICAL												
\$110.23												
BETTERMENT ADJUSTMENT												
\$110.23 SETTLEMENT ADJ. PMPM												
X ENCOUNTERS												
PROOF												
1,170 X MEMBERS												
77,856												
INTERIM COST SETTLEMENT												
128,989												
DENTAL												
128,989												
LAG												
FOPM												
\$110.23												
DENTAL ONLY												
FOPM												
\$0.00												
ACTUAL												
\$110.23												
AVERAGE ANNUAL ENCOUNTER PER MEMBER												
0.83												
0.83												

UNIVERSITY MICROFILMS

SOUTHEAST LANCASTER HEALTH SERVICES, INC.										KEYSTONE MERCY		
DENTAL CAPITATION SETTLEMENT										0 26-01704-156		
April 1, 2006 through March 31, 2007												
MONTH	MEMBERS	CAPITATION	BONUS	LAB	FIS	TOTAL RECEIPTS	DENTAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION	AVERAGE CASH RCPTS	AVERAGE CAP MEMBER
0	2,943	0	0	0	0	0	624	0	624	\$0.00	\$0.00	\$0.00
0	2,828	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
0	2,489	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	8,243	0	0	0	0	0	624	0	624	\$0.00	\$0.00	\$0.00
PROOF PMPM	2748	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	AVG ENCOUNTER RATE	0.18				
PER ENCOUNTER										PER MEMBER (MPPM)		
AVERAGE CASH RECEIPTS PER ENCOUNTER										AVERAGE CASH RECEIPTS PER MEMBER		
FOHC INTERIM RATE PER ENCT: MEDICAL										FOHC REIMBURSEMENT PER MEMBER		
SETTLEMENT ADJUSTMENT										SETTLEMENT ADJ. PMPM		
X ENCOUNTERS										X MEMBER MONTHS		
INTERIM COST SETTLEMENT										INTERIM COST SETTLEMENT		
SOURCES										AVERAGE ANNUAL ENCOUNTER PER MEMBER		

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09/13/2008		SOUTHEAST LANCASTER HEALTH SERVICES, INC.				KEYSTONE MERCY		0		26-01704-139		
		AMERIHHEALTH-MERCY										
		DENTAL CAPITATION SETTLEMENT										
		April 1, 2006 through March 31, 2007										
MONTH	MEMBERS	CAPITATION	BONUS	LAB	FFS	TOTAL RECEIPTS	DENTAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION	AVERAGE CASH RCPTS	AVERAGE CAP
	0	2,948	0	0	0	0	624	0	624	\$0.00	\$0.00	\$0.00
	0	2,826	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
	0	2,482	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	0	8,243	0	0	0	0	624	0	624	\$0.00	\$0.00	\$0.00
PROOF PMPM	2448	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	AVG ENCOUNTER RATE	0.18				
		PER ENCOUNTER	W/O LAB			PER MEMBER (MPPM)						
AVERAGE CASH RECEIPTS PER ENCOUNTER			\$0.00			AVERAGE CASH RECEIPTS PER MEMBER				\$0.00		
FOHC INTERIM RATE PER ENCTX MEDICAL			\$110.23	W/O LAB		FOHC REIMBURSEMENT PER MEMBER				\$0.34		
SETTLEMENT ADJUSTMENT			\$110.23			SETTLEMENT ADJ PMPM				\$0.34		
X ENCOUNTERS			624			X MEMBER MONTHS				6,243		
INTERIM COST SETTLEMENT			69,784			INTERIM COST SETTLEMENT				69,784		
SOURCES:						AVERAGE ANNUAL ENCOUNTER PER MEMBER				0.91		

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SOUTHEAST LANCASTER HEALTH SERVICES, INC.												
GATEWAY												
DENTAL CAPITATION SETTLEMENT												
April 1, 2006 through March 31, 2007												
MONTH	MEMBERS	CAPITATION	BONUS	LAB	FIS	TOTAL RECEIPTS	DENTAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION	AVERAGE CASH RCPTS	AVERAGE CAP
0	1,221					9	318	0	318	\$0.00	\$0.00	\$0.00
0	1,192					0	0	0	0	\$0.00	\$0.00	\$0.00
0	1,169					0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	3,582	0	0	0	0	9	318	0	318	\$0.00	\$0.00	\$0.00
PROOF PMPM	1.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	AVG ENCOUNTER RATES-->>	0.21	318			
PER ENCOUNTER												
WOLAB												
AVERAGE CASH RECEIPTS PER ENCOUNTER												
\$0.00												
FQHC INTERIM RATE/PER ENCTR. MEDICAL												
\$1024 WALKS												
SETTLEMENT ADJUSTMENT												
\$11023												
X ENCOUNTERS												
318												
INTERIM COST SETTLEMENT												
35,053												
S01035: (125/99) KEYSTONE												
AVERAGE ANNUAL ENCOUNTER PER MEMBER												
0.21												

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06/13/2008		SOUTHEAST LANCASTER HEALTH SERVICES, INC.			
		Visits by MA HMO and Provider Type and Month			
		by date of service			
Source: Centricity		April 1, 2006 through March 31, 2007			
0 26-01704138					Current
Provider type		March 2007			Total
		4/06-9/06			2007
	MD	1	965	0	965
	MD	2	575	0	575
	CRNP	3	526	0	526
	CRNP	4	134	0	134
	CRNP	5	4	0	4
	CRNP	6	0	0	0
	DENTIST	7	503	0	503
	DENTIST	8	0	0	0
	DENTIST	9	0	0	0
	CHIRO	10	135	0	135
	CHIRO	11	118	0	118
	PA-C	12	628	0	628
	PA-C	13	1,009	0	1,009
	PA-C	14	437	0	437
	CRNP	15	644	0	644
	RN	16	0	0	0
	PA-C	17	511	0	511
	CRNP	18	421	0	421
	CRNP	20	48	0	48
	DENTIST	21	172	0	172
	MD	22	0	0	0
	MED	23	692	0	692
	DEN	23	0	0	0
	MD	24	0	0	0
		25	0	0	0
	Psychologist	27	247	0	247
	Hygienist	29	46	0	46
	CRNP	32	69	0	69
	DENTIST	33	121	0	121
	MD	34	888	0	888
	PA	35	425	0	425
	MD	36	0	0	0
	DENTIST	37	67	0	67
	MD	38	0	0	0
	MD	40	7	0	7
	MD	41	0	0	0
	MD	43	0	0	0
	MD	44	8	0	8
	MD	45	78	0	78
	MD	46	0	0	0
	MD	47	208	0	208
	MD	48	0	0	0
	MD	49	80	0	80
	DENTIST	52	261	0	261
	Total		10,027	0	10,027
	Physician		3,754	0	3,754
	PA		3,010	0	3,010
	Nurse Prac		1,846	0	1,846
	Nurse & LPN		0	0	0
	Lab, Med Asst, Nurse Educ		0	0	0
	Psychologist		247	0	247
	Dentist		1,124	0	1,124
	Dental Hygienist		46	0	46
	Total		10,027	0	10,027
	Medical Billable Encounters		8,857	0	8,857
	Dental Billable Encounters		1,170	0	1,170
	Total Billable Medical & Dental				10,027

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08/13/2008		SOUTHEAST LANCASTER HEALTH SERVICES, INC.				
Unison		Visits by MA HMD and Provider Type and Month				
Source: Centricity		by date of service				
		April 1, 2006 through March 31, 2007				
Provider type		March 2007	0	0	Current Total 2007	
		4/06-9/06	0	0		
	MD	1	276		276	
	MD	2	116		116	
	CRNP	3	123		239	
	CRNP	4	37		37	
	CRNP	5	1		1	
	CRNP	6			0	
	DENTIST	7	115		115	
	DENTIST	8			0	
	DENTIST	9			0	
	CHIRO	10	92		92	
	CHIRO	11	3		3	
	PA-C	12	178		178	
	PA-C	13	248		248	
	PA-C	14	119		119	
	CRNP	15	144		144	
	RN	16			0	
	PA-C	17	132		132	
	CRNP	18	133		133	
	CRNP	20	20		20	
	DENTIST	21			0	
	MD	22			0	
	MED	23	125		125	
	DEN	23			0	
	MD	24			0	
		26			0	
	Psychologist	27			0	
	Hygienist	29	7		7	
	CRNP	32	15		15	
	DENTIST	33	22		22	
	MD	34	175		175	
	PA	35	111		111	
	MD	36			0	
	DENTIST	37	34		34	
	MD	39			0	
	MD	40	1		1	
	MD	41			0	
	MD	43			0	
	MD	44			0	
	MD	45	9		9	
	MD	46			0	
	MD	47	45		45	
	MD	48			0	
	MD	49	14		14	
	DENTIST	52	50		50	
	Total	27	2,343	0	0	2,459
	Physician		856	0	0	856
	PA		786	0	0	786
	Nurse Prac		473	0	0	350
	Nurse & LPN		0	0	0	0
	Lab/Med Asst, NursEduc		0	0	0	0
	Psychologist		0	0	0	0
	Dentist		221	0	0	221
	Dental Hygenist		7	0	0	7
	Total		2,343	0	0	2,220
	Medical Billable Encounters		2,115	0	0	1,992
	Dental Billable Encounters		228	0	0	228
	Total Billable Medical & Dental					2,220

