

**REVISED REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
PEACH TREE HEALTHCARE
PROVIDER NUMBERS (NPI): FHC11619G (1003863622)**

**FISCAL PERIOD ENDED
JUNE 30, 2010**

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

**Section Chief: Evie Correa
Audit Supervisor: Emil Guzman
Auditor: B Clark**



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

June 28, 2013
Ms. Sandy Scott
Peach Tree Healthcare
5730 Packard Avenue, Suite 600
Marysville, CA 95901

In the Matter of:

PROVIDER NAME: PEACH TREE CLINIC
PROVIDER NO(S): 1003863622
FISCAL PERIOD ENDED: JUNE 30, 2010
CASE NO. FQ13-0610-617E-DB

Enclosed is the final settlement in accordance with the report of findings prepared by the Office of Administrative Hearings and Appeals dated June 6, 2013. The settlement of the reconciliation request has been revised per the report and adjustments as follows:

Audited Settlement due Clinic/(State)	\$ 72,667
Revision	<u>82,015</u>
Revised Settlement due Clinic/(State)	<u>\$ 154,682</u>

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

If you have further questions regarding this report you may call Betty Clark, Auditor at (916) 650-6696.

Sincerely,
Original Signed By

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

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: PEACH TREE HEALTHCARE	PROVIDER NUMBER (NPI): FHC11619G (1003863622)
FISCAL PERIOD: JULY 01, 2009 THROUGH JUNE 30, 2010	

PAYMENT/RECOVERY DETERMINATION

	AUDITED			REVISED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	REV. NO.	PERIOD 2	REV. NO.	TOTAL
1. Managed Care Medi-Cal Visits	-	-	-	-		-		-
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	1,240	3,854	5,094	1,240		3,854		5,094
5. Subtotal Visits	1,240	3,854	5,094	1,240		3,854		5,094
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
Total Visits	1,240	3,854	5,094	1,240		3,854		5,094

	AUDITED			REVISED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	REV. NO.	PERIOD 2	REV. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
10. Medicare Crossover Payments (Non Managed Care)	\$ 101,759	\$ 329,134	\$ 430,893	\$ 84,925	1	\$ 263,953	2	\$ 348,878
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 29,464	\$ 93,769	\$ 123,233	\$ 29,464		\$ 93,769		\$ 123,233
12. Total Payments	\$ 131,223	\$ 422,903	\$ 554,126	\$ 114,389		\$ 357,722		\$ 472,111

	AUDITED RECONCILIATION COMPUTED			REVISED RECONCILIATION COMPUTED					
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
13. PPS Rate	\$ 121.57	\$ 123.52		\$ 121.57	\$ 123.52		\$ 121.57	\$ 123.52	
14. Total Medi-Cal Visits (From Line 5)	1,240	3,854	5,094	1,240	3,854	5,094	1,240	3,854	5,094
15. PPS Amount (Line 13 x Line 14)	\$ 150,747	\$ 476,046	\$ 626,793	\$ 150,747	\$ 476,046	\$ 626,793	\$ 150,747	\$ 476,046	\$ 626,793
16. Less: Total Payments (From Line 12)	\$ 131,223	\$ 422,903	\$ 554,126	\$ 114,389	\$ 357,722	\$ 472,111	\$ 114,389	\$ 357,722	\$ 472,111
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 19,524	\$ 53,143	\$ 72,667	\$ 36,358	\$ 118,324	\$ 154,682	\$ 36,358	\$ 118,324	\$ 154,682
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 19,524	\$ 53,143	\$ 72,667	\$ 36,358	\$ 118,324	\$ 154,682	\$ 36,358	\$ 118,324	\$ 154,682

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Revisions
PEACH TREE HEALTHCARE					JULY 01, 2009 THROUGH JUNE 30, 2010	FHC11619G (1003863622)		2
Report References					Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
Rev. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
1	1	10	1	10	Medicare Crossover Payments (Period 1)	\$101,759	(\$16,834)	\$84,925
2	1	10	1	10	Medicare Crossover Payments (Period 2)	329,133	(65,180)	263,953
Appeal Finding - Issue 1								