

**REPORT
ON THE
RURAL HEALTH CLINIC
RECONCILIATION REVIEW
ARTURO Z ABALOS MD INC
PROVIDER NUMBER (NPI): 1497962310**

**FISCAL PERIOD ENDED
DECEMBER 31, 2009**

**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

July 12, 2013

Arturo Z Abalos M.D.
Arturo Z Abalos Md Inc
1004 14TH Avenue
Delano, CA 93215

PROVIDER LEGAL NAME: ARTURO Z ABALOS MD INC
DBA: ARTURO Z ABALOS MD INC
PROVIDER NUMBER (NPI): 1497962310
FISCAL PERIOD ENDED: DECEMBER 31, 2009

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 \$98,689 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)



Arturo Z Abalos M.D.

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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 Correas, Chief
Audit Review and Analysis Section
Financial Audits Branch

Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: ARTURO Z ABALOS MD INC	PROVIDER NUMBER (NPI): 1497962310
FISCAL PERIOD: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	

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	706	706	1,412	1,103	3	335	4	1,438
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	1,806	1,806	3,612	2,619	5	807	6	3,426
5. Subtotal Visits	2,512	2,512	5,024	3,722		1,142		4,864
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
Total Visits	2,512	2,512	5,024	3,722		1,142		4,864

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 30,808	\$ 30,807	\$ 61,615	\$ 88,755	13	\$ 31,614	14	\$ 120,369
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ -	\$ -	\$ -	\$ 55,900	7	\$ 17,249	8	\$ 73,149
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
10. Medicare Crossover Payments (Non Managed Care)	\$ 111,018	\$ 111,018	\$ 222,036	\$ 160,995	11	\$ 49,608	12	\$ 210,603
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 28,094	\$ 28,544	\$ 56,638	\$ 51,463	9	\$ 16,108	10	\$ 67,571
12. Total Payments	\$ 169,920	\$ 170,369	\$ 340,289	\$ 357,114		\$ 114,579		\$ 471,692

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 77.78	\$ 79.02		\$ 76.40	1	\$ 77.62	2	
14. Total Medi-Cal Visits (From Line 5)	2,512	2,512	5,024	3,722		1,142		4,864
15. PPS Amount (Line 13 x Line 14)	\$ 195,383	\$ 198,498	\$ 393,882	\$ 284,361		\$ 88,642		\$ 373,003
16. Less: Total Payments (From Line 12)	\$ 169,920	\$ 170,369	\$ 340,289	\$ 357,114		\$ 114,579		\$ 471,692
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 25,463	\$ 28,129	\$ 53,593	\$ (72,753)		\$ (25,937)		\$ (98,689)
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 25,463	\$ 28,129	\$ 53,593	\$ (72,753)		\$ (25,937)		\$ (98,689)

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Adjustments
ARTURO Z ABALOS MD INC					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1497962310		14
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
<u>MEMORANDUM ADJUSTMENTS</u>								
1	1	13	1	13	PPS Rate (Period 1)	\$77.78	(\$1.38)	\$76.40
2	1	13	1	13	PPS Rate (Period 2)	79.02	(1.40)	77.62
To adjust the reported PPS Rates to agree with the PPS rate in ACSNET. 42 CFR, Sections 413.20 and 413.24 CMS Pub. 15-1, Section 2304								

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Adjustments
ARTURO Z ABALOS MD INC					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1497962310		14
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>								
3	1	1	1	1	Managed Care Medi-Cal Visits (Period 1)	706	397	1,103
4	1	1	1	1	Managed Care Medi-Cal Visits (Period 2)	706	(371)	335
5	1	4	1	4	Medi-Cal Crossover Visits (Period 1)	1,806	813	2,619
6	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	1,806	(999)	807
7	1	8	1	8	Medi-Cal (Code 18) Payments (Period 1)	\$0	\$55,900	\$55,900
8	1	8	1	8	Medi-Cal (Code 18) Payments (Period 2)	0	17,249	17,249
9	1	11	1	11	Medi-Cal Crossover Payments (Period 1)	28,094	23,369	51,463
10	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	28,544	(12,436)	16,108
<p>To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report: Run On: 5/22/2013 Payment Period: 1/1/2012 through 5/22/2013 Service Period: 1/1/2012 through 12/31/2009 42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3</p>								