REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
SAN DIEGO AMERICAN INDIAN HEALTH CENTER
PROVIDER NUMBERS (NPI): FHC70019F (1003902917)

FISCAL PERIOD ENDED
JUNE 30, 2006

Audit Review and Analysis Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Evie Correa
Audit Supervisor: Ralph R. Zavala
Auditor: Emil Guzman

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

April 10, 2013

Laura Dowell, CFO
San Diego American Indian Health Center
2602 First Ave
San Diego, CA 92103

PROVIDER LEGAL NAME: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
DBA: SAN DIEGO AMERICAN INDIAN HEALTH CENTER
PROVIDER NUMBERS (NPI): FHC70019F (1003902917)
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We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period.Our review was made under the authority of Welfare and Institutions Code section 14170, and was limited to a review of the provider's records/data and the Medi-Cal Paid Claims Summary Reports received from the State's fiscal intermediary.

The data presented on Schedule 1 represents the reported Medi-Cal settlement due the Clinic in the amount of $21,534 which was accepted as filed.

Your interim Managed Care rate (Code 18), and Medi-Cal crossover rate (Code 02) will not be adjusted at this time.

This determination includes:

1. Reconciliation Review Report (Schedule 1)

The accepted settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the Provider, and other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement(s) of Account Status to the Provider. Instructions regarding payment will be included with the Statement(s) of Account Status.

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

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

If you have further questions regarding this letter, please contact Emil Guzman Auditor, at (916) 650-6696.

Sincerely,

Original Signed By

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

Enclosure(s)
Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: SAN DIEGO AMERICAN INDIAN HEALTH CENTER	PROVIDER NUMBERS (NPI): FHC70019F (1003902917)
FISCAL PERIOD: JULY 1, 2005 THROUGH JUNE 30, 2006	

PAYMENT/RECOVERY DETERMINATION

		REPORTED			ACCEPT AS FILED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1.	Managed Care Medi-Cal Visits	23	57	80	23		57		80
2.	Managed Care Crossover Visits	-	-	-	-		-		-
3.	CHDP History Physicals Visits (Non Managed Care)	16	44	60	16		44		60
4.	Medi-Cal Crossover Visits (Non Managed Care)	80	135	215	80		135		215
5.	Subtotal Visits	119	236	355	119		236		355
5b.	Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
	Total Visits	119	236	355	119		236		355

		REPORTED			ACCEPT AS FILED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6.	Managed Care Plan(s) Payments	$ 3,863	$ 8,868	$ 12,731	$ 3,863		$ 8,868		$ 12,731
7.	Managed Care Medicare Payments	$ -	$ -	-	$ -		$ -		-
8.	Medi-Cal (Code 18) Payments	$ -	$ -	-	$ -		$ -		-
9.	CHDP Program Payments (Non Managed Care)	$ 2,732	$ 7,572	10,304	$ 2,732		$ 7,572		10,304
10.	Medicare Crossover Payments (Non Managed Care)	$ 4,576	$ 7,211	11,787	$ 4,576		$ 7,211		11,787
11.	Medi-Cal Crossover Payments (Non Managed Care)	$ 2,417	$ 3,096	5,513	$ 2,417		$ 3,096		5,513
12.	**Total Payments**	$ 13,588	$ 26,747	$ 40,334	$ 13,588		$ 26,747		$ 40,334

		REPORTED RECONCILIATION COMPUTED			ACCEPT AS FILED RECONCILIATION COMPUTED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13.	PPS Rate	$ 170.76	$ 176.05		$ 170.76		$ 176.05		
14.	Total Medi-Cal Visits (From Line 5)	119	236	355	119		236		355
15.	PPS Amount (Line 13 x Line 14)	$ 20,320	$ 41,548	$ 61,868	$ 20,320		$ 41,548		$ 61,868
16.	Less: Total Payments (From Line 12)	$ 13,588	$ 26,747	$ 40,334	$ 13,588		$ 26,747		$ 40,334
17.	Reconciliation Amount Due Clinic (State) (L 15-L 16)	$ 6,733	$ 14,801	$ 21,534	$ 6,733		$ 14,801		$ 21,534
18.	Medi-Cal Billing Review Results (Schedule 2)			$ -					$ -
19.	**Total Amount Due Clinic (State)** (L 17+L 18)	$ 6,733	$ 14,801	$ 21,534	$ 6,733		$ 14,801		$ 21,534