

MEDI-CAL
FEDERALLY QUALIFIED HEALTH CENTER
OR
RURAL HEALTH CLINIC
PROSPECTIVE PAYMENT SYSTEM
RECONCILIATION REQUEST

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC (RHC)
PROSPECTIVE PAYMENT SYSTEM (PPS) RECONCILIATION REQUEST
STATISTICAL DATA AND CERTIFICATION STATEMENT**

Part A - General Information

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|---------------------------------------------|
| 1. FQHC / RHC Legal Name: Mendocino Coast Healthcare District | | 2. Doing Business as (DBA): North Coast Family Health Center | |
| 3. FQHC / RHC Street Address: 721 River Drive City: Fort Bragg State: CA Zip: 95437 | | 4. National Provider Identifier (NPI): 1124220249 | |
| 5. Type of Control (Check one): Nonprofit Corporation _____ County District _____ For Profit Entity _____ | | 6. Fiscal Year End: 6/30/20 | |
| 7. Name of Contact Person: Judy Hoagland | | 8. Business Phone: 707-961-4609 | 9. E-mail Address: houglai@ah.org |
| 10. FQHC / RHC Owned By: Mendocino Coast Healthcare District, 700 River Drive, Fort Bragg, CA 95437 | | | |

11. Other offsite locations rendering FQHC services and billing using same NPI as in Box 4.

| Provider Name | Address |
|---------------|---------|
| | |
| | |
| | |
| | |
| | |

Part B - Certification Statement

Intentional misrepresentation or falsification of any information contained herein may be punishable by fine and/or imprisonment under Federal and State laws: (42 CFR 1003.102 "Basis for Civil Money Penalties and Assessments"; 18 U.S.C. 1347 "Health Care Fraud"; California Welfare and Institutions Code 14123.25 "Civil Money Penalties for Fraudulent Claims"; and Title 22 of the California Code of Regulations 51485.1 Civil Money Penalties)

Please be advised that continued submission of claims or worksheets/cost reports for items or services which were not provided as claimed are not reimbursable under the Medi-Cal program. If claims are made in violation of an agreement with the State, you or your organization may be subject to civil money penalty assessments in accordance with the California Welfare and Institutions Code, Section 14123.2.

Certification by Officer or Administrator:

John Redding, do hereby certify under penalty of perjury as follows:

Type or Print Name Above

That I am an official of the subject clinic and am duly authorized to sign this certification and that to the best of my knowledge and information, I believe each statement and amount in the accompanying report to be true, correct, and in compliance with Section 14161 of the California Welfare and Institutions Code.

| | | |
|-----------------------------------------------------------------|------------------------|-----------------------|
| Officer or Administrator of FQHC/RHC Signature: _____ | Title: _____ | Date: _____ |
|-----------------------------------------------------------------|------------------------|-----------------------|

For submission of DHCS 3097 (8/18) follow the Electronic Submission Protocol and submit to the email address below for an acknowledgment receipt
Reconciliation.Clinics@dhcs.ca.gov

For assistance/questions please contact: Clinics@dhcs.ca.gov

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC (RHC)
PROSPECTIVE PAYMENT SYSTEM (PPS) RECONCILIATION REQUEST
REQUEST TO UPDATE DIFFERENTIAL RATES**

| | | | |
|-----------------------|----------------------------------|----------|----------------------|
| Clinic Name: | North Coast Family Health Center | | |
| NPI: | 1124220249 | | |
| Fiscal Period: | From: | 7/1/2019 | To: 6/30/2020 |

Please indicate whether or not your facility needs updates to these rates.

Place an X in the column under the YES if you would like to have your rates updated.
Please submit Rate Request Form(s) 3100 or 3104 to have those billing rates updated.
The new rates will only apply to the NPI listed.

- | | | |
|---|--------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1 | <u>Medi-Cal Non-Managed Care Crossover</u> <u>(Formerly Code 02)</u> | No Form Required |
| 2 | <u>Medi-Cal Managed Care Differential Rate</u> <u>(Formerly Code 18)</u> | Form DHCS 3100 * |
| 3 | <u>Medi-Cal Non-Managed Care Crossover with</u> <u>Capitated Medicare Advantage Plan (MAP)</u> <u>(Formerly Code 20)</u> | Form DHCS 3104 * |

| | |
|------------|--|
| YES | |
| | |
| | |
| | |

*** LINKS:** Please click on the link below to retrieve the forms and instructions.

Form DHCS 3100
Form DHCS 3104

Form 3100i Instructions
Form 3104i Instructions

Follow the instructions that go with each form.

