

**AMENDED REPORT  
ON THE  
RURAL HEALTH CLINIC  
RECONCILIATION REVIEW  
EL CENTRO REGIONAL MEDICAL CENTER  
PROVIDER NUMBER (NPI): RHM18536F (1598840258)**

**FISCAL PERIOD ENDED  
JUNE 30, 2010**

**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: Betty Clark**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

January 30, 2013

Alex Wells  
Calexico Outpatient Center  
495 E. Birch Street Suite A  
Calexico, CA 92231

PROVIDER LEGAL NAME: EL CENTRO REGIONAL MEDICAL CENTER  
DBA: CALEXICO OUTPATIENT CENTER  
PROVIDER NUMBER (NPI): RHM18536F (1598840258)  
FISCAL PERIOD ENDED: JUNE 30, 2010

This letter is in regard to the above clinic's previously issued Rural Health Clinic (RHC) Medi-Cal Reconciliation Request for fiscal year ending June 30, 2010. The settlement due the Clinic in the amount of \$213,450 was erroneously stated. The correct Medi-Cal settlement due the Clinic in the amount of \$252,024 as presented in the accompanying schedule, represents the final determination in accordance with the reimbursement principles of the program.

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.

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.

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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 have further questions regarding this letter, please contact Betty Clark, 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: EL CENTRO REGIONAL MEDICAL CENTER	PROVIDER NUMBER (NPI): RHM18536F (1598840258)
FISCAL PERIOD: JULY 01, 2009 THROUGH JUNE 30, 2010	

## PAYMENT/RECOVERY DETERMINATION

	AUDITED			AMENDED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1. Managed Care Medi-Cal Visits	-	-	-	-		-		-
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	1,068	3,980	5,048	1,063	1	3,949	2	5,012
5. Subtotal Visits	1,068	3,980	5,048	1,063		3,949		5,012
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
<b>Total Visits</b>	1,068	3,980	5,048	1,063		3,949		5,012

	AUDITED			AMENDED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
10. Medicare Crossover Payments (Non Managed Care)	\$ 63,130	\$ 207,202	\$ 270,332	\$ 65,345	5	\$ 244,789	6	\$ 310,134
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 29,652	\$ 111,670	\$ 141,322	\$ 29,513	3	\$ 113,463	4	\$ 142,976
<b>Total Payments</b>	\$ 92,782	\$ 318,872	\$ 411,654	\$ 94,858		\$ 358,253		\$ 453,110

	AUDITED RECONCILIATION			AMENED RECONCILIATION				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 138.94	\$ 141.16		\$ 138.94		\$ 141.16		
14. Total Medi-Cal Visits (From Line 5)	1,068	3,980	5,048	1,063		3,949		5,012
15. PPS Amount (Line 13 x Line 14)	\$ 148,388	\$ 561,817	\$ 710,205	\$ 147,693		\$ 557,441		\$ 705,134
16. Less: Total Payments (From Line 12)	\$ 92,782	\$ 318,872	\$ 411,654	\$ 94,858		\$ 358,253		\$ 453,110
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 55,606	\$ 242,945	\$ 298,551	\$ 52,835		\$ 199,188		\$ 252,024
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
<b>Total Amount Due Clinic (State) (L 17+L 18)</b>	\$ 55,606	\$ 242,945	\$ 298,551	\$ 52,835		\$ 199,188		\$ 252,024

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Adjustments
EL CENTRO REGIONAL MEDICAL CENTER					JULY 01, 2009 THROUGH JUNE 30, 2010	RHM18536F (1598840258)		6
Report References					Explanation of Audit Adjustments	As Audited	Increase (Decrease)	As Amended
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
<b>ADJUSTMENTS TO AUDITED MEDI-CAL SETTLEMENT DATA</b>								
1	1	4	1	4	Medi-Cal Crossover Visits (Period 1)	837	226	1,063
2	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	3,336	613	3,949
3	1	11	1	11	Medi-Cal Crossover Payments (Period 1)	\$22,832	6,681	\$29,513
4	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	92,681	20,782	113,463
<p>To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report:                      Run On: 07/24/2012                      Payment Period: 07/01/09 through 07/15/12                      Service Period: 07/01/09 through 06/30/10                      42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64                      CMS Pub. 15-1, Sections 2304 and 2408.3</p>								
5	1	10	1	10	Medicare Crossover Payments (Period 1)	\$51,452	13,893	\$65,345
6	1	10	1	10	Medicare Crossover Payments (Period 2)	206,788	38,001	244,789
<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>								