

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
MARIN COMMUNITY CLINIC
PROVIDER NUMBER (NPI): FHC70941F (1003900101)**

**FISCAL PERIOD ENDED
JUNE 30, 2005**

**Special Programs Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Alan J. Eng
Audit Supervisor: Alan J. Eng
Auditor: Michael Donohue**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

January 10, 2013

Art Feagles
Chief Financial Officer
Marin Community Clinic
Administrative Office
6090 Redwood Blvd., Suite G
Novato, CA 94945

PROVIDER LEGAL NAME: MARIN COMMUNITY CLINIC
DBA: MARIN COMMUNITY CLINIC
FQHC PROVIDER NO. (NPI): FHC70941F (1003900101)
FISCAL PERIOD ENDED JUNE 30, 2005

We have reviewed the Clinic's Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. Our review was made under the authority of Welfare and Institutions Code section 14170, and was limited to a review of the provider's reported reconciliation data, EDS Medi-Cal Paid Claims Summary Report, the base period's Medi-Cal program audit reports, the Medicare audit report for the current fiscal period (if applicable and available), and, if necessary, the provider's records.

The reconciliation review includes a settlement of the difference between the Medi-Cal Prospective Payment System (PPS) rate per visit, and the Managed Care Plan(s) visits and payments, which includes the Medi-Cal Managed Care Wrap-Around code 018 payments.

In addition, the review includes a reconciliation of both the Non-Managed Care Medi-Cal CHDP visits and payments and the Non-Managed Care Medicare/Medi-Cal Crossover visits and payments. Further, the review may include an adjustment for Medi-Cal duplicate payments or non-billable payments found during our review of ACS Medi-Cal Paid Claims Detail Report(s).

The amount due the Clinic for the above fiscal period in the amount of \$10,939 as presented in the accompanying schedule(s) represents a final determination in accordance with the reimbursement principles of the program.

This determination includes:

1. Reconciliation Computation Summary (Schedule 1)
2. Reconciliation Review Adjustments

The reconciliation amount will be incorporated into a Statement(s) of Accounts Status, which may reflect other financial transactions initiated by the Department. The State's Medi-Cal fiscal intermediary will forward the Statement(s) of Account Status to the Clinic.

Please note; the computation of this reconciliation utilizes the PPS rate in effect for the applicable time period. Should a Scope-of-Service change result in a change in the PPS rate for the applicable period, the reconciliation amount will be adjusted to reflect the impact of the new PPS rate. At that time, a revised reconciliation determination will be sent to the clinic.

Notwithstanding this determination, overpayments to the provider are subject to recovery pursuant to California Code of Regulations, Title 22, and Section 51458.1.

If you disagree with the determination of the Department as set forth in this letter, you may appeal by writing to Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814. This written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to the Assistant Chief Counsel, Appeals and Suspension Section, Office of Legal Services, Department of Health Care Services, 1501 Capitol Avenue, P.O. Box 942732, Sacramento, California 94234-7320. The procedures that govern an appeal are contained in Welfare and Institutions Code Section 14171, and California Code of Regulations, Title 22, Section 51016 et seq. Excerpts of the statute and regulations are included for your information.

Art Feagles
Chief Financial Officer
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If you have questions regarding this letter you may call the Audit Review and Analysis Section at (916) 650-6696.

Sincerely,

Original Signed By

Alan J. Eng, Chief
Special Programs Section
Financial Audits Branch

Enclosures
Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: MARIN COMMUNITY CLINIC - NOVATO	PROVIDER NUMBERS (NPI): FHC70941F (10033900101)
FISCAL PERIOD: JULY 1, 2004 THROUGH JUNE 30, 2005	

PAYMENT/RECOVERY DETERMINATION

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1. Managed Care Medi-Cal Visits			-					-
2. Managed Care Crossover Visits			-					-
3. CHDP History Physicals Visits (Non Managed Care)			-					-
4. Medi-Cal Crossover Visits (Non Managed Care)	183	768	951	-	2	513	3	513
5. Subtotal Visits	183	768	951	-		513		513
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
Total Visits	183	768	951	-		513		513

