

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
HORISONS UNLIMITED
PROVIDER NUMBERS (NPI): (1679759872)**

**FISCAL PERIOD ENDED
DECEMBER 31, 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: Tony Tran**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

February 12, 2013

Ms. Sandra Haar, CEO
Horisons Unlimited Health
1208 Paseo Verde Drive
Merced, CA 95348-1841

PROVIDER LEGAL NAME: HORISONS UNLIMITED
DBA: HORISONS UNLIMITED HEALTH
PROVIDER NUMBERS (NPI): (1679759872)
FISCAL PERIOD ENDED: DECEMBER 31, 2010

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 data presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of (\$44,541) which was accepted as filed.

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)

The accepted settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the Provider, and other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement(s) of Account Status to the Provider. Instructions regarding payment will be included with the Statement(s) of Account Status.

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.

Ms. Sandra Haar, CEO
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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 Tony Tran, Auditor, at (916) 650-6986.

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: **HORISONS UNLIMITED**

NPI(s): **0**
(1679759872)

FISCAL PERIOD From: **JANUARY 1, 2010**

FISCAL PERIOD To: **DECEMBER 31, 2010**

VISITS	REPORTED			ACCEPTED AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
1 Medi-Cal Managed Care - Code 18	6,756	2,085	8,841	6,756		2,085		8,841
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-		-		-
3 Medi-Cal Non-Mgd Care Crossover - Code 02	675	244	919	675		244		919
4 Total Visits	7,431	2,329	9,760	7,431		2,329		9,760
5 Less: Duplicate and Unallowable Visits (W/P _____)	N/A	N/A	N/A					-
6 Payable Visits	7,431	2,329	9,760	7,431		2,329		9,760

PAYMENTS	REPORTED			ACCEPTED AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
Code 18:								
7 Medi-Cal Managed Care Plan Payments	\$ 267,389	\$ 77,984	\$ 345,373	267,389		77,984		\$ 345,373
8 Medicare and MAP Payments	\$ -	\$ -	\$ -	-		-		\$ -
9 Code 18 Payments	\$ 399,146	\$ 123,401	\$ 522,547	399,146		123,401		\$ 522,547
Code 20:								
10 Capitated MAP Plan Payments			\$ -					\$ -
11 Code 20 Payments			\$ -					\$ -
Code 02:								
12 Medicare Payments for Crossovers	\$ 38,460	\$ 13,902	\$ 52,362	\$ 38,460		\$ 13,902		\$ 52,362
13 Code 02 Payments	\$ 11,847	\$ 4,282	\$ 16,129	\$ 11,847		\$ 4,282		\$ 16,129
14 Total Payments	\$ 716,842	\$ 219,569	\$ 936,411	\$ 716,842		\$ 219,569		\$ 936,411

SETTLEMENT	REPORTED RECONCILIATION			AUDITED RECONCILIATION				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
15 PPS Rate	\$ 87.73	\$ 87.73	N/A	\$91.12	1	\$92.21	2	N/A
16 Total Medi-Cal Visits (From Line 6)	7,431	2,329	9,760	7,431		2,329		9,760
17 PPS Amount (Line 15 x Line 16)	\$ 651,922	\$ 204,323	\$ 856,245	\$ 677,113		\$ 214,757		\$ 891,870
18 Less: Total Payments (From Line 14)	\$ 716,842	\$ 219,569	\$ 936,411	\$ 716,842		\$ 219,569		\$ 936,411
19 Reconciliation Amount Due Clinic (State) (L 17-L 18)	\$ (64,920)	\$ (15,246)	\$ (80,166)	\$ (39,729)		\$ (4,812)		\$ (44,541)
20 Medi-Cal Billing Review Results (W/P _____)	N/A	N/A	N/A	\$ -		\$ -		\$ -
21 Total Amount Due Clinic (State) (L 19+L 20)	\$ (64,920)	\$ (15,246)	\$ (80,166)	\$ (39,729)		\$ (4,812)		\$ (44,541)

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments		
HORISONS UNLIMITED					JANUARY 1, 2010 THROUGH DECEMBER 31, 2010	(1679759872)	2		
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)	\$87.73	\$3.39	\$91.12	
2	1	13	1	13	PPS RATE (PERIOD 2)	\$87.73	\$4.48	\$92.21	
					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				