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC (RHC)
SUMMARY OF VISITS AND PAYMENTS WITH SETTLEMENT DETERMINATION**

WORKSHEET 1

| | | | |
|-----------------------|----------------------------------|----------|----------------------|
| Clinic Name: | North Coast Family Health Center | | |
| NPI: | 1124220249 | | |
| Fiscal Period: | From: | 7/1/2019 | To: 6/30/2020 |

| MEDI-CAL VISIT SUMMARY | | Period 1 | Period 2 | Total |
|----------------------------------------------------------------------|-------|--------------|--------------|--------------|
| 1. Non-Managed Care Crossovers (Formerly Code 02) | W/S 2 | - | - | |
| 2. Medi-Cal Managed Care (Formerly Code 18) | W/S 3 | 2,060 | 5,275 | 7,335 |
| 3. Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20) | W/S 4 | - | - | |
| 4. Total Medi-Cal Visits | | 2,060 | 5,275 | 7,335 |

| PAYMENT SUMMARY | | Period 1 | Period 2 | Total |
|------------------------------------------------------------------------------------|-------|-------------------|---------------------|---------------------|
| Medi-Cal Non-Managed Care Crossovers (Formerly Code 02): | | | | |
| 5. Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers | W/S 2 | \$ - | \$ - | \$ - |
| 6. Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled | | \$ - | \$ - | \$ - |
| 7. 3rd Party Payers | | \$ - | \$ - | \$ - |
| Medi-Cal Managed Care (Formerly Code 18): | | | | |
| 8. Medi-Cal Fiscal Intermediary for Managed Care Interim Payments | W/S 3 | \$ 367,640 | \$ 991,549 | \$ 1,359,189 |
| 9. Medi-Cal Managed Care Plans - TOTAL | | \$ 41,428 | \$ 105,335 | \$ 146,763 |
| 10. Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled | | \$ 205,340 | \$ 538,238 | \$ 743,578 |
| 11. 3rd Party Payers | | \$ - | \$ - | \$ - |
| Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20): | | | | |
| 12. Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP | W/S 4 | \$ - | \$ - | \$ - |
| 13. Capitated Medicare Advantage Plans, Code 519 & Part D Totaled | | \$ - | \$ - | \$ - |
| 14. 3rd Party Payers | | \$ - | \$ - | \$ - |
| 15. Total Payments | | \$ 614,407 | \$ 1,635,122 | \$ 2,249,529 |

| SETTLEMENT DETERMINATION | | Final Y/N | Period 1 | Period 2 | Total |
|------------------------------------------------------------------------------|---|-----------|---------------------|---------------------|---------------------|
| 16. PPS Rates for Periods 1 and 2 (Use Preparer's Notes below if not Final)* | N | | \$ 219.85 | \$ 223.15 | N/A |
| 17. Total Medi-Cal Visits (From Line 4 Above) | | | 2,060 | 5,275 | |
| 18. Medi-Cal PPS Amount Payable (Line 16 x Line 17) | | | \$ 452,891 | \$ 1,177,116 | \$ 1,630,007 |
| 19. Less: Total Payments (From Line 15 Above) | | | \$ 614,407 | \$ 1,635,122 | \$ 2,249,529 |
| 20. Amount Due Clinic (State) Line 18 minus Line 19 | | | \$ (161,516) | \$ (458,006) | \$ (619,522) |

NOTE: Because Medi-Cal PPS rates change on October 1st each year, providers must correctly enter Period 1 and Period 2 rates on Line 16 above. Payable amounts on Line 18 for each period are automatically totaled for proper settlement determination on Line 20 (see instructions).

*Preparer's Notes:

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC (RHC)
 MEDI-CAL NON-MANAGED CARE CROSSOVERS DETAIL
 FOR REVENUE CODES: 521, 522, 524, 525, 527 & 900 with HCPCS/CPT CODES G0466 TO G0470 (Formerly Code 02)**

| | | | |
|-----------------------|----------------------------------|----------|----------------------|
| Clinic Name: | North Coast Family Health Center | | |
| NPI: | 1124220249 | | |
| Fiscal Period: | From: | 7/1/2019 | To: 6/30/2020 |