06/13/2008		SOUTHEAST LANCASTER HEALTH SERVICES, INC.				
Gateway		Visits by MA HMO and Provider Type and Month by date of service				
Source: Centricity					Current	
Provider type		March 2007 4/06-9/06	0	0	Total 2007	
	MD	1	236		236	
	MD	2	134		134	
	CRNP	3	119		119	
	CRNP	4	32		32	
	CRNP	5			0	
	CRNP	6			0	
	DENTIST	7	120		120	
	DENTIST	8			0	
	DENTIST	9			0	
	CHIRO	10	9		9	
	CHIRO	11	13		13	
	PA-C	12	150		150	
	PA-C	13	273		273	
	PA-C	14	111		111	
	CRNP	15	198		198	
	RN	16			0	
	PA-C	17	129		129	
	CRNP	18	74		74	
	CRNP	20	14		14	
	DENTIST	21	94		94	
	MD	22			0	
	MED	23	236		236	
	DEN	23			0	
	MD	24			0	
		25			0	
	Psychologist	27			0	
	Hygienist	29	23		23	
	CRNP	32	20		20	
	DENTIST	33	4		4	
	MD	34	245		245	
	PA	35	100		100	
	MD	36			0	
	DENTIST	37	9		9	
	MD	39			0	
	MD	40	1		1	
	MD	41			0	
	MD	43			0	
	MD	44	1		1	
	MD	45	21		21	
	MD	46			0	
	MD	47	58		58	
	MD	48			0	
	MD	49	13		13	
	DENTIST	52	68		68	
	Total		2,505	0	0	2,505
	PROOF					
	Physician		967	0	0	967
	PA		763	0	0	763
	Nurse Prac		457	0	0	457
	Nurse & LPN		0	0	0	0
	Lab Med Asst, Nurs Educ		0	0	0	0
	Psychologist		0	0	0	0
	Dentist		295	0	0	295
	Dental Hygienist		23	0	0	23
	Total		2,505	0	0	2,505
	Medical Billable Encounters		2,187	0	0	2,187
	Dental Billable Encounters		318	0	0	318
	Total Billable Medical & Dental					2,505

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MA FFS		SOUTHEAST LANCASTER HEALTH SERVICES, INC.			
06/13/2008		Visits by MA HMO and Provider Type and Month			
		by date of service			
		April 1, 2006 through March 31, 2007			
0126-01704138					
Source: Centricity		March 2007	0	0	Current
Provider type		4/06-9/06	0	0	Total
					2007
	MD	1	173		173
	MD	2	147		147
	CRNP	3	49		49
	CRNP	4	15		15
	CRNP	5			0
	CRNP	6			0
	DENTIST	7	87		87
	DENTIST	8			0
	DENTIST	9			0
	CHIRO	10	7		7
	CHIRO	11	12		12
	PA-C	12	78		78
	PA-C	13	99		99
	PA-C	14	49		49
	CRNP	15	70		70
	RN	18			0
	PA-C	17	61		61
	CRNP	18	94		94
	CRNP	20	2		2
	DENTIST	21	82		82
	MD	22			0
	MED	23	91		91
	DEN	23			0
	MD	24			0
		25			0
	Psychologist	27			0
	Hygienist	29			0
	CRNP	32	9		9
	DENTIST	33	111		111
	MD	34	290		290
	PA	35	46		46
	MD	36			0
	DENTIST	37	9		9
	MD	39			0
	MD	40	1		1
	MD	41			0
	MD	43			0
	MD	44	1		1
	MD	45	8		8
	MD	46			0
	MD	47	8		8
	MD	48			0
	MD	49	4		4
	DENTIST	52	48		48
	TOTAL		1,651	0	0
	PROOF				1,651
	Physician		742	0	0
	PA		333	0	0
	Nurse Prac		239	0	0
	Nurse & LPN		0	0	0
	Lab, Med Asst, Nurs Educ		0	0	0
	Psychologist		0	0	0
	Dentist		337	0	0
	Dental Hygienist		0	0	0
	Total		1,651	0	0
	Medical Billable Encounters		1,314	0	0
	Dental Billable Encounters		337	0	0
	Total Billable Medical & Dental				1,651

SOUTHEAST LANCASTER HEALTH SERVICES, INC.												
FY 2006 PA MEDICAID HMO WRAP-AROUND SETTLEMENTS												
October 2006 through March 2007 (6 months)												
April 1, 2006 through March 31, 2007												
	MEMBERS	MEMBERS	ENCTRS	CASH	COST	SETTLE	SETTLE	AVERAGE				
Medical & Dental	MONTHS	MONTHS		RECEIPT		MENT	MENT	ANNUAL				
						PER	AMOUNT	ENCOUNTER				
						MEMBER	DUE FQHC	RATE				Page #
PA HEALTHMATE	MED	0	0	0	0	\$0.00	0	0.00				
PA HEALTHMATE	DEN	0	0	0	0	\$0.00	0	0.00				
AMERHEALTH-MERCY	MED	2,748	8,243	4,349	637,628	(\$22.85)	(188,333)	6.33				
AMERHEALTH-MERCY	DEN	2,748	8,243	1,285	0	\$17.68	145,730	1.87				
MED PLUS/THREE RIVERS	MED	1,713	5,139	2,407	0	\$48.39	248,687	5.62				
MED PLUS/THREE RIVERS	DEN	1,713	5,139	379	0	\$8.36	42,948	0.88				
GATEWAY	MED	1,184	3,582	2,313	0	\$66.71	238,988	7.75				
GATEWAY	DEN	1,184	3,582	667	0	\$23.10	75,594	2.23				
TOTAL	MED	5,655	16,964	9,069	637,628	\$17.64	299,290	6.42				
TOTAL	DEN	5,655	16,964	2,332	0	\$15.58	264,262	1.65				
TOTAL	TOTAL	5,655	16,964	11,401	637,628	\$33.22	563,553	8.06				
AVERAGE					55,93	105.36	563,553					
						Proof						

FEDERALLY QUALIFIED HEALTH CENTER/RURAL HEALTH CLINIC MCO COST SETTLEMENT REPORT

WORKSHEET 5, SCHEDULE A

FOI/CLINIC NAME: Southeast Lancaster Health Services, Inc.

MAID#: 26-01794138

REPORTING MONTH: OCTOBER 1, 2007 THROUGH MARCH 31, 2007

PAGE 1 OF 2

ENCOUNTER DETAIL SHOW ALL MEDICAL ASSISTANCE REIMBURSABLE MCO ENCOUNTERS (See Instructions)

	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Direct Care Med Svcs	HMO #1	HMO #2	HMO #3	HMO #4	HMO #5	HMO #6	HMO #7	Total HMO Enc
HMO Nomenclature	Name PA Health/Memo	Name American's Story	Name Med Plus	Name Gateway	Name	Name	Name	
1. Physician	0	1,695	835	913				3,443
2. Certified Reg Nurse Practitioner	0	1,385	892	792				3,069
3. Other Nurse	0	0	0	0				0
4. Licensed Psychologist	0	136	0	0				136
5. Licensed Clinical Social Worker	0	0	0	0				0
6. Physician Assistant	0	1,143	689	605				2,437
7. Other (Specify)	0	0	0	0				0
8. Tot Core Med Svcs (Lines 1-7)	0	4,349	2,407	2,313				9,069
OTHER AMBULATORY SERVICES								
9. Dentist	0	1,156	322	559				2,037
10. Dental Hygienist	0	130	57	108				295
11. EMS/DT Treatment Service								0
12. Other (Specify)								0
13. Tot Other Amb Svcs (Lines 9-12)	0	1,286	379	667				2,332
14. Tot Medical Assistance MCO Encounters (Svcs Lines 8 and 13)	0	5,635	2,786	2,980				11,401
15. Tot Med Encounters for ALL MA Recipients								10,662
16. Tot Dental Encounters for ALL MA Recipients								2,860

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

Intentional misrepresentation or falsification of any information contained on these worksheets may be punished by fine and/or imprisonment under Federal and/or State Laws.

