

**REPORT
ON THE
RURAL HEALTH CLINIC
RECONCILIATION REVIEW
ANDERSON MEDICAL ASSOCIATES
RHC PROVIDER NUMBER (NPI): RHM53832H
(1851373534)**

**FISCAL PERIOD ENDED
DECEMBER 31, 2002**

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

**Section Chief: Alan Eng
Audit Supervisor: Alan 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

February 4, 2013.

Nirmal S. Mehton, M.D.
Anderson Medical Associates
P O Box 667
Anderson, CA 96007-0667

PROVIDER LEGAL NAME: NIRMAL S. MEHTON MD
DBA: ANDERSON MEDICAL ASSOCIATES
RHC PROVIDER NO. (NPI): RHM53832H (1851373534)
FISCAL PERIOD ENDED DECEMBER 31, 2002

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, ACS 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 data presented on Schedule 1 represents the reported Medi-Cal settlement due the Clinic in the amount of \$37,290 for the above fiscal period which was accepted as filed.

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.

Your interim Medi-Cal Crossover rate (Code 02) will not be adjusted at this time.

This determination includes:

1. Reconciliation Computation (Schedule 1)

Nirmal S. Mehton, M.D.
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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, Section 51458.1.

If you have questions regarding this letter you may call the Special Programs Section at (916) 327-2666.

Sincerely,

Original Signed By

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

Enclosures
Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: ANDERSON MEDICAL ASSOCIATES	PROVIDER NUMBERS (NPI): RHM53832H (1851373534)
FISCAL PERIOD: JULY 1, 2002 THROUGH DECEMBER 31, 2002	

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)	334	92	426	334		92		426
4. Medi-Cal Crossover Visits (Non Managed Care)	2,800	761	3,561	2,800		761		3,561
5. Subtotal Visits	3,134	853	3,987	3,134		853		3,987
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
Total Visits	3,134	853	3,987	3,134		853		3,987

	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)	17,780	5,290	23,070	17,780		5,290		23,070
10. Medicare Crossover Payments (Non Managed Care)	105,750	34,081	139,831	105,750		34,081		139,831
11. Medi-Cal Crossover Payments (Non Managed Care)	30,064	8,048	38,112	30,064		8,048		38,112
12. Total Payments	\$ 153,593	\$ 47,420	\$ 201,013	\$ 153,594		\$ 47,419		\$ 201,013

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 59.77	\$ 59.77		\$ 59.77		\$ 59.77		
14. Total Medi-Cal Visits (From Line 5)	3,134	853	3,987	3,134		853		3,987
15. PPS Amount (Line 13 x Line 14)	\$ 187,319	\$ 50,984	\$ 238,303	\$ 187,319		\$ 50,984		\$ 238,303
16. Less: Total Payments (From Line 12)	\$ 153,593	\$ 47,420	\$ 201,013	\$ 153,594		\$ 47,419		\$ 201,013
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 33,726	\$ 3,564	\$ 37,290	\$ 33,725		\$ 3,565		\$ 37,290
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 33,726	\$ 3,564	\$ 37,290	\$ 33,725		\$ 3,565		\$ 37,290