

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
CASTLE FAMILY HEALTH
PROVIDER NUMBERS (NPI): (1497778443)**

**FISCAL PERIOD ENDED
JUNE 30, 2011**

**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 7, 2013

Mr. Bill Able, CEO
Castle Family Health
3605 Hospital Road
Atwater, CA 95301-5173

PROVIDER LEGAL NAME: CASTLE FAMILY HEALTH
DBA: CASTLE FAMILY HEALTH
PROVIDER NUMBERS (NPI): (1497778443)
FISCAL PERIOD ENDED: JUNE 30, 2011

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 (\$100,688) which was accepted as filed.

We have instructed the Provider Enrollment Division to adjust your interim Managed Care rate (Code 18) to \$150.71, effective February 1, 2013.

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.

Mr. Bill Able, CEO
Page 2

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: **CASTLE FAMILY HEALTH**NPI(s): **0**
(1497778443)FISCAL PERIOD From: **JULY 1, 2010**FISCAL PERIOD To: **JUNE 30, 2011**

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	1,506	3,861	5,367	1,506		3,861	
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-		-		-
3 Medi-Cal Non-Mgd Care Crossover - Code 02	9	10	19	9		10		19
4 Total Visits	1,515	3,871	5,386	1,515		3,871		5,386
5 Less: Duplicate and Unallowable Visits (W/P _____)	N/A	N/A	N/A					-
6 Payable Visits	1,515	3,871	5,386	1,515		3,871		5,386

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	\$ 55,696	\$ 150,513	\$ 206,209	55,696		150,513		\$ 206,209
8 Medicare and MAP Payments	\$ 16,258	\$ 42,302	\$ 58,560	16,258		42,302		\$ 58,560
9 Code 18 Payments	\$ 240,352	\$ 596,821	\$ 837,173	240,352		596,821		\$ 837,173
Code 20:								
10 Capitated MAP Plan Payments			\$ -					\$ -
11 Code 20 Payments			\$ -					\$ -
Code 02:								
12 Medicare Payments for Crossovers	\$ 909	\$ 1,010	\$ 1,919	\$ 909		\$ 1,010		\$ 1,919
13 Code 02 Payments	\$ 944	\$ 1,048	\$ 1,992	\$ 944		\$ 1,048		\$ 1,992
14 Total Payments	\$ 314,159	\$ 791,694	\$ 1,105,853	\$ 314,159		\$ 791,694		\$ 1,105,853

SETTLEMENT	REPORTED RECONCILIATION			AUDITED RECONCILIATION				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
	15 PPS Rate	\$ 185.03	\$ 187.25	N/A	\$185.03	0	\$187.25	0
16 Total Medi-Cal Visits (From Line 6)	1,515	3,871	5,386	1,515		3,871		5,386
17 PPS Amount (Line 15 x Line 16)	\$ 280,320	\$ 724,845	\$ 1,005,165	\$ 280,320		\$ 724,845		\$ 1,005,165
18 Less: Total Payments (From Line 14)	\$ 314,159	\$ 791,694	\$ 1,105,853	\$ 314,159		\$ 791,694		\$ 1,105,853
19 Reconciliation Amount Due Clinic (State) (L 17-L 18)	\$ (33,839)	\$ (66,849)	\$ (100,688)	\$ (33,839)		\$ (66,849)		\$ (100,688)
20 Medi-Cal Billing Review Results (W/P _____)	N/A	N/A	N/A	\$ -		\$ -		\$ -
21 Total Amount Due Clinic (State) (L 19+L 20)	\$ (33,839)	\$ (66,849)	\$ (100,688)	\$ (33,839)		\$ (66,849)		\$ (100,688)