I hereby certify that I have examined the accompanying Worksheets prepared by: Yvonne Childs, Accounting Manager for the reporting period beginning October 1, 2007 through March 31, 2008 and that to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the FOHC in accordance with applicable instructions except as noted: _____

Signature/Officer or Administrator of FOHC: James P. Kelly Executive Director Date: 2/18/08 Telephone: (717) 299-6372 Extension 114

USF 781-0006 12-24-00 0718

FEDERALLY QUALIFIED HEALTH CENTERS/RURAL HEALTH CLINIC MCO COST SETTLEMENT REPORT

WORKSHEET 5, SCHEDULE A

PAGE 1 OF 2

FOR/CLIENT NAME: Southeast Lancaster Health Services, Inc.

MAJOR: 26-0170413

REPORTING MONTH: OCTOBER 1, 2007 THROUGH MARCH 31, 2007

PENNSYLVANIA MEDICAL ASSISTANCE MANAGED CARE RECEIPTS-DETAIL ALL MEDICAID MANAGED CARE RECEIPTS

	A	B	C	D	E	F	G	Total
HMO #1	HMO #2	HMO #3	HMO #4	HMO #5	HMO #6	HMO #7	HMO RECEIPTS	
Name: P.A. HealthShare	Name: Amerihealth Mercy	Name: Med Plus	Name: Gateway	Name:	Name:	Name:		
Date of Contract	07/01/1995	11/29/2001	11/30/2001					
1. Capitation Payments	0	0	0	0	0	0	0	0
2. Case Management Fees	0	0	0	0	0	0	0	0
3. Fee-For-Service	0	637,628	0	0	0	0	637,628	637,628
4. Dental	0	0	0	0	0	0	0	0
5. Other (specify)	0	0	0	0	0	0	0	0
6. Other (specify)	0	0	0	0	0	0	0	0
7. Total Receipts (Lines 1-6)	0	637,628	0	0	0	0	637,628	637,628

SOUTHEAST LANCASTER HEALTH SERVICES, INC.										SUMMARY	
SUMMARY TOTALS-MEDICAID PLANS ONLY										0126-01704138	
PA MEDICAID MEDICAL CAPITATION SETTLEMENT											
ALL MA HMO PAYERS											
April 1, 2006 through March 31, 2007											
MONTH	MEMBERS	CAPITATION	BONUS	FFS	TOTAL RECEIPTS	MEDICAL ENCINTRS	OTHER ENCINTRS	TOTAL ENCINTRS	AVERAGE COLLECTION /ENCOUNTER	AVERAGE CASH RCPTS. /MEMBER	AVERAGE CAP /MEMBER
	5,911	0	0	637,628	637,628	9,069	0	9,069	\$70.31	\$107.87	\$0.00
	5,587	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
	5,488	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	16,984	0	0	637,628	637,628	9,069	0	9,069	\$70.31	\$37.59	\$0.00
PerMember	5,685	\$0.00	\$0.00	\$37.59	\$37.59	9,069		9,069			\$0.00
SOURCES:											
ACTUAL ANALYSIS FROM HMO CAP & BONUS REINBURSEMENTS & MEMBERS COUNT FROM VARIOUS SOURCES & CROSS-REFERENCES											
		PER ENCOUNTER	W/O LAB				PER MEMBER (PMPM)		W/O LAB		
		AVERAGE CASH RECEIPTS PER ENCOUNTER									
		FOHC INTERIM RATE/PER ENCOUNTER MEDICAL									
		SETTLEMENT/ADJUSTMENT									
		X ENCOUNTERS	PROOF				X MEMBERS				
		INTERIM COST SETTLEMENT					X MEMBER MONTHS				
		INTERIM REIMBURSEMENT RATE PER MA									
		MEDICAL & LAB	PMPM								
		MEDICAL ONLY	PMPM								

MONTH	MEMBERS	CAPITATION	BONUS	FFS PAYMTS	TOTAL RECEIPTS	MEDICAL ENCNTRS	OTHER ENCNTRS	TOTAL ENCNTRS	AVERAGE COLLECTION / ENCOUNTER	AVERAGE CASH RCPTS / MEMBER	AVERAGE CAP / MEMBER
06/13/2008											
SOUTHEAST LANCASTER HEALTH SERVICES, INC.											
AMERHEALTH-MERCY											
MEDICAL CAPITATION SETTLEMENT											
April 1, 2006 through March 31, 2007											
	Users										
0	2,948	0		637,628	637,628	4,349	0	4,349	\$146.61	\$216.29	\$0.00
0	2,626	0		0	0	0	0	0	\$0.00	\$0.00	\$0.00
0	2,489	0		0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	8,243	0	0	637,628	637,628	4,349	0	4,349	\$146.61	\$77.35	\$0.00
PROOF											
PMPM	2746	\$0.00	\$0.00	\$77.35	\$77.35	AVG ENCOUNTER RATES		6.33			
		PER ENCOUNTER	W/O LAB			PER MEMBER (PMPM)					
		AVERAGE CASH RECEIPTS PER ENCOUNTER		\$146.61	AVERAGE CASH RECEIPTS PER MEMBER				\$77.35		
		FORG INTERIM RATE/PER ENCTR, MEDICAL		\$103.31	FORG REIMBURSEMENT PER MEMBER				\$54.51		
		SETTLEMENT ADJUSTMENT		(\$43,301)	SETTLEMENT ADJ. PMPM				(\$22.85)		
	X ENCOUNTERS			4,349	X MEMBER MONTHS				8,243		
	INTERIM COST SETTLEMENT			(189,333)	INTERIM COST SETTLEMENT				(189,333)		
	Sources:				AVERAGE ANNUAL ENCOUNTER PER MEMBER				8.33		

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SOUTHEAST LANCASTER HEALTH SERVICES, INC.												
UNISON												
MEDICAL CAPITATION SETTLEMENT												
April 1, 2006 through March 31, 2007												
MONTH	MEMBERS	CAPITATION	BONUS	FFS PAYMTS	TOTAL RECEIPTS	MEDICAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION ENCOUNTER	AVERAGE CASH RCPTS /MEMBER	AVERAGE CAP /MEMBER	
0	1,742	0		0	0	2,407	0	2,407	\$0.00	\$0.00	\$0.00	
0	1,569	0		0	0	0	0	0	\$0.00	\$0.00	\$0.00	
0	1,828	0		0	0	0	0	0	\$0.00	\$0.00	\$0.00	
TOTALS	5,139	0	0	0	0	2,407	0	2,407	\$0.00	\$0.00	\$0.00	
PROG												
PMPM	1713	\$0.00	\$0.00	\$0.00	\$0.00	AVG ENCOUNTER RATE	2.308	1.12				
		PER ENCOUNTER	W/O LAB			PER MEMBER (PMPM)						
		AVERAGE CASH RECEIPTS PER ENCOUNTER		\$0.00	AVERAGE CASH RECEIPTS PER MEMBER				\$0.00			
		FORHC INTERIM RATE PER ENCTR. MEDICAL		\$103.31	FORHC REIMBURSEMENT PER MEMBER				\$48.35			
		SETTLEMENT/ADJUSTMENT		\$103.31	SETTLEMENT/ADJ. PMPM				\$48.35			
		X ENCOUNTERS		2,407	X MEMBER MONTHS				5.139			
		INTERIM/COST SETTLEMENT		248,097.17	INTERIM COST SETTLEMENT				248,067.17			
		SOURCES			AVERAGE ANNUAL ENCOUNTER PER MEMBER				1.12			

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SOUTHEAST LANCASTER HEALTH SERVICES, INC.											
GATEWAY											
MEDICAL CAPITATION SETTLEMENT											
April 1, 2006 through March 31, 2007											
MONTH	MEMBERS	CAPITATION	BONUS	FFS PAYMTS	TOTAL RECEIPTS	MEDICAL ENCNTRS	OTHER ENCNTRS	TOTAL ENCNTRS	AVERAGE COLLECTION /ENCOUNTER	AVERAGE CASH RCPTS /MEMBER	AVERAGE CAP /MEMBER
0	1,221	0	0	0	0	2,313	0	2,313	\$0.00	\$0.00	\$0.00
0	1,192	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
0	1,169	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	3,582	0	0	0	0	2,313	0	2,313	\$0.00	\$0.00	\$0.00
PROOF	1,194	\$0.00	\$0.00	\$0.00	\$0.00	AVG ENCNTR	PER RATE	1.55			
PMPM											
		PER ENCOUNTER		W/LAB			PER MEMBER (PMPM)				
		AVERAGE CASH RECEIPTS PER ENCOUNTER									
		FOHC INTERIM RATE/PER ENCTR, MEDICAL									
		SETTLEMENT/ADJUSTMENT									
		X ENCOUNTERS									
		INTERIM COST SETTLEMENT									
		SOURCES:									

