REPORT
ON THE
RURAL HEALTH CLINIC
RECONCILIATION REVIEW
PIONEERS MEMORIAL HEALTHCARE
PROVIDER NUMBER (NPI): RHM18607F (1437122769)

FISCAL PERIOD ENDED
6/30/10

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: J. Burger

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

August 13, 2013

Michael J. Garcia, Controller
Calexico Health Center
450 East Birch Street
Calexico,CA 92231-2375

PROVIDER LEGAL NAME: PIONEERS MEMORIAL HEALTHCARE
DBA: CALEXICO HEALTH CENTER
PROVIDER NUMBER (NPI): RHM18607F (1437122769)
FISCAL PERIOD ENDED: 6/30/10

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 Clinic for the above referenced fiscal period in the amount of $243,804 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 J. Burger, 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 REVIEW REPORT

PROVIDER LEGAL NAME: **PIONEERS MEMORIAL HEALTHCARE**

NPI(s): **RHM18607F**
(1437122769)

FISCAL PERIOD From: **7/1/09**

FISCAL PERIOD To: **6/30/10**

	VISITS	REPORTED			AUDITED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
1	Medi-Cal Managed Care - Code 18	12	5	17	-	1	-	2	-
2	Medi-Cal Capitated MAP - Code 20	-	-	-	-		-		-
3	Medi-Cal Non-Mgd Care Crossover - Code 02	1,606	1,364	2,970	1,606		1,364		2,970
4	Total Visits	1,618	1,369	2,987	1,606		1,364		2,970
5	Less: Duplicate and Unallowable Visits (W/P _____)	N/A	N/A	N/A	-		-		-
6	**Payable Visits**	1,618	1,369	2,987	1,606		1,364		2,970

	PAYMENTS	REPORTED			AUDITED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
	Code 18:								
7	Medi-Cal Managed Care Plan Payments	$ 311	$ 108	$ 419	$ -	3	$ -	4	$ -
8	Medicare and MAP Payments	$ -	$ -	$ -	$ -		$ -		$ -
9	Code 18 Payments	$ -	$ -	$ -	$ -		$ -		$ -
	Code 20:								
10	Capitated MAP Plan Payments	$ -	$ -	$ -	$ -		$ -		$ -
11	Code 20 Payments	$ -	$ -	$ -	$ -		$ -		$ -
	Code 02:								
12	Medicare Payments for Crossovers	$ 98,721	$ 84,854	$ 183,575	$ 98,721		$ 84,854		$ 183,575
13	Code 02 Payments	$ 57,254	$ 48,627	$ 105,881	$ 57,254		$ 48,627		$ 105,881
14	**Total Payments**	$ 156,286	$ 133,589	$ 289,875	$ 155,975		$ 133,481		$ 289,456

	SETTLEMENT	REPORTED RECONCILIATION			AUDITED RECONCILIATION				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
15	PPS Rate	$ 178.24	$ 181.09	N/A	$ 178.24		$ 181.09		N/A
16	Total Medi-Cal Visits (From Line 6)	1,618	1,369	2,987	1,606		1,364		2,970
17	PPS Amount (Line 15 x Line 16)	$ 288,392	$ 247,912	$ 536,305	$ 286,253		$ 247,007		$ 533,260
18	Less: Total Payments (From Line 14)	$ 156,286	$ 133,589	$ 289,875	$ 155,975		$ 133,481		$ 289,456
19	Reconciliation Amount Due Clinic (State) (L 17-L 18)	$ 132,106	$ 114,323	$ 246,430	$ 130,278		$ 113,526		$ 243,804
20	Medi-Cal Billing Review Results (W/P _____)	N/A	N/A	N/A	$ -		$ -		$ -
21	**Total Amount Due Clinic (State)** (L 19+L 20)	$ 132,106	$ 114,323	$ 246,430	$ 130,278		$ 113,526		$ 243,804

Provider Legal Name	Fiscal Period	Provider Number (NPI)	Adjustments
PIONEERS MEMORIAL HEALTHCARE	7/1/09 THROUGH 6/30/10	RHM18607F (1437122769)	4

Report References								
Adj. No.	Reconciliation Review		Reconciliation Request		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line				
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
1	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 1)	12	(12)	0
2	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	5	(5)	0
					To adjust Medi-Cal Reconciliation Data to agree with the following: EDS Paid Claims Summary: Run On: 3/18/13 Payment Period: 7/1/09 Thru 3/18/13 Service Period: 7/1/09 Thru 6/30/10 42 CFR 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3			
3	1	5	1	5	Medi-Cal Managed Care Plan Payments (Period 1)	$311	($311)	$0
4	1	5	1	5	Medi-Cal Managed Care Plan Payments (Period 2)	108	(108)	0
					To exclude Managed Care Plan Payments received for the Medi-Cal Managed Care visits that were not paid by Medi-Cal. 42 CFR, Sections 413.20 and 413.24 / CMS Pub. 15-1, Section 2304			