

FQHC/RHC RECONCILIATION WORKSHEET-SUMMARY

PROVIDER LEGAL NAME:							
NPI NUMBER(s):							
FISCAL YEAR END:							

PAYMENT / RECOVERY DETERMINATION

VISITS	Reported			Auditor's Proposed Adjustment		
	Period 1	Period 2	Total	Period 1	Period 2	Total
1. Medi-Cal Managed Care - Code 18	6,912	2,304	9,216	6,912	2,304	9,216
2. Healthy Families Plan - Code 19	159,678	53,226	212,904			
3. Medi-Cal Crossovers w/Cap. MAP - Code 20	-			-		
4. Medi-Cal Crossovers - Code 02	623	188	811	637	206	843
5. Total Visits	167,213	55,718	222,931	7,549	2,510	10,059

PAYMENTS	Reported			Auditor's Proposed Adjustment		
	Period 1	Period 2	Total	Period 1	Period 2	Total
6. Medi-Cal Managed Care Plans	\$ 173,655	\$ 57,885	\$ 231,540	\$ 173,655	\$ 57,885	\$ 231,540
7. Medicare & FFS MAP for Code 18	\$ -	\$ -	\$ -	\$ 159,678	\$ 53,226	\$ 212,904
8. Medi-Cal for Code 18	\$ 637,389	\$ 212,463	\$ 849,852	\$ 637,389	\$ 212,463	\$ 849,852
9. Healthy Families Plans			\$ -	\$ -	\$ -	\$ -
10. Medi-Cal for Code 19	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Patient Co-Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Capitated Medicare Advantage Plans	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Medi-Cal for Code 20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Medicare for Code 02	\$ 46,476	\$ 15,492	\$ 61,968	\$ 46,476	\$ 15,492	\$ 61,968
15. Medi-Cal for Code 02	\$ 37,359	\$ 12,453	\$ 49,812	\$ 37,359	\$ 12,453	\$ 49,812
16. Total Payments	\$ 894,879	\$ 298,293	\$ 1,193,172	\$ 1,054,557	\$ 351,519	\$ 1,406,076

SETTLEMENT SUMMARY	Reported			Auditor's Proposed Adjustment		
	Period 1	Period 2	Total	Period 1	Period 2	Total
17. PPS Rates (Enter this data only)	\$ 119.42	\$ 120.38	N/A	\$ 119.42	\$ 120.38	N/A
18. Total Visits (From Line 5)	167,213	55,718	222,931	7,549	2,510	10,059
19. PPS Dollar Amount (Line 17 x Line 18)	\$ 19,968,616	\$ 6,707,333	\$ 26,675,949	\$ 901,541	\$ 302,154	\$ 1,203,695
20. Less: Total Payments (From Line 16)	\$ 894,879	\$ 298,293	\$ 1,193,172	\$ 1,054,557	\$ 351,519	\$ 1,406,076
21. Amount Due Clinic (State) L19 - L20	\$ -	\$ -	\$ -	\$ 4,359	\$ 451	\$ 4,810
21. Amount Due Clinic (State) L19 - L20	\$ 19,073,737	\$ 6,409,040	\$ 25,482,777	\$ (157,375)	\$ (49,816)	\$ (207,191)

* NOTE: Medicare & FFS MAP payments are based on the patient cover by insurance listed below:

Payments