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SOUTHEAST LANCASTER HEALTH SERVICES, INC.										SUMMARY		
PA MEDICAID DENTAL CAPITATION SETTLEMENT										0 28-01704138		
ALL PAYERS												
April 1, 2006 through March 31, 2007												
MONTH	MEMBERS	CAPITATION	BONUS	LAB CAPT.	FFS	TOTAL RECEIPTS	DENTAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION	AVERAGE DASH RPTS	AVERAGE CAP
										/ENCOUNTER	/MEMBER	/MEMBER
09/13/2008	12,210 PA											
A DENTL												
0	5,971	0	0	0	0	0	2,332	0	2,332	\$0.00	\$0.00	\$0.00
0	5,587	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
0	8,449	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	19,994	0	0	0	0	0	2,332	0	2,332	\$0.00	\$0.00	\$0.00
Per/number	6,855	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	2,332	0	2,332	\$0.00	\$0.00	\$0.00
PER ENCOUNTER												
WOL/LAB												
AVERAGE CASH RECEIPTS PER ENCOUNTER												
\$0.00												
EQHC REIMBURSEMENT PER MEMBER												
\$113.32												
EQHC INTERIM PAYER ENCTR. MEDICAL SETTLEMENT ADJUSTMENT												
\$113.32												
X ENCOUNTERS												
PROOF												
2,332												
X MEMBERS												
5,853												
INTERIM COST SETTLEMENT												
264,282												
INTERIM COST SETTLEMENT												
264,282												
DENTAL												
PAPM												
\$113.32												
LAB												
PAPM												
\$0.00												
DENTAL ONLY												
PAPM												
\$113.32												
ACTUAL												
264,282												
AVERAGE ANNUAL ENCOUNTER PER MEMBER												
1.83												

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MONTH	MEMBERS	CAPITATION	BONUS	LAB	FFS	TOTAL RECEIPTS	DENTAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION / ENCOUNTER	AVERAGE DASH ROPTS / MEMBER	AVERAGE CAP / MEMBER
0	2,940	0	0	0	0	0	1,236	0	1,236	\$0.00	\$0.00	\$0.00
0	2,425	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
0	2,489	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00
TOTALS	0,243	0	0	0	0	0	1,236	0	1,236	\$0.00	\$0.00	\$0.00
PROOF PERCENT	2748	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	AVG ENCOUNTER RATES-->	0.37				
AVERAGE CASH RECEIPTS PER ENCOUNTER		PER ENCOUNTER		W/O LAB		AVERAGE CASH RECEIPTS PER MEMBER		PER MEMBER (MPPM)				
FOHO INTERIM RATE/PER ENCTR. MEDICAL SETTLEMENT ADJUSTMENT		\$113.32		W/O LAB		FOHO REIMBURSEMENT PER MEMBER		\$17.68				
X ENCOUNTERS		1,288		X MEMBER MONTHS		1,288		8,243				
INTERIM COST SETTLEMENT		145,730		INTERIM COST SETTLEMENT		145,730		145,730				
Sources:				AVERAGE ANNUAL ENCOUNTER PER MEMBER		1.87						

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0	0	SOUTHEAST LANCASTER HEALTH SERVICES, INC.																		
06/13/2008		UNISON																		
		DENTAL CAPITATION SETTLEMENT																		
		April 1, 2006 through March 31, 2007																		
MONTH	MEMBERS	CAPITATION	BONUS	LAB	FFS	TOTAL RECEIPTS	DENTAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL ENCOUNTERS	AVERAGE COLLECTION	AVERAGE CASH RCPT	AVERAGE CAP								
0	1,742				0	0	379	0	379	\$0.00	\$0.00	\$0.00								
0	1,589				0	0	0	0	0	\$0.00	\$0.00	\$0.00								
0	1,826				0	0	0	0	0	\$0.00	\$0.00	\$0.00								
TOTALS	5,139	0	0	0	0	0	379	0	379	\$0.00	\$0.00	\$0.00								
PROOF																				
PMPM	17.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	AVG ENCOUNTER RATE>>>	1.18												
		PER ENCOUNTER		W/O LAB			PER MEMBER (PMPM)													
		AVERAGE CASH RECEIPTS PER ENCOUNTER	\$0.00				AVERAGE CASH RECEIPTS PER MEMBER	\$0.00												
		FOHC INTERIM RATE/PER ENCOUNTER MEDICAL	\$13.32	W/O LAB			FOHC REMBURSEMENT PER MEMBER	\$8.30												
		SETTLEMENT ADJUSTMENT	\$13.32				SETTLEMENT W/ PMPM	\$8.35												
		X ENCOUNTERS					X MEMBER MONTHS	5,139												
		INTERIM COST SETTLEMENT					INTERIM COST SETTLEMENT	42,548												
		SOURCES					AVERAGE ANNUAL ENCOUNTER PER MEMBER	0.16												

0	SOUTHEAST LANCASTER HEALTH SERVICES, INC.																			
06/13/2008	GATEWAY DENTAL CAPITATION SETTLEMENT April 1, 2008 through March 31, 2007																			
MONTH	MEMBERS	CAPITATION	BONUS	LAB	FFS	TOTAL RECEIPTS	DENTAL ENCOUNTERS	OTHER ENCOUNTERS	TOTAL COLLECTIONS	AVERAGE COLLECTION PER ENCOUNTER	AVERAGE CASH RECEIPTS PER MEMBER									
0	1,231				0	0	687	0	687	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	1,192				0	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0	1,189				0	0	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS	3,612	0	0	0	0	0	687	0	687	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PROOF	1.19%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	687	0	687	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PMPM		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	687	0	687	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		PER ENCOUNTER:		WOLAB			PER MEMBER (PMPM)													
		AVERAGE CASH RECEIPTS PER ENCOUNTER					AVERAGE CASH RECEIPTS PER MEMBER													
		FOND IN TERM RATE PER ENCTR MEDICAL		\$13.32	WOLAB		FOND REIMBURSEMENT PER MEMBER													
		SETTLEMENT/ADJUSTMENT		\$13.32			SETTLEMENT/ADJ PMPM													
		X ENCOUNTERS		687			X MEMBER MONTHS													
		INTERIM COST SETTLEMENT		75,584			INTERIM COST SETTLEMENT													
		Source: (1/25/99)-KEYSTONE					AVERAGE ANNUAL ENCOUNTER PER MEMBER													

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		SOUTHEAST LANCASTER HEALTH SERVICES, INC.			
06/13/2008		Visits by MA HMO and Provider Type and Month			
Source: Centricity		by date of service			
0 26-01704138		April 1, 2006 through March 31, 2007			
Provider type		March 2007			Current Total 2007
		10/06-3/07			
MD	1	867	0	0	867
MD	2	589	0	0	589
CRNP	3	303	0	0	303
CRNP	4	241	0	0	241
CRNP	5	105	0	0	105
CRNP	6	325	0	0	325
DENTIST	7	567	0	0	567
DENTIST	8	0	0	0	0
DENTIST	9	0	0	0	0
CHIRO	10	85	0	0	85
CHIRO	11	144	0	0	144
PA-C	12	755	0	0	755
PA-C	13	1,148	0	0	1,148
PA-C	14	0	0	0	0
CRNP	15	711	0	0	711
RN	16	0	0	0	0
PA-C	17	528	0	0	528
CRNP	18	804	0	0	804
CRNP	20	487	0	0	487
DENTIST	21	709	0	0	709
MD	22	0	0	0	0
MED	23	927	0	0	927
DEN	23	0	0	0	0
MD	24	0	0	0	0
	26	0	0	0	0
Psychologist	27	126	0	0	126
Hygienist	29	295	0	0	295
CRNP	32	93	0	0	93
DENTIST	33	758	0	0	758
MD	34	524	0	0	524
PA	35	0	0	0	0
MD	36	0	0	0	0
DENTIST	37	3	0	0	3
MD	39	0	0	0	0
MD	40	0	0	0	0
MD	41	0	0	0	0
MD	43	0	0	0	0
MD	44	0	0	0	0
MD	45	63	0	0	63
MD	46	0	0	0	0
MD	47	187	0	0	187
MD	48	0	0	0	0
MD	49	57	0	0	57
DENTIST	52	0	0	0	0
Total		11,401	0	0	11,401
Physician		3,443	0	0	3,443
PA		2,431	0	0	2,431
Nurse Prac		3,069	0	0	3,069
Nurse & LPN		0	0	0	0
Lab,Med Asst, NursEduc		0	0	0	0
Psychologist		126	0	0	126
Dentist		2,037	0	0	2,037
Dental Hygenist		295	0	0	295
Total		11,401	0	0	11,401
Medical Billable Encounters		9,089	0	0	9,089
Dental Billable Encounters		2,332	0	0	2,332
Total Billable Medical & Dental					11,401