WORKSHEET 2

| List All Months from Beginning of Fiscal Year: | VISITS |
|------------------------------------------------|--------|
| July | - |
| August | - |
| September | - |
| October | - |
| November | - |
| December | - |
| January | - |
| February | - |
| March | - |
| April | - |
| May | - |
| June | - |
| Annual FYE Total | - |
| Period 1 Total * | - |
| Period 2 Total * | - |
| Grand Total | - |

| MEDI-CAL CROSSOVER | PAYMENTS | | | | | 3RD PARTY PAYERS |
|-------------------------|-------------|---------|----------|--------|--------------|------------------|
| | MEDICARE | | | | | |
| | PPS/UPL/FFS | FFS MAP | CODE 519 | PART D | M-CARE TOTAL | |
| July | \$ - | | | | \$ - | |
| August | \$ - | | | | \$ - | |
| September | \$ - | | | | \$ - | |
| October | \$ - | | | | \$ - | |
| November | \$ - | | | | \$ - | |
| December | \$ - | | | | \$ - | |
| January | \$ - | | | | \$ - | |
| February | \$ - | | | | \$ - | |
| March | \$ - | | | | \$ - | |
| April | \$ - | | | | \$ - | |
| May | \$ - | | | | \$ - | |
| June | \$ - | | | | \$ - | |
| Annual FYE Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Period 1 Total * | \$ - | | | | \$ - | |
| Period 2 Total * | \$ - | | | | \$ - | |
| Grand Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Visits must be entered using date of service (DOS) criteria; all payments attributable to those visits must be reported.

* Because PPS rates change on October 1st every year, providers must enter the appropriate excel formula to sum all amounts (visits and payments) for the appropriate months of their fiscal year that occur before OCTOBER for Period 1, and the months that occur after SEPTEMBER for Period 2.
FOR EXAMPLE: FYE JUNE 30 - Then July, August and September are Period 1 and October through June are Period 2.
OR FYE DECEMBER 31 - Then January to September are Period 1 and October, November and December are Period 2.
 Period 1 and Period 2 totals will automatically populate Worksheet 1 (Summary).

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC(RHC)
MEDI-CAL MANAGED CARE DETAIL
FOR REVENUE CODE 521 with HCPCS/CPT CODE T1015 MODIFIER SE (Formerly Code 18)**

WORKSHEET 3

| | | | |
|-----------------------|----------------------------------|----------|----------------------|
| Clinic Name: | North Coast Family Health Center | | |
| NPI: | 1124220249 | | |
| Fiscal Period: | From: | 7/1/2019 | To: 6/30/2020 |

| List All Months from Beginning of Fiscal Year: | VISITS | PAYMENTS | | | | | | | | | 3RD PARTY PAYERS |
|------------------------------------------------|--------------|---------------------|-----------------------------|-------------|-------------------|-------------------|-------------|-------------|-------------|-------------------|------------------|
| | | MEDI-CAL INTERIM | MEDI-CAL MANAGED CARE PLANS | | | MEDICARE | | | | M-CARE TOTAL | |
| | | | FFS | CAPITATED | TOTAL | PPS/UPL/FFS | FFS/CAP MAP | CODE 519 | PART D | | |
| July | 729 | \$ 130,194 | \$ 14,864 | \$ - | \$ 14,864 | \$ 71,451 | \$ - | | | \$ 71,451 | |
| August | 666 | \$ 118,790 | \$ 13,503 | \$ - | \$ 13,503 | \$ 65,735 | \$ - | | | \$ 65,735 | |
| September | 665 | \$ 118,655 | \$ 13,061 | \$ - | \$ 13,061 | \$ 68,154 | \$ - | | | \$ 68,154 | |
| October | 685 | \$ 124,110 | \$ 14,643 | \$ - | \$ 14,643 | \$ 64,044 | \$ - | | | \$ 64,044 | |
| November | 615 | \$ 111,536 | \$ 11,810 | \$ - | \$ 11,810 | \$ 65,606 | \$ - | | | \$ 65,606 | |
| December | 646 | \$ 117,255 | \$ 13,466 | \$ - | \$ 13,466 | \$ 62,482 | \$ - | | | \$ 62,482 | |
| January | 752 | \$ 141,958 | \$ 16,004 | \$ - | \$ 16,004 | \$ 70,739 | \$ - | | | \$ 70,739 | |
| February | 595 | \$ 114,941 | \$ 11,406 | \$ - | \$ 11,406 | \$ 63,598 | \$ - | | | \$ 63,598 | |
| March | 573 | \$ 109,431 | \$ 11,810 | \$ - | \$ 11,810 | \$ 56,234 | \$ - | | | \$ 56,234 | |
| April | 494 | \$ 95,413 | \$ 9,308 | \$ - | \$ 9,308 | \$ 53,779 | \$ - | | | \$ 53,779 | |
| May | 440 | \$ 85,070 | \$ 9,419 | \$ - | \$ 9,419 | \$ 41,060 | \$ - | | | \$ 41,060 | |
| June | 475 | \$ 91,836 | \$ 7,469 | \$ - | \$ 7,469 | \$ 60,697 | \$ - | | | \$ 60,697 | |
| Annual FYE Total | 7,335 | \$ 1,359,189 | \$ 146,763 | \$ - | \$ 146,763 | \$ 743,578 | \$ - | \$ - | \$ - | \$ 743,578 | \$ - |
| Period 1 Total * | 2,060 | 367,640 | 41,428 | - | \$ 41,428 | 205,340 | - | - | - | \$ 205,340 | - |
| Period 2 Total * | 5,275 | 991,549 | 105,335 | - | \$ 105,335 | 538,238 | - | - | - | \$ 538,238 | - |
| Grand Total | 7,335 | \$ 1,359,189 | \$ 146,763 | \$ - | \$ 146,763 | \$ 743,578 | \$ - | \$ - | \$ - | \$ 743,578 | \$ - |

