

**REPORT
ON THE
RURAL HEALTH CLINIC
RECONCILIATION REVIEW
SARVAMITRA AWASTHI, MD.
PROVIDER NUMBERS (NPI): 1265514855**

**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: Emil Guzman
Auditor: Larry Vu**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

July 12, 2013

Sarvamitra Awasthi
Cutler-Orosi Medical Clinic
324 North Vermont Avenue
Dinuba, CA 93618

PROVIDER LEGAL NAME: SARVAMITRA AWASTHI, MD.
DBA: CUTLER-OROSI MEDICAL CLINIC
PROVIDER NUMBERS (NPI): 1265514855
FISCAL PERIOD ENDED: JUNE 30, 2011

We have reviewed the (FQHC) 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 Clinic in the amount of \$109,688 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.

Sarvamitra Awasthi
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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 Larry Vu, Auditor, at (916) 650-6696.

Sincerely,

Original Signed By

Evie Correa, Chief
Audit Review and Analysis Section
Financial Audits Branch

Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: SARVAMITRA AWASTHI, MD.	PROVIDER NUMBERS (NPI): 1265514855
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	379	975	1,354	379		975		1,354
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	505	1,758	2,263	505		1,758		2,263
5. Subtotal Visits	884	2,733	3,617	884		2,733		3,617
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
Total Visits	884	2,733	3,617	884		2,733		3,617

	REPORTED			ACCEPT AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 10,631	\$ 26,981	\$ 37,612	\$ 10,631		\$ 26,981		\$ 37,612
7. Managed Care Medicare Payments	\$ 1,369	\$ 4,304	\$ 5,673	\$ 1,369		\$ 4,304		\$ 5,673
8. Medi-Cal (Code 18) Payments	\$ 14,512	\$ 37,772	\$ 52,284	\$ 14,512		\$ 37,772		\$ 52,284
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
10. Medicare Crossover Payments (Non Managed Care)	\$ 31,415	\$ 109,641	\$ 141,056	\$ 31,415		\$ 109,641		\$ 141,056
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 7,463	\$ 26,388	\$ 33,851	\$ 7,463		\$ 26,388		\$ 33,851
12. Total Payments	\$ 65,390	\$ 205,084	\$ 270,475	\$ 65,390		\$ 205,084		\$ 270,475

	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	\$ 104.16	\$ 105.41		\$ 104.16		\$ 105.41		
14. Total Medi-Cal Visits (From Line 5)	884	2,733	3,617	884		2,733		3,617
15. PPS Amount (Line 13 x Line 14)	\$ 92,077	\$ 288,086	\$ 380,163	\$ 92,077		\$ 288,086		\$ 380,163
16. Less: Total Payments (From Line 12)	\$ 65,390	\$ 205,084	\$ 270,474	\$ 65,390		\$ 205,084		\$ 270,474
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 26,687	\$ 83,001	\$ 109,688	\$ 26,687		\$ 83,001		\$ 109,688
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 26,687	\$ 83,001	\$ 109,688	\$ 26,687		\$ 83,001		\$ 109,688