06/13/2008 12:59:00 PM

		SOUTHEAST LANCASTER HEALTH SERVICES, INC.				
06/13/2008		Visits by MA HMO and Provider Type and Month				
Unison		by date of service				
Source: Centricity		April 1, 2006 through March 31, 2007				
Provider type		March 2007	0	0	Current	Total
		10/06-3/07	0	0	2007	
	MD	1	239			239
	MD	2	111			111
	CRNP	3	99			210
	CRNP	4	57			57
	CRNP	5	27			27
	CRNP	6	102			102
	DENTIST	7	116			116
	DENTIST	8				0
	DENTIST	9				0
	CHIRO	10	30			30
	CHIRO	11	54			54
	PA-C	12	214			214
	PA-C	13	302			302
	PA-C	14				0
	CRNP	15	190			190
	RN	16				0
	PA-C	17	164			164
	CRNP	18	192			192
	CRNP	20	190			190
	DENTIST	21	69			69
	MD	22				0
	MED	23	206			206
	DEN	23				0
	MD	24				0
		26				0
	Psychologist	27				0
	Hygienist	29	57			57
	CRNP	32	35			35
	DENTIST	33	134			134
	MD	34	125			125
	PA	35				0
	MD	36				0
	DENTIST	37	3			3
	MD	39				0
	MD	40				0
	MD	41				0
	MD	43				0
	MD	44				0
	MD	45	13			13
	MD	46				0
	MD	47	44			44
	MD	48				0
	MD	49	13			13
	DENTIST	52				0
	Total	27	2,786	0	0	2,897
	Physician		835	0	0	835
	PA		680	0	0	680
	Nurse Prac		682	0	0	793
	Nurse & LPN		0	0	0	0
	Lab, Med Asst, Nurs Educ		0	0	0	0
	Psychologist		0	0	0	0
	Dentist		322	0	0	322
	Dental Hygenist		57	0	0	57
	Total		2,786	0	0	2,667
	Medical Billable Encounters		2,407	0	0	2,308
	Dental Billable Encounters		379	0	0	379
	Total Billable Medical & Dental					2,667

		SOUTHEAST LANCASTER HEALTH SERVICES, INC.			
06/13/2008		Visits by MA HMO and Provider Type and Month			
Gateway		by date of service			
Source: Centricity		March 2007	0	0	Current
Provider type		10/06-3/07	0	0	Total 2007
	MD	1	217		217
	MD	2	121		121
	CRNP	3	104		104
	CRNP	4	69		69
	CRNP	5	17		17
	CRNP	6	79		79
	DENTIST	7	170		170
	DENTIST	8			0
	DENTIST	9			0
	CHIRO	10	13		13
	CHIRO	11	13		13
	PA-C	12	191		191
	PA-C	13	293		293
	PA-C	14			0
	CRNP	15	204		204
	RN	16			0
	PA-C	17	124		124
	CRNP	18	163		163
	CRNP	20	132		132
	DENTIST	21	199		199
	MD	22			0
	MED	23	313		313
	DEN	23			0
	MD	24			0
		25			0
	Psychologist	27			0
	Hygienist	29	108		108
	CRNP	32	24		24
	DENTIST	33	190		190
	MD	34	173		173
	PA	35			0
	MD	36			0
	DENTIST	37			0
	MD	39			0
	MD	40			0
	MD	41			0
	MD	43			0
	MD	44			0
	MD	45	9		9
	MD	46			0
	MD	47	43		43
	MD	48			0
	MD	49	11		11
	DENTIST	52			0
Total		2,980	0	0	2,980
PROOF					
Physician		913	0	0	913
PA		608	0	0	608
Nurse Prac		792	0	0	792
Nurse & LPN		0	0	0	0
Lab, Med Asst, Nurs Educ		0	0	0	0
Psychologist		0	0	0	0
Dentist		559	0	0	559
Dental Hygienist		108	0	0	108
Total		2,980	0	0	2,980
Medical Billable Encounters		2,313	0	0	2,313
Dental Billable Encounters		667	0	0	667
Total Billable Medical & Dental					2,980

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MA FFS		SOUTHEAST LANCASTER HEALTH SERVICES, INC.				
06/13/2008		Visits by MA HMO and Provider Type and Month				
		by date of service				
		April 1, 2006 through March 31, 2007				
		0 28-01704138				
Source: Centricity		March 2007		0	0	Current
Provider type		10/06-3/07		0	0	Total
						2007
	MD	1	146			146
	MD	2	198			198
	CRNP	3	46			46
	CRNP	4	23			23
	CRNP	5	10			10
	CRNP	6	36			36
	DENTIST	7	141			141
	DENTIST	8				0
	DENTIST	9				0
	CHIRO	10	4			4
	CHIRO	11	6			6
	PA-C	12	122			122
	PA-C	13	132			132
	PA-C	14				0
	CRNP	15	77			77
	RN	16				0
	PA-C	17	55			55
	CRNP	18	279			279
	CRNP	20	114			114
	DENTIST	21	236			236
	MD	22				0
	MED	23	130			130
	DEN	23				0
	MD	24				0
		26				0
	Psychologist	27				0
	Hygienist	29	7			7
	CRNP	32	10			10
	DENTIST	33	143			143
	MD	34	200			200
	PA	35				0
	MD	36				0
	DENTIST	37	1			1
	MD	39				0
	MD	40				0
	MD	41				0
	MD	43				0
	MD	44				0
	MD	45				0
	MD	46				0
	MD	47	4			4
	MD	48				0
	MD	49	1			1
	DENTIST	52				0
	TOTAL		2,121	0	0	2,121
	PROOF					
	Physician		689	0	0	689
	PA		308	0	0	308
	Nurse Prac		585	0	0	585
	Nurse & LPN		0	0	0	0
	Lab, Med Asst, NursEduc		0	0	0	0
	Psychologist		0	0	0	0
	Dentist		521	0	0	521
	Dental Hygienist		7	0	0	7
	Total		2,121	0	0	2,121
	Medical Billable Encounters		1,593	0	0	1,593
	Dental Billable Encounters		528	0	0	528
	Total Billable Medical & Dental					2,121

06/13/2008 16:42:11 W

EXHIBIT B



SouthEast
Lancaster
Health Services

Exhibit B

January 22, 2007

Patricia Lampi
DPW/OMAO/BFFSP
Division of Rate Setting
DGS-Complex/Cheery Wood Building
49 Beech Drive
Harrisburg, PA 17110

Dear Ms. Lampi:

We have completed a review of our billing practices to ensure compliance with the reimbursement guidelines established by the Department of Medical Assistance ("M/A"). We have summarized below certain issues, which were uncovered during our review and their potential impact on our reimbursement received from M/A.

1) Issue: Inclusion of Nurse Visits in the M/A Wrap-around report.

Details: For the time period April 1, 2005 to March 31, 2006, non-billable nurse visits were included in the medical visits reported on our quarterly wrap-around reports. This occurred as a result of the nurse visit being included in our patient scheduling system, which automatically triggered an encounter form, which was then included in our visit count at the end of each quarter. We became aware of this issue on or about March 2006 when we contracted with our Information Systems vendor to create a report listing visits/encounters by each provider (Physician, CRNP, Physician Assistant, Dentist) and realized that there were excess visits reported.

For the period April 1, 2005 to March 31, 2006 there were 906 non-billable nurse visits that were included in the M/A Wrap-around reports and for which we were paid \$90,153.

We immediately discontinued the inclusion of the nurse visits in the wrap-around reports after we became aware of this issue; therefore from April 1, 2006 forward non-billable nurse visits have not been included in our wrap-around reports.

We reviewed our filed wrap-around reports for the period April 1, 2004 to March 31, 2005 and did not identify any non-billable nurse visits in our wrap-around reports, thus no adjustment is necessary for this period.

Resolution: We revised each quarterly wrap-around report for the period April 1, 2005 to March 31, 2006 and have attached those reports for your review.

