

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
CLINICA SIERRA VISTA  
PROVIDER NUMBER (NPI): FHC71051F (1639171028)**

**FISCAL PERIOD ENDED  
MARCH 31, 2010**

**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 17, 2013

Stephen W. Schilling  
North Of The River Community Health Center  
P.O. BOX 1559  
Bakersfield, CA 93302-1559

PROVIDER LEGAL NAME: CLINICA SIERRA VISTA  
DBA: NORTH OF THE RIVER COMMUNITY HEALTH CENTER  
PROVIDER NUMBER (NPI): FHC71051F (1639171028)  
FISCAL PERIOD ENDED: MARCH 31, 2010

We have reviewed the Federally Qualified Health Center (FQHC) 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 \$51,039 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

Enclosure(s)  
Certified

## SCHEDULE 1

## FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: CLINICA SIERRA VISTA	PROVIDER NUMBER (NPI): FHC71051F (1639171028)
FISCAL PERIOD: APRIL 1, 2009 THROUGH MARCH 31, 2010	

## 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	1,814	1,844	3,658	1,799	5	1,848	6	3,647
2. Managed Care Crossover Visits	11	29	40	-	7	-	8	-
3. CHDP History Physicals Visits (Non Managed Care)	2	3	5	-	13	-	14	-
4. Medi-Cal Crossover Visits (Non Managed Care)	94	78	172	109	1	79	2	188
5. Subtotal Visits	1,921	1,954	3,875	1,908		1,927		3,835
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
<b>Total Visits</b>	<b>1,921</b>	<b>1,954</b>	<b>3,875</b>	<b>1,908</b>		<b>1,927</b>		<b>3,835</b>

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 97,168	\$ 106,539	\$ 203,707	\$ 97,168		\$ 106,539		\$ 203,707
7. Managed Care Medicare Payments	\$ 927	\$ 2,443	3,370	\$ 927		\$ 2,443		3,370
8. Medi-Cal (Code 18) Payments	\$ 148,324	\$ 89,688	238,012	\$ 121,850	9	\$ 131,722	10	253,572
9. CHDP Program Payments (Non Managed Care)	\$ 189	\$ 229	418	\$ -	15	\$ -	16	-
10. Medicare Crossover Payments (Non Managed Care)	\$ 6,959	\$ 6,571	13,529	\$ 10,402	11	\$ 7,724	12	18,126
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 1,996	\$ 1,671	3,666	\$ 2,314	3	\$ 1,730	4	4,044
12. <b>Total Payments</b>	<b>\$ 255,561</b>	<b>\$ 207,141</b>	<b>\$ 462,702</b>	<b>\$ 232,661</b>		<b>\$ 250,158</b>		<b>\$ 482,819</b>

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 111.69	\$ 113.48		\$ 111.69		\$ 113.48		
14. Total Medi-Cal Visits (From Line 5)	1,921	1,954	3,875	1,908		1,927		3,835
15. PPS Amount (Line 13 x Line 14)	\$ 214,556	\$ 221,740	\$ 436,296	\$ 213,105		\$ 218,676		\$ 431,780
16. Less: Total Payments (From Line 12)	\$ 255,561	\$ 207,141	\$ 462,702	\$ 232,661		\$ 250,158		\$ 482,819
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ (41,005)	\$ 14,599	\$ (26,406)	\$ (19,557)		\$ (31,482)		\$ (51,039)
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>	<b>\$ (41,005)</b>	<b>\$ 14,599</b>	<b>\$ (26,406)</b>	<b>\$ (19,557)</b>		<b>\$ (31,482)</b>		<b>\$ (51,039)</b>

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments	
CLINICA SIERRA VISTA					APRIL 1, 2009 THROUGH MARCH 31, 2010	FHC71051F (1639171028)	16	
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	4	1	4	Medi-Cal Crossover Visits (Period 1)	94	15	109
2	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	78	1	79
3	1	11	1	11	Medi-Cal Crossover Payments (Period 1)	\$1,996	\$318	\$2,314
4	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	1,671	59	1,730
5	1	1	1	1	Managed Care Medi-Cal Visits (Period 1)	1,814	(15)	1,799
6	1	1	1	1	Managed Care Medi-Cal Visits (Period 2)	1,844	4	1,848
7	1	2	1	2	Managed Care Crossover Visits (Period 1)	11	(11)	0
8	1	2	1	2	Managed Care Crossover Visits (Period 2)	29	(29)	0
9	1	8	1	8	Medi-Cal (Code 18) Payments (Period 1)	\$148,324	(\$26,473)	\$121,850
10	1	8	1	8	Medi-Cal (Code 18) Payments (Period 2)	89,688	42,034	131,722
<p>To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report:</p> <p>Run On: 8/22/12</p> <p>Payment Period: 4/1/09 through 8/22/12</p> <p>Service Period: 4/1/09 through 3/31/10</p> <p>42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64</p> <p>CMS Pub. 15-1, Sections 2304 and 2408.3</p>								

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments		
CLINICA SIERRA VISTA					APRIL 1, 2009 THROUGH MARCH 31, 2010	FHC71051F (1639171028)	16		
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>									
11	1	10	1	10	Medicare Crossover Payments (Period 1)	\$6,959	\$3,444	\$10,402	
12	1	10	1	10	Medicare Crossover Payments (Period 2)	6,571	1,154	7,724	
					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				
13	1	3	1	3	CHDP History Physicals Visits (Period 1)	2	(2)	0	
14	1	3	1	3	CHDP History Physicals Visits (Period 2)	3	(3)	0	
15	1	9	1	9	CHDP Program Payments (Period 1)	\$189	(\$189)	\$0	
16	1	9	1	9	CHDP Program Payments (Period 2)	229	(229)	0	
					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				