Visits must be entered using date of service (DOS) criteria; all prior payments attributable to those visits must be reported.

* Because PPS rates change on October 1st every year, providers must enter the appropriate excel formula to sum all amounts (visits and payments) for the appropriate months of their fiscal year that occur before OCTOBER for Period 1, and the months that occur after SEPTEMBER for Period 2.
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OR FYE DECEMBER 31 - Then January to September are Period 1 and October, November and December are Period 2.
 Period 1 and Period 2 totals will automatically populate Worksheet 1 (Summary).

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC (RHC)
MEDI-CAL MANAGED CARE PLAN INFORMATION**

WORKSHEET 3A

| | | | |
|-----------------------|----------------------------------|----------|----------------------|
| Clinic Name: | North Coast Family Health Center | | |
| NPI: | 1124220249 | | |
| Fiscal Period: | From: | 7/1/2019 | To: 6/30/2020 |

| LIST ALL CONTRACTED MEDI-CAL MANAGED CARE PLANS DURING THE REPORTING PERIOD | |
|------------------------------------------------------------------------------------|-------------------------|
| 1. | Partnership Health Plan |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC (RHC)
 MEDI-CAL NON-MANAGED CARE CROSSOVERS WITH CAPITATED MAP DETAIL
 REVENUE CODE 529 with HCPCS/CPT CODES G0466 to G0470 (Formerly Code 20)**

WORKSHEET 4

| | | | |
|-----------------------|----------------------------------|----------|----------------------|
| Clinic Name: | North Coast Family Health Center | | |
| NPI: | 1124220249 | | |
| Fiscal Period: | From: | 7/1/2019 | To: 6/30/2020 |

| List All Months from Beginning of Fiscal Year: | VISITS | PAYMENTS | | | | | 3RD PARTY PAYERS |
|------------------------------------------------|--------|--------------------|--------------------------|----------|--------|--------------|------------------|
| | | MEDI-CAL CROSSOVER | MEDICARE ADVANTAGE PLANS | | | | |
| | | | CAPITATED | CODE 519 | PART D | M-CARE TOTAL | |
| July | - | \$ - | | | | \$ - | |
| August | - | \$ - | | | | \$ - | |
| September | - | \$ - | | | | \$ - | |
| October | - | \$ - | | | | \$ - | |
| November | - | \$ - | | | | \$ - | |
| December | - | \$ - | | | | \$ - | |
| January | - | \$ - | | | | \$ - | |
| February | - | \$ - | | | | \$ - | |
| March | - | \$ - | | | | \$ - | |
| April | - | \$ - | | | | \$ - | |
| May | - | \$ - | | | | \$ - | |
| June | - | \$ - | | | | \$ - | |
| Annual FYE Total | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Period 1 Total * | - | - | - | - | - | \$ - | - |
| Period 2 Total * | - | - | - | - | - | \$ - | - |
| Grand Total | - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Visits must be entered using date of service (DOS) criteria; all prior payments attributable to those visits must be reported.

* Because PPS rates change on October 1st every year, providers must enter the appropriate excel formula to sum all amounts (visits and payments) for the appropriate months of their fiscal year that occur before OCTOBER for Period 1, and the months that occur after SEPTEMBER for Period 2.
FOR EXAMPLE: FYE JUNE 30 - Then July, August and September are Period 1 and October through June are Period 2.
OR FYE DECEMBER 31 - Then January to September are Period 1 and October, November and December are Period 2.
 Period 1 and Period 2 totals will automatically populate Worksheet 1 (Summary).

