REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
TEHAMA COUNTY
PROVIDER NUMBERS (NPI): RHM13980F (1043427388)

FISCAL PERIOD ENDED
JUNE 30, 2006

Audit Review and Analysis Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Evie Correa
Audit Supervisor: Ralph R. Zavala
Auditor: Tony Tran

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

January 24, 2013

Ms. Deanna J. Gee, Assistant ED- Administration
Tehama County Health Center
P.O. Box 400
Red Bluff, CA 96080-0400

PROVIDER LEGAL NAME: TEHAMA COUNTY
DBA: TEHAMA COUNTY HEALTH CENTER
PROVIDER NUMBERS (NPI): RHM13980F (1043427388)
FISCAL PERIOD ENDED: JUNE 30, 2006

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 Clinic in the amount of $53,721 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.

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 Tony Tran, Auditor, at (916) 650-6986.

Sincerely,

Original Signed By

Evie Correa, Chief
Audit Review and Analysis Section
Financial Audits Branch

Enclosure(s)
Certified

SCHEDULE 1

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **TEHAMA COUNTY**

NPI(s): **RHM13980F** **(1043427388)**

FISCAL PERIOD From: JULY 1, 2005

FISCAL PERIOD To: JUNE 30, 2006

	VISITS	REPORTED			ACCEPTED AS FILED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
1	24-Jan-13	-	-	-	-		-		-
2	Medi-Cal Capitated MAP - Code 20	-	-	-	-		-		-
3	Medi-Cal Non-Mgd Care Crossover - Code 02	573	1,704	2,277	573		1,704		2,277
4	Total Visits	573	1,704	2,277	573		1,704		2,277
5	Less: Duplicate and Unallowable Visits (W/P _____)	N/A	N/A	N/A					-
6	**Payable Visits**	573	1,704	2,277	573		1,704		2,277

	PAYMENTS	REPORTED			ACCEPTED AS FILED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
	Code 18:								
7	Medi-Cal Managed Care Plan Payments	$ -	$ -	$ -	-		-		$ -
8	Medicare and MAP Payments	$ -	$ -	$ -	-		-		$ -
9	Code 18 Payments	$ -	$ -	$ -	-		-		$ -
	Code 20:								
10	Capitated MAP Plan Payments			$ -					$ -
11	Code 20 Payments			$ -					$ -
	Code 02:								
12	Medicare Payments for Crossovers	$ 32,216	$ 96,583	$ 128,799	$ 32,216		$ 96,583		$ 128,799
13	Code 02 Payments	$ 10,852	$ 32,222	$ 43,074	$ 10,852		$ 32,222		$ 43,074
14	**Total Payments**	$ 43,068	$ 128,805	$ 171,873	$ 43,068		$ 128,805		$ 171,873

	SETTLEMENT	REPORTED RECONCILIATION			AUDITED RECONCILIATION				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
15	PPS Rate	$ 96.83	$ 99.83	N/A	$96.83	0	$99.83	0	N/A
16	Total Medi-Cal Visits (From Line 6)	573	1,704	2,277	573		1,704		2,277
17	PPS Amount (Line 15 x Line 16)	$ 55,484	$ 170,110	$ 225,594	$ 55,484		$ 170,110		$ 225,594
18	Less: Total Payments (From Line 14)	$ 43,068	$ 128,805	$ 171,873	$ 43,068		$ 128,805		$ 171,873
19	Reconciliation Amount Due Clinic (State) (L 17-L 18)	$ 12,416	$ 41,305	$ 53,721	$ 12,416		$ 41,305		$ 53,721
20	Medi-Cal Billing Review Results (W/P _____)	N/A	N/A	N/A	$ -		$ -		$ -
21	**Total Amount Due Clinic (State)** (L 19+L 20)	$ 12,416	$ 41,305	$ 53,721	$ 12,416		$ 41,305		$ 53,721