

**APPEAL RECOMPUTATION
OF THE
AUDIT REPORT**

**OAK RIVER REHAB
ANDERSON, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1316005226**

**FISCAL PERIOD ENDED
DECEMBER 31, 2011**

**Audits Section—San Diego
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Patricia M. Fox
Audit Supervisor: Woosung Lee
Auditor: Kate Vvedenskaya**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

February 14, 2014

Ellen Subia
Director of Accounting and Reimbursement
Plum Healthcare Group, LLC
100 E San Marcos Boulevard, Suite 200
San Marcos, CA 92069

In the Matter of:

OAK RIVER REHAB
NATIONAL PROVIDER IDENTIFIER (NPI) 1316005226
FISCAL PERIOD ENDED DECEMBER 31, 2011
CASE NUMBER NF14-1211-306H-CM

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated December 12, 2013, the following revisions are made to the Medi-Cal audit report dated July 3, 2013.

SUMMARY OF REVISIONS

OVERPAYMENTS

Audited Amount Due State	\$	19,742
Revision		<u>(7,592)</u>
Revised Amount Due State	\$	<u>12,150</u>

Enclosed are the revised schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary.

Ellen Subia
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Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Originally signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

SUMMARY OF REVISED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
OAK RIVER REHAB

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

NPI:
1316005226

OSHPD Facility No.:
206452301

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY
SKILLED NURSING CARE				
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	\$ 5,135,126	\$ 5,135,126	\$ 107.28
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	\$ 1,248,525	\$ 1,248,525	\$ 26.08
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	\$ 1,084,832	\$ 1,084,832	\$ 22.66
4	Cost of Capital Related (Sch. 5, Ln. 105)	\$ 478,531	\$ 478,531	\$ 10.00
5	Property Taxes (Sch. 5, Ln. 105)	\$ 59,088	\$ 59,088	\$ 1.23
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	\$ 26,659	\$ 26,659	\$ 0.56
7	Professional Liability Insurance (Sch. 6, Ln. 105)	\$ 95,011	\$ 95,011	\$ 1.98
8	Caregiver Training (Sch. 6, Ln. 105)	\$ 0	\$ 0	\$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	\$ 531,234	\$ 531,234	\$ 11.10
10	Cost of Administration (Sch. 6, Ln. 105)	\$ 2,165,545	\$ 2,165,545	\$ 45.24
11	Cost of Routine Service/Revised Total Costs	\$ 10,824,551.84	\$ 10,824,552	\$ 226.15
12	Total Patient Days (Rev)	47,865	47,865	
13	Cost Per Patient Day (Cost Divided by Days)	\$ 226.15	\$ 226.15	
14	Overpayments (Rev 1)	\$ 19,742	\$ 12,150	
15	Medi-Cal Days (Rev)	35,030	35,030	
16	Medi-Cal Managed Care Days (Rev)	14	14	
INTERMEDIATE CARE				
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
18	Total Patient Days (Rev)		0	
19	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
20	Overpayments (Rev)	\$	\$ 0	
MENTALLY DISORDERED CARE				
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
22	Total Patient Days (Rev)		0	
23	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
24	Overpayments (Rev)	\$	\$ 0	
DEVELOPMENTALLY DISABLED CARE				
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
26	Total Patient Days (Rev)		0	
27	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
28	Overpayments (Rev)	\$	\$ 0	
SUBACUTE CARE				
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	\$ N/A	\$ 0	\$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	\$ N/A	\$ 0	\$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	\$ N/A	\$ 0	\$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	\$ N/A	\$ 0	\$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	\$ N/A	\$ 0	\$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	\$ N/A	\$ 0	\$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	\$ N/A	\$ 0	\$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	\$ N/A	\$ 0	\$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	\$ N/A	\$ 0	\$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	\$ N/A	\$ 0	\$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	\$ 0	\$ 0	\$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	\$ 0	\$ 0	

SUMMARY OF REVISED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
OAK RIVER REHAB

Fiscal Period:
JANUARY 1, 2011 THROUGH DECEMBER 31, 2011

NPI:
1316005226

OSHPD Facility No.:
206452301

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY
SUBACUTE CARE - PEDIATRIC				
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	\$ 0	\$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	\$ 0	\$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	\$ 0	\$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	\$ 0	\$ 0	
TRANSITIONAL INPATIENT CARE				
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
50	Total Patient Days (Rev)		0	
51	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
52	Overpayments (Rev)	\$	\$ 0	
HOSPICE INPATIENT CARE				
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
54	Total Patient Days (Rev)		0	
55	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
56	Overpayments (Rev)	\$	\$ 0	
OTHER ROUTINE SERVICES				
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	\$	\$ 0	
58	Total Patient Days (Rev)		0	
59	Cost Per Patient Day (Cost Divided by Days)	\$ 0.00	\$ 0.00	
60	Overpayments (Rev)	\$	\$ 0	

Provider Name							Fiscal Period			NPI		Revisions
OAK RIVER REHAB							JANUARY 1, 2011 THROUGH DECEMBER 31, 2011			1316005226		1
Report References							Explanation of Audit Revision			As Audited	Increase (Decrease)	As Revised
Cost Report			Revised Audit Repor									
Rev. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.						
<u>REVISION TO OTHER MATTERS</u>												
1	N/A			1	14		Medi-Cal Overpayments Revision to adjustment 4. To partially reverse the recovery of Medi-C overpayments based on an agreement between the partie INFORMAL APPEAL FINDING—ISSUE #1 CASE NUMBER: NF14-1211-306H-CM			\$19,742	(\$7,592)	\$12,150