Impact:

<u>Wrap-Around Dates</u>	<u>Encounters</u>	<u>Payment</u>
4/1/05-6/30/05	109	\$10,624
7/1/05-9/30/05	186	\$18,129
10/1/05-12/31/05	263	\$26,429
1/1/06-3/31/06	<u>348</u>	<u>\$34,971</u>
Total	<u>906</u>	<u>\$90,153</u>

2) Issue: Dental Visits- Credentialing Issue- Visits Included in the Wrap-Around Report.

Details: We hired [REDACTED] as a full-time dentist on or about October 17, 2005. [REDACTED] was hired upon his graduation from dental school. We billed for the services rendered by [REDACTED] from his start date until March 2006, when we realized that he had not been credentialed by M/A and the M/A Managed Care plans. For the quarterly wrap-around reports for the periods ended 12/31/05 and 3/31/06, [REDACTED] visits were included as reimbursable visits. Once this matter was identified, we immediately discontinued the inclusion of [REDACTED] visits in the M/A wrap-around reports. Thus, effective April 1, 2006, we decided to exclude [REDACTED] visits from the wrap-around reports until we received confirmation of [REDACTED] credentialing by all appropriate third parties. Subsequently, [REDACTED] has been credentialed by M/A retroactive to his hire date of [REDACTED], by Amerihealth Mercy (Delta Dental) retroactive to 8/24/06, by Unison retroactive to 8/31/06 and by Gateway Health Plan (Dental Benefit Providers) effective November 1, 2006. As detailed below, we calculated that 269 visits for [REDACTED] were included in the wrap-around reports for the periods ended 12/31/05 and 3/31/06. In our wrap-around reports for the period ended 9/30/06, we included [REDACTED] visits in accordance with the approved credentialing dates as discussed above. We continued to exclude Gateway Health Plan visits since we had not received credentialing confirmation until after 9/30/06.

Resolution: We revised the M/A visits in the quarterly wrap-around report for the quarters ended 12/31/05 and 3/31/06. The revised visits were combined with the nurse visit issue under Issue #1 in this letter, in preparation of the revised quarterly wrap-around reports.

Impact:

<u>Wrap-Around Dates</u>	<u>Encounters</u>	<u>Payment</u>
10/1/05-12/31/05	21	\$2,315
1/1/06-3/31/06	248	\$27,337
Total	269	\$29,652

3) **Issue: Dental Visits- Appropriate Billing**

Details: As discussed above, we hired [REDACTED] on or about 10/17/05 as a full-time dentist in our dental department. Shortly after this date, in a review of our dental visits we noted that services performed by [REDACTED] were billed under our Dental Director, [REDACTED] for the period 10/1/05-12/31/05. Once we became aware of this issue, we immediately discontinued this billing practice. This issue appears to be limited to the period 10/1/05-12/31/05.

Resolution: We identified the number of visits billed under [REDACTED] and excluded these visits in the revised wrap-around report for the period 10/1/05-12/31/05. We have subsequently refunded all reimbursement received for these claims, which was approximately \$14,895.

Impact:

<u>Wrap-Around Dates</u>	<u>Encounters</u>	<u>Payment</u>
10/1/05-12/31/05	276	\$30,423
Total	276	\$30,423

Note: These visits are not duplicative of the visits discussed for [REDACTED] under Issue #2 above.

Summary:

The issues outlined herein have resulted in payment to SELHS from M/A in the amount of \$135,333. A summary of the impact of the three issues is as follows:

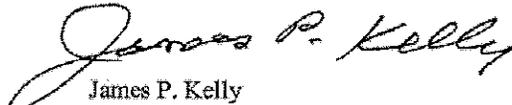
<u>Issue</u>	<u>Encounters</u>	<u>Payment</u>
Issue #1	906	\$90,153
Issue #2	269	\$29,652

Issue #3	<u>276</u>	<u>\$30,423</u>
Sub-total	1451	\$150,228
Less: Refund		<u>(\$14,895)</u>
Total	<u>1451</u>	<u>\$135,333</u>

Conclusion: We are self-disclosing these matters in an effort to recognize our commitment to compliance with the reimbursement guidelines as established by the Department of Medical Assistance. We are disappointed that this has occurred and have made the appropriate changes in our billing practices to ensure that these issues will not occur in the future. Attached for your review are the revised quarterly wrap-around reports for the period 4/1/05-3/31/06. The revised reports include all three issues where applicable. As indicated in our meeting with you and your staff on this matter, we are not in a financial position to settle this with a lump sum and would appreciate any assistance that you can give us in negotiating with the Comptroller's Office in identifying an appropriate pay back schedule.

Please contact me if you have any questions at (717) 299-6372, Ext. 114 or at jkelly@selhs.org.

Sincerely,



James P. Kelly
Executive Director

JPK:dmk

EXHIBIT C

Exhibit C



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

05/18/2010

Jim Kelly
CEO
Southeast Lancaster Health Services
625 South Duke Street
Lancaster, PA 17602

Re: PROMISE #: 100729912

Dear Mr. Kelly:

The Department of Public Welfare (Department), Bureau of Fee-for-Service Programs, Division of Rate Setting, is responsible for reconciling payments made to Southeast Lancaster Health Services with final prospective payment system (PPS) encounter rates and identifying a final settlement for Southeast Lancaster Health Services. As part of this reconciliation process, paid claims are analyzed in order to:

- Apply final PPS encounter rates to previously paid encounters identified in PROMISE;
- Compare results of preceding step with payment made to date for each specific rate period; and
- Determine any amounts due to or from Southeast Lancaster Health Services.

The purpose of this letter is to provide you with the Division's preliminary findings regarding this settlement process for Southeast Lancaster Health Services. The initial reconciliation of your paid claims history for both medical and dental encounters has been completed for the rate periods beginning from 4/1/2000 through 9/30/2005 and a potential overpayment to Southeast Lancaster Health Services has been identified in the amount of (\$13,185.59). Please refer to the attachments for calculation details.

Before a final determination is made, we are providing you with the opportunity to submit any additional information or documents you may have that would enable us to modify our preliminary findings. You may also request a telephone conference call or a meeting. We encourage you to participate in this process as it provides the Department and your clinic with an opportunity to jointly address our preliminary findings prior to the issuance of a final determination.

If you have any additional information that you would like us to consider before we complete our review, please submit that information by 6/17/2010, to:

DPW/OMAP/BFFSP
Division of Rate Setting
DGS Complex/Cherrywood Building
ATTN: Ryan Paul
49 Beech Drive
Harrisburg, PA 17110-3591

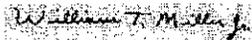
If we do not receive any response from you by 6/17/2010, we will assume that you agree with our preliminary findings and our review will be completed based on the information we have identified to date. Upon completion of our review, you will be notified by letter of our final determination. This final determination notice will include any amounts owed to the Department or any amounts owed to your FQHC/RHC.

If you disagree with the final determination, our written notice will inform you of your right to appeal that determination and to have a hearing before the Department's Bureau of Hearings and Appeals.

Please note that the Department has not made and will not make any recoveries until we conclude our review and notify you in writing of our final determination.

If you have any questions regarding our preliminary findings or would like to arrange for a telephone conference call or a meeting to discuss this matter, please contact Mr. Ryan Paul at 717-705-8105.

Sincerely,



William T. Miller, Jr.
Director
Division of Rate Setting

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION
COST SETTLEMENT SUMMARY
ALL INITIAL DETERMINATION PERIODS**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations

Information is Tentative and Does Not Represent a Final Determination

PERIOD START	PERIOD END	TOTAL MEDICAL SETTLEMENT	TOTAL DENTAL SETTLEMENT	MEDICAL / DENTAL SETTLEMENT TOTAL
4/1/2000	12/31/2000	\$52,226.96	\$42,025.27	\$95,152.23
1/1/2001	9/30/2001	(\$46,367.91)	\$15,166.44	(\$31,201.47)
10/1/2001	9/30/2002	(\$11,654.14)	\$18,547.36	\$6,893.22
10/1/2002	9/30/2003	\$6,792.62	(\$18,639.68)	(\$11,847.04)
10/1/2003	9/30/2004	\$9,225.51	(\$22,201.61)	(\$12,976.10)
10/1/2004	9/30/2005	(\$31,219.67)	(\$27,966.76)	(\$59,206.43)
TOTAL SETTLEMENT PER ALL PERIODS:				(\$13,185.59)