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC (RHC)
SUMMARY OF SERVICES**

WORKSHEET 5

| | | | | |
|-----------------------|-----------------------------------------|-----------------|------------|------------------|
| Clinic Name: | North Coast Family Health Center | | | |
| NPI: | 1124220249 | | | |
| Fiscal Period: | From: | 7/1/2019 | To: | 6/30/2020 |

| Please Indicate Services Provided: | ON-SITE | OFF-SITE | If OFF-SITE: Contractor Name &/or Location Where Off-Site Services are Provided (if applicable) * |
|------------------------------------------------------------|----------------|-----------------|--------------------------------------------------------------------------------------------------------------|
| 1. Medical | X | | |
| 2. Dental | | | |
| 3. Dental Hygienist | | | |
| 4. Radiology | | | |
| 5. Laboratory / Pathology | X | | |
| 6. Pharmacy | | | |
| 7. Nutritional | | | |
| 8. Psychology | | | |
| 9. Psychiatry | | | |
| 10. Social / Behavioral Health Services | X | | |
| 11. Marriage and Family Therapy (MFT) | | | |
| 12. Substance Use Disorder Services (SUDS) | | | |
| 13. Health Education | X | | |
| 14. Comprehensive Perinatal Services Program (CPSP) | X | | |
| 15. Outreach | | | |
| 16. Case Management | | | |
| 17. Optometry | | | |
| 18. Chiropractic | | | |
| 19. Podiatry | | | |
| 20. Inpatient Services | | | |
| 21. Family Planning | | | |
| 22. Acupuncture | | | |
| 23. Telehealth | | | |
| 24. Graduate Medical Education Program Accredited by ACGME | | | |
| 25. Women, Infants and Children (WIC) | | | |
| 26. Other (specify): | | | |
| 27. | | | |
| 28. | | | |
| 29. | | | |
| 30. | | | |
| 31. | | | |
| 32. | | | |
| 33. | | | |
| 34. | | | |
| 35. | | | |
| 36. | | | |
| 37. | | | |

* Location (physical address) needs to be included for services performed outside the four walls of the clinic (ie: contracted dental services) and PPS is billed. For practitioner referral services, only the contractor's name is required.

**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)/RURAL HEALTH CLINIC (RHC)
PRODUCTIVITY FOR HEALTH CARE PRACTITIONERS**

WORKSHEET 6

| | | | |
|-----------------------|----------------------------------|----------|----------------------|
| Clinic Name: | North Coast Family Health Center | | |
| NPI: | 1124220249 | | |
| Fiscal Period: | From: | 7/1/2019 | To: 6/30/2020 |

| HEALTH CARE PRACTITIONERS | 1 * | 2 ** | 3 *** | |
|--------------------------------------------|-------------|---------------|---------|----------|
| | FTE's | # of VISITS | ON-SITE | OFF-SITE |
| 1. Doctor of Medicine (MD) | | | | |
| 2. Doctor of Osteopathy (DO) | | | | |
| 3. Doctor of Podiatric Medicine (DPM) | | | | |
| 4. Doctor of Optometry (OD) | | | | |
| 5. Doctor of Chiropractics (DC) | | | | |
| 6. Doctor of Dental Surgery (DDS) | | | | |
| 7. Psychiatrist | | | | |
| 8. Physician Assistant (PA) | 0.90 | 1,418 | | |
| 9. Nurse Practitioner (NP) | 2.30 | 4,295 | | |
| 10. Resident | | | | |
| 11. Intern | | | | |
| 12. Certified Nurse Midwife (CNM) | | | | |
| 13. Registered Dental Hygienist (RDH) | | | | |
| 14. Visiting Nurse | | | | |
| 15. Clinical Psychologist | | | | |
| 16. Licensed Clinical Social Worker (LCSW) | | | | |
| 17. Comprehensive Perinatal Practitioner | | | | |
| 18. Physician Services Under Agreement | 5.23 | 21,773 | | |
| 19. Marriage and Family Therapist (MFT) | | | | |
| 20. Acupuncturist | | | | |
| 21. Other (specify): | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. TOTALS | 8.43 | 27,486 | | |

* One full time equivalent (FTE) equals 2,080 hours worked per year, performing patient care activities (max 40 hrs/week for 52 weeks). EXAMPLE: 1,200 hours worked (excluding vacation, sick leave and administrative time) when divided by 2,080 hours, equals .58 FTE rounded to two decimals.

** Report the number of billable visits as defined in the W&I Code and in the instructions, accumulated by practitioner category. Do not include encounter data if the services do not rise to the level of a billable visit.

*** Place an X in the appropriate column to indicate whether the services are performed on-site, off-site, or both.