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments			\$ -					\$ -
7. Managed Care Medicare Payments			-					-
8. Medi-Cal (Code 18) Payments			-					-
9. CHDP Program Payments (Non Managed Care)			-					-
10. Medicare Crossover Payments (Non Managed Care)	\$ 15,603	\$ 66,876	82,479	\$ -	6	\$ 45,095	7	45,095
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 5,188	\$ 16,750	21,938	\$ -	4	\$ 10,932	5	10,932
12. Total Payments	\$ 20,791	\$ 83,627	\$ 104,417	\$ -		\$ 56,028		\$ 56,028

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 126.86	\$ 130.54		\$ -	1	\$ 130.54		
14. Total Medi-Cal Visits (From Line 5)	183	768	951	-		513		513
15. PPS Amount (Line 13 x Line 14)	\$ 23,215	\$ 100,255	\$ 123,470	\$ -		\$ 66,967		\$ 66,967
16. Less: Total Payments (From Line 12)	\$ 20,791	\$ 83,627	\$ 104,417	\$ -		\$ 56,028		\$ 56,028
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 2,425	\$ 16,628	\$ 19,053	\$ -		\$ 10,939		\$ 10,939
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 2,425	\$ 16,628	\$ 19,053	\$ -		\$ 10,939		\$ 10,939

Provider Legal Name					Fiscal Period		Provider Number (NPI)		Adjustments	
MARIN COMMUNITY CLINIC					JULY 1, 2004 THROUGH JUNE 30, 2005		FHC70941F (1003900101)		7	
Report References					Explanation of Audit Adjustments			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Report		Reconciliation Worksheet							
	Schedule	Line	Worksheet	Line						
<u>MEMORANDUM ADJUSTMENTS</u>										
1	1	13	1	13	PPS Rate (Period 1) To reconcile the reported PPS rate to agree with the PPS rate reported provider's master file. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304			\$126.86	(\$126.86)	\$0.00

Provider Legal Name				Fiscal Period		Provider Number (NPI)		Adjustments
MARIN COMMUNITY CLINIC				JULY 1, 2004 THROUGH JUNE 30, 2005		FHC70941F (1003900101)		7
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Report		Reconciliation Worksheet					
	Schedule	Line	Worksheet	Line				
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</u>								
2	1	4	2 OF 2	4	Medi-Cal Crossover - Period 1	183	(183)	0
3	1	4	2 OF 2	4	Medi-Cal Crossover - Period 2	768	(255)	513
4	1	11	2 OF 2	11	Medi-Cal (Code 2) Payments - Period 1	\$5,188	(\$5,188)	\$0
5	1	11	2 OF 2	11	Medi-Cal (Code 2) Payments - Period 2	16,750	(5,818)	10,932
To adjust Medi-Cal Reconciliation Data to agree with the following ACS Paid Claims Summary: Report Date: December 29, 2011 Payment Period: July 1, 2004 through December 29, 2011 Service Period: July 1, 2004 through June 30, 2005 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3								

Provider Legal Name					Fiscal Period		Provider Number (NPI)		Adjustments
MARIN COMMUNITY CLINIC					JULY 1, 2004 THROUGH JUNE 30, 2005		FHC70941F (1003900101)		7
Report References					Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Report		Reconciliation Worksheet						
	Schedule	Line	Worksheet	Line					
<u>ADJUSTMENTS TO OTHER MATTERS</u>									
6	1	10	2 OF 2	10	Medicare Crossover Period 1	\$15,603	(\$15,603)	\$0	
7	1	10	2 OF 2	10	Medicare Crossover Period 2	66,876	(21,781)	45,095	
					To reconcile the reported Medicare Crossover plan payments to the audited Medicare Crossover plan payments. 42 CFR 405.2470, 405.2463 and 413.60 CMS Pub. 15-1, Sections 2300 and 2304				