

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
CLINICA SIERRA VISTA
PROVIDER NUMBER (NPI): FHC12040F (1457353831)**

**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 26, 2013

Stephen W. Schilling
Frazier Mountain Community Health Center
P.O. BOX 1559
Bakersfield, CA 93302-1559

PROVIDER LEGAL NAME: CLINICA SIERRA VISTA
DBA: FRAZIER MOUNTAIN COMMUNITY HEALTH CENTER
PROVIDER NUMBER (NPI): FHC12040F (1457353831)
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 \$3,196 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)

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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 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): FHC12040F (1457353831)
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	830	839	1,669	824	5	841	6	1,665
2. Managed Care Crossover Visits	1	5	6	-	7	-	8	-
3. CHDP History Physicals Visits (Non Managed Care)	1	-	1	-	13	-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	103	115	218	145	1	125	2	270
5. Subtotal Visits	935	959	1,894	969		966		1,935
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
Total Visits	935	959	1,894	969		966		1,935

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 42,968	\$ 45,485	\$ 88,454	\$ 42,968		\$ 45,485		\$ 88,454
7. Managed Care Medicare Payments	95	\$ 477	573	\$ 95		\$ 477		573
8. Medi-Cal (Code 18) Payments	\$ 107,254	\$ 59,262	166,516	\$ 82,622	9	\$ 85,138	10	167,760
9. CHDP Program Payments (Non Managed Care)	\$ 96	\$ -	96	\$ -	14	\$ -		-
10. Medicare Crossover Payments (Non Managed Care)	\$ 9,826	\$ 10,820	20,646	\$ 13,838	11	\$ 12,289	12	26,127
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 5,683	\$ 6,353	12,036	\$ 7,958	3	\$ 6,964	4	14,923
12. Total Payments	\$ 165,923	\$ 122,398	\$ 288,320	\$ 147,482		\$ 150,353		\$ 297,835

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 151.06	\$ 153.48		\$ 151.06		\$ 153.48		
14. Total Medi-Cal Visits (From Line 5)	935	959	1,894	969		966		1,935
15. PPS Amount (Line 13 x Line 14)	\$ 141,241	\$ 147,187	\$ 288,428	\$ 146,377		\$ 148,262		\$ 294,639
16. Less: Total Payments (From Line 12)	\$ 165,923	\$ 122,398	\$ 288,320	\$ 147,482		\$ 150,353		\$ 297,835
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ (24,682)	\$ 24,790	\$ 108	\$ (1,105)		\$ (2,091)		\$ (3,196)
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ (24,682)	\$ 24,790	\$ 108	\$ (1,105)		\$ (2,091)		\$ (3,196)

Provider Legal Name CLINICA SIERRA VISTA					Fiscal Period APRIL 1, 2009 THROUGH MARCH 31, 2010		Provider Number (NPI) FHC12040F (1457353831)		Adjustments 14
Report References					Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
Reconciliation Review		Reconciliation Request							
Adj. No.	Schedule	Line	Worksheet	Line					

ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA

Adj. No.	Schedule	Line	Worksheet	Line	Description	As Reported	Increase (Decrease)	As Adjusted
1	1	4	1	4	Medi-Cal Crossover Visits (Period 1)	103	42	145
2	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	115	10	125
3	1	11	1	11	Medi-Cal Crossover Payments (Period 1)	\$5,683	\$2,276	\$7,958
4	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	6,353	611	6,964
5	1	1	1	1	Managed Care Medi-Cal Visits (Period 1)	830	(6)	824
6	1	1	1	1	Managed Care Medi-Cal Visits (Period 2)	839	2	841
7	1	2	1	2	Managed Care Crossover Visits (Period 1)	1	(1)	0
8	1	2	1	2	Managed Care Crossover Visits (Period 2)	5	(5)	0
9	1	8	1	8	Medi-Cal (Code 18) Payments (Period 1)	\$107,254	(\$24,632)	\$82,622
10	1	8	1	8	Medi-Cal (Code 18) Payments (Period 2)	59,262	25,876	85,138

To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report:
 Run On: 08/22/12
 Payment Period: 04/01/09 through 08/22/12
 Service Period: 04/01/09 through 03/31/10
 42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64
 CMS Pub. 15-1, Sections 2304 and 2408.3