

**REPORT
ON THE
RURAL HEALTH CLINIC
RECONCILIATION REVIEW
OROSI URGENT CARE CT MED CLN
PROVIDER NUMBER (NPI): RHM08925F (1528005410)**

**FISCAL PERIOD ENDED
DECEMBER 31, 2008**

**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: Mandeep Kaur**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

April 10, 2013

Elisa Rivas
Orosi Urgent Care Center
41696 Road 128
Orosi, CA, 93647

PROVIDER LEGAL NAME: OROSI URGENT CARE CT MED CLN
DBA: OROSI URGENT CARE CENTER
PROVIDER NUMBER (NPI): RHM08925F (1528005410)
FISCAL PERIOD ENDED: DECEMBER 31, 2008

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 Clinic for the above referenced fiscal period in the amount of \$14,448 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

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 Mandeep Kaur 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: OROSI URGENT CARE CT MED CLN	PROVIDER NUMBER (NPI): RHM08925F (1528005410)
FISCAL PERIOD: JANUARY 01, 2008 THROUGH DECEMBER 31, 2008	

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	1,048	296	1,344	1,055	5	316	6	1,371
2. Managed Care Crossover Visits	136	43	179	-	7	-	8	-
3. CHDP History Physicals Visits (Non Managed Care)	21	1	22	-	13	-	14	-
4. Medi-Cal Crossover Visits (Non Managed Care)	879	266	1,145	702	1	217	2	919
5. Subtotal Visits	2,084	606	2,690	1,757		533		2,290
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
Total Visits	2,084	606	2,690	1,757		533		2,290

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 29,751	\$ 2,248	\$ 31,999	\$ 29,751		\$ 2,248		\$ 31,999
7. Managed Care Medicare Payments	\$ 7,442	\$ 2,369	9,811	\$ 7,442		\$ 2,369		9,811
8. Medi-Cal (Code 18) Payments	\$ 47,428	\$ 14,516	61,944	\$ 53,016	9	\$ 16,412	10	69,429
9. CHDP Program Payments (Non Managed Care)	\$ 1,716	\$ 1,174	2,890	\$ -	15	\$ -	16	-
10. Medicare Crossover Payments (Non Managed Care)	\$ 39,062	\$ 15,754	54,816	\$ 42,474	11	\$ 13,129	12	55,603
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 9,543	\$ 3,423	12,966	\$ 9,570	3	\$ 3,296	4	12,865
12. Total Payments	\$ 134,942	\$ 39,484	\$ 174,426	\$ 142,253		\$ 37,455		\$ 179,707

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 84.43	\$ 85.95		\$ 84.43		\$ 85.95		
14. Total Medi-Cal Visits (From Line 5)	2,084	606	2,690	1,757		533		2,290
15. PPS Amount (Line 13 x Line 14)	\$ 175,952	\$ 52,086	\$ 228,038	\$ 148,344		\$ 45,811		\$ 194,155
16. Less: Total Payments (From Line 12)	\$ 134,942	\$ 39,484	\$ 174,426	\$ 142,253		\$ 37,455		\$ 179,707
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 41,010	\$ 12,602	\$ 53,612	\$ 6,091		\$ 8,357		\$ 14,448
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 41,010	\$ 12,602	\$ 53,612	\$ 6,091		\$ 8,357		\$ 14,448

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments		
OROSI URGENT CARE CT MED CLN					JANUARY 01, 2008 THROUGH DECEMBER 31, 2008	RHM08925F (1528005410)	16		
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Reconciliation Review		Reconciliation Request						
	Schedule	Line	Worksheet	Line					
<u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</u>									
13	1	3	1	3	CHDP History Physicals Visits (Period 1)	21	(21)	0	
14	1	3	1	3	CHDP History Physicals Visits (Period 2)	1	(1)	0	
15	1	9	1	9	CHDP Program Payments (Period 1)	\$1,716	(\$1,716)	\$0	
16	1	9	1	9	CHDP Program Payments (Period 2)	1,174	(1,174)	0	
To eliminate CHDP visits and payments due to lack of documentation. 42 CFR 413.20 and 413.24 / CMS Pub. 15-1, Sections 2300 and 2304									