REPORT ON THE
RURAL HEALTH CLINIC
RECONCILIATION REVIEW

MENDOCINO COAST HEALTH CARE DISTRICT
NATIONAL PROVIDER IDENTIFIER: 1124220249

FISCAL PERIOD ENDED
JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Maricela Orejel
Audit Manager: Craig Brandon
Auditor: Bradley Miller

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

JUN 25 2026

Lee Finney, Board Chair
North Coast Family
700 River Drive
Fort Bragg, CA 95437-5403

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: MENDOCINO COAST HEALTH CARE DISTRICT
DBA: NORTH COAST FAMILY
NATIONAL PROVIDER IDENTIFIER (NPI): 1124220249
FISCAL PERIOD ENDED: JUNE 30, 2020

We have reviewed the Rural Health Clinic (RHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement in the amount of $619,523, due to the State for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate and Medi-Cal Crossover rate will remain the same.

This RHC Reconciliation Review Report includes the following schedule:

1. Schedule 1—Computation of Medi-Cal Settlement

The Statement of Account Status will incorporate the Medi-Cal overpayment, 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 of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Perspective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

DocuSigned by:
Calvin Oshiro
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For Maricela Orejel
FQHC/RHC North Chief
Financial Review – Outpatient and Behavioral Health Division

Certified

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STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: **MENDOCINO COAST HEALTH CARE DISTRICT** NPI: **1124220249**

FISCAL PERIOD FROM: **JULY 1, 2019** FISCAL PERIOD TO: **JUNE 30, 2020**

	VISITS	REPORTED PERIOD 1	REPORTED PERIOD 2	REPORTED TOTAL	ACCEPTED AS FILED PERIOD 1	ACCEPTED AS FILED PERIOD 2	ACCEPTED AS FILED TOTAL
1	Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2	Medi-Cal Managed Care (Formerly Code 18)	2,060	5,275	7,335	2,060	5,275	7,335
3	Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4	Total Visits	2,060	5,275	7,335	2,060	5,275	7,335
5	Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6	**Payable Visits**	2,060	5,275	7,335	2,060	5,275	7,335

	PAYMENTS	REPORTED PERIOD 1	REPORTED PERIOD 2	REPORTED TOTAL	ACCEPTED AS FILED PERIOD 1	ACCEPTED AS FILED PERIOD 2	ACCEPTED AS FILED TOTAL
	Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						
7	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	$ -	$ -	$ -	$ -	$ -	$ -
8	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	$ -	$ -	$ -	$ -	$ -	$ -
9	3rd Party Payers	$ -	$ -	$ -	$ -	$ -	$ -
	Medi-Cal Managed Care (Formerly Code 18):						
10	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	$ 367,640	$ 991,549	$ 1,359,189	$ 367,640	$ 991,549	$ 1,359,189
11	Medi-Cal Managed Care Plans - TOTAL	$ 41,428	$ 105,335	$ 146,763	$ 41,428	$ 105,335	$ 146,763
12	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	$ 205,340	$ 538,238	$ 743,578	$ 205,340	$ 538,238	$ 743,578
13	3rd Party Payers	$ -	$ -	$ -	$ -	$ -	$ -
	Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):						
14	Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	$ -	$ -	$ -	$ -	$ -	$ -
15	Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	$ -	$ -	$ -	$ -	$ -	$ -
16	3rd Party Payers	$ -	$ -	$ -	$ -	$ -	$ -
17	**Total Payments**	$ 614,408	$ 1,635,122	$ 2,249,530	$ 614,408	$ 1,635,122	$ 2,249,530

	SETTLEMENT	REPORTED RECONCILIATION PERIOD 1	REPORTED RECONCILIATION PERIOD 2	REPORTED RECONCILIATION TOTAL	ACCEPTED AS FILED RECONCILIATION PERIOD 1	ADJ NO.	ACCEPTED AS FILED RECONCILIATION PERIOD 2	ADJ NO.	ACCEPTED AS FILED RECONCILIATION TOTAL
18	PPS Rate	$ 219.85	$ 223.15	N/A	$ 219.85		$ 223.15		N/A
19	Total Medi-Cal Visits (From Line 6)	2,060	5,275	7,335	2,060		5,275		7,335
20	PPS Amount (Line 18 x Line 19)	$ 452,891	$ 1,177,116	$ 1,630,007	$ 452,891		$ 1,177,116		$ 1,630,007
21	Less: Total Payments (From Line 17)	$ 614,408	$ 1,635,122	$ 2,249,530	$ 614,408		$ 1,635,122		$ 2,249,530
22	Reconciliation Amount Due Clinic (State) (L 20 - L 21)	$ (161,517)	$ (458,006)	$ (619,523)	$ (161,517)		$ (458,006)		$ (619,523)
23	Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	$ -		$ -		$ -
24	**Total Amount Due Clinic (State)** (L 22 - L 23)	$ (161,517)	$ (458,006)	**$ (619,523)**	$ (161,517)		$ (458,006)		**$ (619,523)**