(Values) Are Overpayments From DPW to Provider

END OF REPORT

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 4/1/2000 To 12/31/2000
Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$97.48
FFS ENCOUNTERS:	2140		
MCO ENCOUNTERS:	3378		
TOTAL ENCOUNTERS:	5518		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$537,894.64
MCO PAYMENTS:	\$184,109.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$116,740.00		
DPW PAYMENTS:	\$163,102.68		
T11- FAMILY CARE NETWORK :			
T12- LANCASTER CMMNTY HEALTH PLAN:	\$19,716.00		
T15- FCN GA (SSI) :			
T16- FCN GA (TANF):			
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$485,657.68
TOTAL MEDICAL SETTLEMENT (A - B):		C)	\$52,226.96

DENTAL		RATE:	\$100.07
FFS ENCOUNTERS:	1025		
MCO ENCOUNTERS:	1136		
TOTAL ENCOUNTERS:	2161		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$216,251.27
MCO PAYMENTS:	\$35,442.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$68,485.00		
DPW PAYMENTS:	\$69,399.00		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$173,326.00
TOTAL DENTAL SETTLEMENT (D - E):		F)	\$42,925.27

TOTAL SETTLEMENT (C + F)			\$95,152.23
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(Values) Are Overpayments From DPW to Provider
END OF REPORT

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 1/1/2001 To 9/30/2001
Information Is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$87.59
FFS ENCOUNTERS:	2095		
MCO ENCOUNTERS:	3578		
TOTAL ENCOUNTERS:	5673		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$496,898.07
MCO PAYMENTS:	\$189,514.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$138,266.58		
DPW PAYMENTS:	\$198,247.40		
T11- FAMILY CARE NETWORK :			
T12- LANCASTER CMMNTY HEALTH PLAN:	\$17,233.00		
T15- FCN GA (SGI) :			
T16- FCN GA (TANF):			
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$543,265.98
TOTAL MEDICAL SETTLEMENT (A - B):		C)	(\$46,367.91)
DENTAL		RATE:	\$91.52
FFS ENCOUNTERS:	1071		
MCO ENCOUNTERS:	1269		
TOTAL ENCOUNTERS:	2340		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$214,166.80
MCO PAYMENTS:	\$73,744.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$46,100.36		
DPW PAYMENTS:	\$79,146.00		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$198,990.36
TOTAL DENTAL SETTLEMENT (D - E):		F)	\$15,166.44
TOTAL SETTLEMENT (C + F)			(\$31,201.47)

(Values) Are Overpayments From DPW to Provider
END OF REPORT

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 10/1/2001 To 9/30/2002
Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$89.43
FFS ENCOUNTERS:	1726		
MCO ENCOUNTERS:	8892		
TOTAL ENCOUNTERS:	10618		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$949,567.74
MCO PAYMENTS:	\$443,206.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$337,420.68		
DPW PAYMENTS:	\$173,123.20		
T11- FAMILY CARE NETWORK :			
T12- LANCASTER COMMUNITY HEALTH PLAN:	\$7,470.00		
T15- FCN GA (SSI) :			
T18- FCN GA (TANF):			
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$961,221.88
TOTAL MEDICAL SETTLEMENT (A - B):		C)	(\$11,654.14)
DENTAL		RATE:	\$93.44
FFS ENCOUNTERS:	583		
MCO ENCOUNTERS:	2727		
TOTAL ENCOUNTERS:	3310		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$309,286.40
MCO PAYMENTS:	\$137,271.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$114,213.64		
DPW PAYMENTS:	\$39,254.40		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$290,739.04
TOTAL DENTAL SETTLEMENT (D - E):		F)	\$18,547.36
TOTAL SETTLEMENT (C + F)			\$6,893.22

(Values) Are Overpayments From DPW to Provider
 END OF REPORT

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 10/1/2002 To 9/30/2003

Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$91.75
FFS ENCOUNTERS:	746		
MCO ENCOUNTERS:	10958		
TOTAL ENCOUNTERS:	11704		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$1,073,842.00
MCO PAYMENTS:	\$911,780.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$387,151.28		
DPW PAYMENTS:	\$68,118.10		
T11- FAMILY CARE NETWORK :			
T12- LANCASTER CMMNTY HEALTH PLAN:			
T16- FCN GA (SSI) :			
T16- FCN GA (TANF):			
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$1,067,049.38
TOTAL MEDICAL SETTLEMENT (A - B):		C)	\$6,792.62

DENTAL		RATE:	\$95.87
FFS ENCOUNTERS:	120		
MCO ENCOUNTERS:	5059		
TOTAL ENCOUNTERS:	5179		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$496,510.73
MCO PAYMENTS:	\$283,510.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$222,440.58		
DPW PAYMENTS:	\$9,199.80		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$515,150.39
TOTAL DENTAL SETTLEMENT (D - E):		F)	(\$18,639.66)

TOTAL SETTLEMENT (C + F)		(\$11,847.04)
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(Values) Are Overpayments From DPW to Provider

END OF REPORT

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729812
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 10/1/2003 To 9/30/2004
Information Is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$94.51
FFS ENCOUNTERS:	807		
MCO ENCOUNTERS:	13810		
TOTAL ENCOUNTERS:	14617		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$1,381,452.67
MCO PAYMENTS:	\$673,918.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$622,702.90		
DPW PAYMENTS:	\$75,606.26		
T11- FAMILY CARE NETWORK :			
T12- LANCASTER CMMNTY HEALTH PLAN:			
T15- FCN GA (SSI) :			
T16- FCN GA (TANF):			
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$1,372,227.16
TOTAL MEDICAL SETTLEMENT (A - B):		C)	\$9,225.51

DENTAL		RATE:	\$88.74
FFS ENCOUNTERS:	91		
MCO ENCOUNTERS:	5885		
TOTAL ENCOUNTERS:	5976		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$590,070.24
MCO PAYMENTS:	\$348,537.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$257,676.85		
DPW PAYMENTS:	\$6,058.00		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$612,271.85
TOTAL DENTAL SETTLEMENT (D - E):		F)	(\$22,201.61)

TOTAL SETTLEMENT (C + F)	(\$12,976.10)
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*(Values) Are Overpayments From DPW to Provider
END OF REPORT*

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 10/1/2004 To 9/30/2006
Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$97.25
FFS ENCOUNTERS:	1139		
MCO ENCOUNTERS:	17479		
TOTAL ENCOUNTERS:	18618		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$1,810,600.50
MCO PAYMENTS:	\$844,110.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$888,321.78		
DPW PAYMENTS:	\$109,388.39		
T11- FAMILY CARE NETWORK :			
T12- LANCASTER CMMNTY HEALTH PLAN:			
T15- FCN GA (SSI) :			
T16- FCN GA (TANF):			
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$1,841,820.17
TOTAL MEDICAL SETTLEMENT (A - B):		C)	(\$31,219.67)

DENTAL		RATE:	\$101.61
FFS ENCOUNTERS:	51		
MCO ENCOUNTERS:	5677		
TOTAL ENCOUNTERS:	5728		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$582,023.08
MCO PAYMENTS:	\$329,132.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$277,852.84		
DPW PAYMENTS:	\$3,024.00		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$610,008.84
TOTAL DENTAL SETTLEMENT (D - E):		F)	(\$27,988.76)

TOTAL SETTLEMENT (C + F)			(\$59,206.43)
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(Values) Are Overpayments From DPW to Provider
END OF REPORT

EXHIBIT D

Exhibit D



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

07/27/2010

Jim Kelly
CEO
Southeast Lancaster Health Services
625 South Duke Street
Lancaster, PA 17602

Re: PROMISE #: 100729912

Dear Mr. Kelly:

The Department of Public Welfare (Department), Bureau of Fee-for-Service Programs, Division of Rate Setting, is responsible for reconciling payments made to Southeast Lancaster Health Services with final prospective payment system (PPS) encounter rates and identifying a final settlement for Southeast Lancaster Health Services. As part of this reconciliation process, paid claims are analyzed in order to:

- Apply final PPS encounter rates to previously paid encounters identified in PROMISE;
- Compare results of preceding step with payment made to date for each specific rate period; and
- Determine any amounts due to or from Southeast Lancaster Health Services.

The purpose of this letter is to provide you with the Division's preliminary findings regarding this settlement process for Southeast Lancaster Health Services. The initial reconciliation of your paid claims history for both medical and dental encounters has been completed for the rate periods beginning from 4/1/2000 through 9/30/2005 and a potential underpayment to Southeast Lancaster Health Services has been identified in the amount of \$31,238.41. Please refer to the attachments for calculation details.

Before a final determination is made, we are providing you with the opportunity to submit any additional information or documents you may have that would enable us to modify our preliminary findings. You may also request a telephone conference call or a meeting. We encourage you to participate in this process as it provides the Department and your clinic with an opportunity to jointly address our preliminary findings prior to the issuance of a final determination.

