

**REPORT  
ON THE  
RURAL HEALTH CLINIC  
RECONCILIATION REVIEW  
ANDERSON MEDICAL ASSOCIATES  
NATIONAL PROVIDER IDENTIFIER: 1851373534**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2006**

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

**Section Chief: Evie Correa  
Audit Supervisor: Emil Guzman  
Auditor: Ali Khan**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

September 30, 2013

Nirmal S. Mehton  
2830 East Street  
Anderson, CA 96007

PROVIDER LEGAL NAME: ANDERSON MEDICAL ASSOCIATES  
DBA: NIRMAL S. MEHTON  
NATIONAL PROVIDER IDENTIFIER: 1851373534  
FISCAL PERIOD ENDED: DECEMBER 31, 2006

We have reviewed the Rural Health Clinic (RHC) 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 reconciliation review consists of finding the difference between the Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis such as those rendered to Managed Care Plan patients and Non-Managed Care crossovers.

This review may include an adjustment for duplicate payments, credit balances or payments made for non-billable services found during our review of Medi-Cal Paid Claims Detail Report.

The amount due the State for the above referenced fiscal period in the amount of \$27,499 as presented in the accompanying schedules represents a final determination in accordance with the reimbursement principles of the program.

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)
2. Adjustment Schedule(s)

Nirmal S. Mehton

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The reconciliation settlement amount will be incorporated into a Statement(s) of Account Status, which may reflect other financial transactions initiated by the Department. The State's 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 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 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.

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

Sincerely,

**Original Signed By**

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

Certified

**SCHEDULE 1**

**FQHC/RHC RECONCILIATION**

PROVIDER LEGAL NAME: ANDERSON MEDICAL ASSOCIATES	PROVIDER NPI: 1851373534
FISCAL PERIOD: JANUARY 1, 2006 THROUGH DECEMBER 31, 2006	

**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)	184	64	248	-	7	-	8	-
4. Medi-Cal Crossover Visits (Non Managed Care)	3,123	893	4,016	3,140	1	880	2	4,020
5. Subtotal Visits	3,307	957	4,264	3,140		880		4,020
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
<b>Total Visits</b>	<b>3,307</b>	<b>957</b>	<b>4,264</b>	<b>3,140</b>		<b>880</b>		<b>4,020</b>

	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)	\$ 9,992	\$ 5,408	15,400	\$ -	9	\$ -	10	-
10. Medicare Crossover Payments (Non Managed Care)	\$ 12,949	\$ 46,486	59,435	\$ 182,773	5	\$ 51,223	6	233,996
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 31,458	\$ 17,457	48,915	\$ 38,535	3	\$ 11,443	4	49,977
12. <b>Total Payments</b>	<b>\$ 54,399</b>	<b>\$ 69,351</b>	<b>\$ 123,750</b>	<b>\$ 221,308</b>		<b>\$ 62,666</b>		<b>\$ 283,973</b>

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 63.41	\$ 65.19		\$ 63.41		\$ 65.19		
14. Total Medi-Cal Visits (From Line 5)	3,307	957	4,264	3,140		880		4,020
15. PPS Amount (Line 13 x Line 14)	\$ 209,697	\$ 62,387	\$ 272,084	\$ 199,107		\$ 57,367		\$ 256,475
16. Less: Total Payments (From Line 12)	\$ 54,399	\$ 69,351	\$ 123,750	\$ 221,308		\$ 62,666		\$ 283,973
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 155,298	\$ (6,964)	\$ 148,334	\$ (22,200)		\$ (5,298)		\$ (27,499)
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>	<b>\$ 155,298</b>	<b>\$ (6,964)</b>	<b>\$ 148,334</b>	<b>\$ (22,200)</b>		<b>\$ (5,298)</b>		<b>\$ (27,499)</b>

Provider Legal Name					Fiscal Period	Provider NPI		Adjustments
ANDERSON MEDICAL ASSOCIATES					JANUARY 1, 2006 THROUGH DECEMBER 31, 2006	1851373534		10
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
<b><u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</u></b>								
1	1	4	1	4	Medi-Cal Crossover Visits (Period 1)	3,123	17	3,140
2	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	893	(13)	880
3	1	11	1	11	Medi-Cal Crossover Payments (Period 1)	\$31,458	\$7,077	\$38,535
4	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	17,457	(6,014)	11,443
<p>To adjust Medi-Cal Settlement Data to agree with the following ACS                      Paid Claims Summary Report:                      Run On: 7/10/2013                      Payment Period: 1/1/2006 through 7/10/2013                      Service Period: 1/1/2006 through 12/31/2006                      42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64                      CMS Pub. 15-1, Sections 2304 and 2408.3</p>								

Provider Legal Name					Fiscal Period	Provider NPI		Adjustments	
ANDERSON MEDICAL ASSOCIATES					JANUARY 1, 2006 THROUGH DECEMBER 31, 2006	1851373534		10	
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Reconciliation Review		Reconciliation Request						
	Schedule	Line	Worksheet	Line					
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>									
5	1	10	1	10	Medicare Crossover Payments (Period 1)	\$12,949	\$169,824	\$182,773	
6	1	10	1	10	Medicare Crossover Payments (Period 2) To adjust Medicare Payments received for the Medi-Cal Crossover (Code 2) visits. CA Welfare and Institutions Code 14132.100 (h) 42 CFR, Sections 413.20 and 413.24 CMS Pub. 15-1, Section 2304	46,486	4,737	51,223	
7	1	3	1	3	CHDP History Physicals Visits (Period 1)	184	(184)	0	
8	1	3	1	3	CHDP History Physicals Visits (Period 2)	64	(64)	0	
9	1	9	1	9	CHDP Program Payments (Period 1)	\$9,992	(\$9,992)	\$0	
10	1	9	1	9	CHDP Program Payments (Period 2) To eliminate CHDP visits and payments that have already been accounted for under Code 01 visits. 42 CFR 405.2446 and 405.2448 CMS Pub. 15-1, Sections 2300 and 2304	5,408	(5,408)	0	