

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
SOUTHERN INYO HOSPITAL DISTRICT
PROVIDER NUMBERS (NPI): (1063589174)**

**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 4, 2013

Lee Barron, CEO/CFO
Southern Inyo Hospital District
P.O. Box 1009
Lone Pine, CA 93545-1009

PROVIDER LEGAL NAME: SOUTHERN INYO HOSPITAL DISTRICT
DBA: SOUTHERN INYO HOSPITAL DISTRICT
PROVIDER NUMBERS (NPI): (1063589174)
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 (\$5,080) 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.

Lee Barron, CEO/CFO
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

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: SOUTHERN INYO HOSPITAL DISTRICT	PROVIDER NUMBERS (NPI): (1063589174)
FISCAL PERIOD: JULY 1, 2010 THROUGH JUNE 30, 2011	

PAYMENT/RECOVERY DETERMINATION

	REPORTED			ACCEPT AS FILED				
	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)	73	224	297	73		224		297
5. Subtotal Visits	73	224	297	73		224		297
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
Total Visits	73	224	297	73		224		297

	REPORTED			ACCEPT AS FILED				
	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)	\$ 10,201	\$ 30,276	\$ 40,477	\$ 10,201		\$ 30,276		\$ 40,477
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 1,729	\$ 6,409	\$ 8,138	\$ 1,729		\$ 6,409		\$ 8,138
Total Payments	\$ 11,929	\$ 36,686	\$ 48,615	\$ 11,929		\$ 36,686		\$ 48,615

	REPORTED RECONCILIATION COMPUTED			ACCEPT AS FILED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 145.27	\$ 147.01		\$145.27		\$147.01		
14. Total Medi-Cal Visits (From Line 5)	73	224	297	73		224		297
15. PPS Amount (Line 13 x Line 14)	\$ 10,605	\$ 32,930	\$ 43,535	\$ 10,605		\$ 32,930		\$ 43,535
16. Less: Total Payments (From Line 12)	\$ 11,929	\$ 36,686	\$ 48,615	\$ 11,929		\$ 36,686		\$ 48,615
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ (1,325)	\$ (3,755)	\$ (5,080)	\$ (1,325)		\$ (3,755)		\$ (5,080)
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
Total Amount Due Clinic (State) (L 17+L 18)	\$ (1,325)	\$ (3,755)	\$ (5,080)	\$ (1,325)		\$ (3,755)		\$ (5,080)