If you have any additional information that you would like us to consider before we complete our review, please submit that information by 8/26/2010, to:

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION
COST SETTLEMENT SUMMARY
ALL INITIAL DETERMINATION PERIODS**

PROVIDER NAME: Southeast Lancaster Health Services
PROVIDER ID: 100729012
LOCATION NAME: Southeast Lancaster Health Services
LOCATION(S): All Site Locations

Information Is Tentative and Does Not Represent a Final Determination

PERIOD START	PERIOD END	TOTAL MEDICAL SETTLEMENT	TOTAL DENTAL SETTLEMENT	MEDICAL / DENTAL SETTLEMENT TOTAL
4/1/2000	12/31/2000	\$71,942.96	\$42,925.27	\$114,868.23
1/1/2001	9/30/2001	(\$29,129.91)	\$15,166.44	(\$13,963.47)
10/1/2001	9/30/2002	(\$4,184.14)	\$18,547.36	\$14,363.22
10/1/2002	9/30/2003	\$6,782.62	(\$18,639.66)	(\$11,847.04)
10/1/2003	9/30/2004	\$9,225.51	(\$22,201.61)	(\$12,976.10)
10/1/2004	9/30/2005	(\$31,219.67)	(\$27,956.76)	(\$59,206.43)
TOTAL SETTLEMENT PER ALL PERIODS:				\$31,238.41

(Values) Are Overpayments From DPW to Provider

END OF REPORT

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 4/1/2000 To 12/31/2000
Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$97.48
FFS ENCOUNTERS:	2140		
MCO ENCOUNTERS:	3378		
TOTAL ENCOUNTERS:	5518		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$537,894.64
MCO PAYMENTS:	\$184,109.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$118,740.00		
DPW PAYMENTS:	\$163,102.68		
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$465,951.68
TOTAL MEDICAL SETTLEMENT (A - B):		C)	\$71,942.96

DENTAL		RATE:	\$100.07
FFS ENCOUNTERS:	1025		
MCO ENCOUNTERS:	1136		
TOTAL ENCOUNTERS:	2161		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$216,251.27
MCO PAYMENTS:	\$35,442.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$68,485.00		
DPW PAYMENTS:	\$69,399.00		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$173,326.00
TOTAL DENTAL SETTLEMENT (D - E):		F)	\$42,925.27

TOTAL SETTLEMENT (C + F)	\$114,868.23
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*(Values) Are Overpayments From DPW to Provider
END OF REPORT*

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 1/1/2001 To 9/30/2001

Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$87.59
FFS ENCOUNTERS:	2085		
MCO ENCOUNTERS:	3578		
TOTAL ENCOUNTERS:	5673		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$496,898.07
MCO PAYMENTS:	\$189,514.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$138,266.58		
DPW PAYMENTS:	\$198,247.40		
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$526,027.98
TOTAL MEDICAL SETTLEMENT (A - B):		C)	(\$29,129.91)

DENTAL		RATE:	\$91.52
FFS ENCOUNTERS:	1071		
MCO ENCOUNTERS:	1269		
TOTAL ENCOUNTERS:	2340		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$214,156.80
MCO PAYMENTS:	\$73,744.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$46,100.36		
DPW PAYMENTS:	\$79,146.00		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$198,990.36
TOTAL DENTAL SETTLEMENT (D - E):		F)	\$15,166.44

TOTAL SETTLEMENT (C + F)		(\$13,963.47)
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*(Values) Are Overpayments From DPW to Provider
END OF REPORT*

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 10/1/2001 To 9/30/2002

Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$89.43
FFS ENCOUNTERS:	1726		
MCO ENCOUNTERS:	8892		
TOTAL ENCOUNTERS:	10618		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$949,567.74
MCO PAYMENTS:	\$443,208.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$337,420.68		
DPW PAYMENTS:	\$173,123.20		
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$953,751.88
TOTAL MEDICAL SETTLEMENT (A - B):		C)	(\$4,184.14)
DENTAL		RATE:	\$93.44
FFS ENCOUNTERS:	583		
MCO ENCOUNTERS:	2727		
TOTAL ENCOUNTERS:	3310		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$309,286.40
MCO PAYMENTS:	\$137,271.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$114,213.64		
DPW PAYMENTS:	\$39,254.40		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$290,739.04
TOTAL DENTAL SETTLEMENT (D - E):		F)	\$18,547.36
TOTAL SETTLEMENT (C + F)			\$14,363.22

*(Values) Are Overpayments From DPW to Provider
END OF REPORT*

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100720012
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 10/1/2002 To 9/30/2003

Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$91.75
FFS ENCOUNTERS:	746		
MCO ENCOUNTERS:	10958		
TOTAL ENCOUNTERS:	11704		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$1,073,842.00
MCO PAYMENTS:	\$611,780.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$387,151.28		
DPW PAYMENTS:	\$68,118.10		
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$1,067,049.38
TOTAL MEDICAL SETTLEMENT (A - B):		C)	\$6,792.62

DENTAL		RATE:	\$95.87
FFS ENCOUNTERS:	120		
MCO ENCOUNTERS:	5059		
TOTAL ENCOUNTERS:	5179		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$495,510.73
MCO PAYMENTS:	\$283,510.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$222,440.59		
DPW PAYMENTS:	\$9,199.80		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$515,150.39
TOTAL DENTAL SETTLEMENT (D - E):		F)	(\$18,639.66)

TOTAL SETTLEMENT (C + F)	(\$11,847.04)
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*(Values) Are Overpayments From DPW to Provider
END OF REPORT*

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 10/1/2003 To 9/30/2004

Information is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE:	\$94.51
FFS ENCOUNTERS:	807		
MCO ENCOUNTERS:	13810		
TOTAL ENCOUNTERS:	14617		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		A)	\$1,381,452.67
MCO PAYMENTS:	\$673,918.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTL PAYMENTS:	\$622,702.90		
DPW PAYMENTS:	\$75,806.26		
OTHER PAYMENTS:			
TOTAL MEDICAL PAYMENTS:		B)	\$1,372,227.16
TOTAL MEDICAL SETTLEMENT (A - B):		C)	\$9,225.51

DENTAL		RATE:	\$98.74
FFS ENCOUNTERS:	91		
MCO ENCOUNTERS:	5885		
TOTAL ENCOUNTERS:	5976		
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):		D)	\$590,070.24
MCO PAYMENTS:	\$348,537.00		
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$257,678.85		
DPW PAYMENTS:	\$6,058.00		
OTHER PAYMENTS:			
TOTAL DENTAL PAYMENTS:		E)	\$612,271.85
TOTAL DENTAL SETTLEMENT (D - E):		F)	(\$22,201.61)

TOTAL SETTLEMENT (C + F)		(\$12,976.10)
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(Values) Are Overpayments From DPW to Provider

END OF REPORT

**PA DEPARTMENT OF PUBLIC WELFARE
BFFSP - RATE SETTING DIVISION COST SETTLEMENT SUMMARY**

PROVIDER NAME: Southeast Lancaster Health Services
 PROVIDER ID: 100729912
 LOCATION NAME: Southeast Lancaster Health Services
 LOCATION(S): All Site Locations
 COST SETTLEMENT PERIOD: 10/1/2004 To 9/30/2005
Information Is Tentative and Does Not Represent a Final Determination

MEDICAL		RATE: \$97.25
FFS ENCOUNTERS:	1139	
MCO ENCOUNTERS:	17479	
TOTAL ENCOUNTERS:	18618	
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):	A)	\$1,810,600.50
MCO PAYMENTS:	\$844,110.00	
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$888,321.78	
DPW PAYMENTS:	\$109,368.39	
OTHER PAYMENTS:		
TOTAL MEDICAL PAYMENTS:	B)	\$1,841,820.17
TOTAL MEDICAL SETTLEMENT (A - B):	C)	(\$31,219.67)

DENTAL		RATE: \$101.61
FFS ENCOUNTERS:	51	
MCO ENCOUNTERS:	5677	
TOTAL ENCOUNTERS:	5728	
TOTAL ELIGIBLE PAYMENTS (Total Encounters X Rate):	D)	\$582,022.08
MCO PAYMENTS:	\$329,132.00	
MCO DPW WRAP-AROUND/ SUPPLEMENTAL PAYMENTS:	\$277,852.84	
DPW PAYMENTS:	\$3,024.00	
OTHER PAYMENTS:		
TOTAL DENTAL PAYMENTS:	E)	\$610,008.84
TOTAL DENTAL SETTLEMENT (D - E):	F)	(\$27,986.76)

TOTAL SETTLEMENT (C + F)	(\$59,206.43)
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(Values) Are Overpayments From DPW to Provider
END OF REPORT