

**REPORT
ON THE
RURAL HEALTH CLINIC
RECONCILIATION REVIEW
DON MICHAEL ENDRESS M.D.
PROVIDER NUMBER (NPI): 1326106501**

**FISCAL PERIOD ENDED
JUNE 30, 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

September 16, 2013

Sandra Dela Torre
Cedar Family Practice
12700 Welch Street
Waterford, CA 95386

PROVIDER LEGAL NAME: DON MICHAEL ENDRESS M.D.
DBA: CEDAR FAMILY PRACTICE
PROVIDER NUMBER (NPI): 1326106501
FISCAL PERIOD ENDED: JUNE 30, 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 \$5,078 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)

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: DON MICHAEL ENDRESS M.D.	PROVIDER NUMBER (NPI): 1326106501
FISCAL PERIOD: JULY 1, 2008 THROUGH JUNE 30, 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	623	2,076	2,699	613	2	2,035	3	2,648
2. Managed Care Crossover Visits	10	44	54	10		44		54
3. CHDP History Physicals Visits (Non Managed Care)	1	2	3	-	9	-	10	-
4. Medi-Cal Crossover Visits (Non Managed Care)	108	365	473	108		384	4	492
5. Subtotal Visits	742	2,487	3,229	731		2,463		3,194
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
Total Visits	742	2,487	3,229	731		2,463		3,194

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 13,106	\$ 51,358	\$ 64,464	\$ 13,106		\$ 51,358		\$ 64,464
7. Managed Care Medicare Payments	\$ 224	\$ 1,722	1,946	\$ 224		\$ 1,722		1,946
8. Medi-Cal (Code 18) Payments	\$ 30,415	\$ 103,176	133,591	\$ 30,415		\$ 103,276	5	133,691
9. CHDP Program Payments (Non Managed Care)	\$ 71	\$ 139	210	\$ -	11	\$ -	12	-
10. Medicare Crossover Payments (Non Managed Care)	\$ 6,544	\$ 23,031	29,575	\$ 6,534	7	\$ 23,482	8	30,017
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 1,786	\$ 6,225	8,011	\$ 1,786		\$ 6,472	6	8,258
12. Total Payments	\$ 52,146	\$ 185,651	\$ 237,797	\$ 52,066		\$ 186,310		\$ 238,376

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 70.56	\$ 73.34		\$ 72.04	1	\$ 73.34		
14. Total Medi-Cal Visits (From Line 5)	742	2,487	3,229	731		2,463		3,194
15. PPS Amount (Line 13 x Line 14)	\$ 52,356	\$ 182,397	\$ 234,752	\$ 52,661		\$ 180,636		\$ 233,298
16. Less: Total Payments (From Line 12)	\$ 52,146	\$ 182,651	\$ 234,797	\$ 52,066		\$ 186,310		\$ 238,376
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 210	\$ (254)	\$ (44)	\$ 595		\$ (5,673)		\$ (5,078)
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 210	\$ (254)	\$ (44)	\$ 595		\$ (5,673)		\$ (5,078)

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Adjustments
DON MICHAEL ENDRESS M.D.					JULY 1, 2008 THROUGH JUNE 30, 2009	1326106501		12
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) 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	\$70.56	\$1.48	\$72.04

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments		
DON MICHAEL ENDRESS M.D.					JULY 1, 2008 THROUGH JUNE 30, 2009	1326106501	12		
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>									
2	1	1	1	1	Managed Care Medi-Cal Visits (Period 1)	623	(10)	613	
3	1	1	1	1	Managed Care Medi-Cal Visits (Period 2)	2,076	(41)	2,035	
4	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	365	19	384	
5	1	8	1	8	Medi-Cal (Code 18) Payments (Period 2)	\$103,176	\$100	\$103,276	
6	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	6,225	247	6,472	
<p style="text-align: center;">To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report: Run On: 5/23/2013 Payment Period: 7/1/2008 through 5/23/2013 Service Period: 7/1/2008 through 6/30/2009 42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3</p>									