

**REPORT  
ON THE  
RURAL HEALTH CLINIC  
RECONCILIATION REVIEW  
SOUTHERN INYO HEALTHCARE DISTRICT  
NATIONAL PROVIDER IDENTIFIER: 1063589174**

**FISCAL PERIOD ENDED  
JUNE 30, 2012**

**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

April 30, 2013

Lee Barron  
Southern Inyo Community Clinic  
501 East Locust Street  
Lone Pine, CA 93545

PROVIDER LEGAL NAME: SOUTHERN INYO HEALTHCARE DISTRICT  
DBA: SOUTHERN INYO COMMUNITY CLINIC  
NATIONAL PROVIDER IDENTIFIER: 1063589174  
FISCAL PERIOD ENDED: JUNE 30, 2012

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 \$13,225 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.

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Lee Barron  
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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: SOUTHERN INYO HEALTHCARE DISTRICT	NATIONAL PROVIDER IDENTIFIER: 1063589174
FISCAL PERIOD: JULY 1, 2011 THROUGH JUNE 30, 2012	

## 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)	74	291	365	74		291		365
5. Subtotal Visits	74	291	365	74		291		365
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
<b>Total Visits</b>	<b>74</b>	<b>291</b>	<b>365</b>	<b>74</b>		<b>291</b>		<b>365</b>

	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)	\$ 11,494	\$ 45,011	\$ 56,505	\$ 11,494		\$ 45,011		\$ 56,505
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 2,161	\$ 8,389	\$ 10,550	\$ 2,161		\$ 8,389		\$ 10,550
12. <b>Total Payments</b>	<b>\$ 13,655</b>	<b>\$ 53,400</b>	<b>\$ 67,055</b>	<b>\$ 13,655</b>		<b>\$ 53,400</b>		<b>\$ 67,055</b>

	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	\$ 147.01	\$ 147.60		\$ 147.01		\$ 147.60		
14. Total Medi-Cal Visits (From Line 5)	74	291	365	74		291		365
15. PPS Amount (Line 13 x Line 14)	\$ 10,879	\$ 42,952	\$ 53,830	\$ 10,879		\$ 42,952		\$ 53,830
16. Less: Total Payments (From Line 12)	\$ 13,655	\$ 53,400	\$ 67,055	\$ 13,655		\$ 53,400		\$ 67,055
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ (2,776)	\$ (10,448)	\$ (13,225)	\$ (2,776)		\$ (10,448)		\$ (13,225)
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>	<b>\$ (2,776)</b>	<b>\$ (10,448)</b>	<b>\$ (13,225)</b>	<b>\$ (2,776)</b>		<b>\$ (10,448)</b>		<b>\$ (13,225)</b>