

**REPORT  
ON THE  
RURAL HEALTH CLINIC  
RECONCILIATION REVIEW  
SOLEDAD MEDICAL CLINIC  
PROVIDER NUMBER (NPI): RHM53997F (1003822453)**

**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: Ralph R. Zavala  
Auditor: Kenny Mooc**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

December 31, 2012

Steve Pritt  
Soledad Community Hospital District  
600 Main St  
Soledad, CA 93960

PROVIDER LEGAL NAME: SOLEDAD MEDICAL CLINIC  
DBA: SOLEDAD COMMUNITY HOSPITAL DISTRICT  
PROVIDER NUMBER (NPI): RHM53997F (1003822453)  
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 \$136,255 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 Kenny Mooc, Auditor, at (916) 650-6696.

Sincerely,

**Original Signed By**

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

Enclosure(s)  
Certified

### FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **SOLEDAD MEDICAL CLINIC**

NPI(s): **RHM53997F**  
**(1003822453)**

FISCAL PERIOD From: **JULY 1, 2008**

FISCAL PERIOD To: **JUNE 30, 2009**

VISITS	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
1 Medi-Cal Managed Care - Code 18	2,314	8,605	10,919	2,314		8,604	1	10,918
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-		-		-
3 Medi-Cal Non-Mgd Care Crossover - Code 02	-	1	1	-		1		1
4 Total Visits	2,314	8,606	10,920	2,314		8,605		10,919
5 Less: Duplicate and Unallowable Visits (W/P _____)	N/A	N/A	N/A	428	5	429	6	857
6 Payable Visits	2,314	8,606	10,920	1,886		8,176		10,062

PAYMENTS	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
<b>Code 18:</b>								
7 Medi-Cal Managed Care Plan Payments	\$ 62,594	\$ 232,765	\$ 295,359	\$ 62,594		\$ 232,765		\$ 295,359
8 Medicare and MAP Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
9 Code 18 Payments	\$ 121,407	\$ 460,799	\$ 582,206	\$ 121,407		\$ 460,772	2	\$ 582,179
<b>Code 20:</b>								
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
<b>Code 02:</b>								
12 Medicare Payments for Crossovers	\$ -	\$ 61	\$ 61	\$ 61	3	\$ -	4	\$ 61
13 Code 02 Payments	\$ -	\$ 14	\$ 14	\$ -		\$ 14		\$ 14
14 Total Payments	\$ 184,001	\$ 693,639	\$ 877,640	\$ 184,063		\$ 693,551		\$ 877,614

SETTLEMENT	REPORTED RECONCILIATION			AUDITED RECONCILIATION				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
15 PPS Rate	\$ 76.97	\$ 78.36	N/A	\$ 76.97		\$ 78.36		N/A
16 Total Medi-Cal Visits (From Line 6)	2,314	8,606	10,920	1,886		8,176		10,062
17 PPS Amount (Line 15 x Line 16)	\$ 178,109	\$ 674,366	\$ 852,475	\$ 145,165		\$ 640,671		\$ 785,837
18 Less: Total Payments (From Line 14)	\$ 184,001	\$ 693,639	\$ 877,640	\$ 184,063		\$ 693,551		\$ 877,614
19 Reconciliation Amount Due Clinic (State) (L 17-L 18)	\$ (5,892)	\$ (19,273)	\$ (25,165)	\$ (38,897)		\$ (52,880)		\$ (91,777)
20 Medi-Cal Billing Review Results (W/P _____)	N/A	N/A	N/A	\$ -		\$ (44,478)	7	\$ (44,478)
21 Total Amount Due Clinic (State) (L 19+L 20)	\$ (5,892)	\$ (19,273)	\$ (25,165)	\$ (38,897)		\$ (97,358)		\$ (136,255)

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments	
SOLEDAD MEDICAL CLINIC					JULY 1, 2008 THROUGH JUNE 30, 2009	RHM53997F (1003822453)	7	
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>								
1	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	8,605	(1)	8,604
2	1	9	1	9	Code 18 Payments (Period 2)	\$460,799	(\$27)	\$460,772
<p>To adjust Medi-Cal Reconciliation Data to agree with the following:                      EDS Paid Claims Summary:                      Run On: September 24, 2012                      Payment Period: July 1, 2008 Through September 1, 2012                      Service Period: July 1, 2008 Through June 30, 2009                      42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64                      CMS Pub. 15-1, Sections 2304 and 2408.3</p>								
3	1	10	1	10	Medicare Crossover Payments (Period 1)	\$0	\$61	\$61
4	1	10	1	10	Medicare Crossover Payments (Period 2)	61	(61)	0
<p>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</p>								
5	1	5	N/A	N/A	Duplicate and Unallowable Visits (Period 1)	0	(428)	(428)
6	1	5	N/A	N/A	Duplicate and Unallowable Visits (Period 2)	0	(429)	(429)
7	1	20	N/A	N/A	Medi-Cal Billing Review Results (Period 2)	\$0	(\$44,478)	(\$44,478)
<p>To recoup overpayments made to provider due to duplicate or non-allowable billings.                      42 CFR 405.2463, § 405.371, § 405.373 &amp; § 405.375                      CMS Pub. 15-1, Section 2409.2</p>								