

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
MOUNTAIN VALLEYS HEALTH  
PROVIDER NUMBERS (NPI): (1922179498)**

**FISCAL PERIOD ENDED  
JUNE 30, 2011**

**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**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

February 4, 2013

Mr. Dave Jones  
Fall River Valley Health Center  
P.O. Box 277  
Bieber, CA 96009-0277

PROVIDER LEGAL NAME: MOUNTAIN VALLEYS HEALTH  
DBA: FALL RIVER VALLEY HEALTH CENTER  
PROVIDER NUMBERS (NPI): (1922179498)  
FISCAL PERIOD ENDED: JUNE 30, 2011

We have reviewed the Federally Qualified Health Center (FQHC) 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 \$135 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.

Mr. Dave Jones  
Page 2

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) 650-6696.

Sincerely,

**Original Signed By**

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

Enclosure(s)  
Certified

### FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **MOUNTAIN VALLEYS HEALTH**

NPI(s): **0**  
**(1922179498)**

FISCAL PERIOD From: **JULY 1, 2010**

FISCAL PERIOD To: **JUNE 30, 2011**

VISITS	REPORTED			ACCEPTED AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
1 Medi-Cal Managed Care - Code 18	-	-	-	-		-		-
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-		-		-
3 Medi-Cal Non-Mgd Care Crossover - Code 02	92	182	274	92		182		274
4 Total Visits	92	182	274	92		182		274
5 Less: Duplicate and Unallowable Visits (W/P _____)	N/A	N/A	N/A					-
6 <b>Payable Visits</b>	92	182	274	92		182		274

PAYMENTS	REPORTED			ACCEPTED AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
<b>Code 18:</b>								
7 Medi-Cal Managed Care Plan Payments	\$ -	\$ -	\$ -	-		-		\$ -
8 Medicare and MAP Payments	\$ -	\$ -	\$ -	-		-		\$ -
9 Code 18 Payments	\$ -	\$ -	\$ -	-		-		\$ -
<b>Code 20:</b>								
10 Capitated MAP Plan Payments			\$ -					\$ -
11 Code 20 Payments			\$ -					\$ -
<b>Code 02:</b>								
12 Medicare Payments for Crossovers	\$ 7,876	\$ 16,368	\$ 24,244	\$ 7,876		\$ 16,368		\$ 24,244
13 Code 02 Payments	\$ 1,964	\$ 4,048	\$ 6,012	\$ 1,964		\$ 4,048		\$ 6,012
14 <b>Total Payments</b>	\$ 9,840	\$ 20,416	\$ 30,256	\$ 9,840		\$ 20,416		\$ 30,256

SETTLEMENT	REPORTED RECONCILIATION			AUDITED RECONCILIATION				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
15 PPS Rate	\$ 110.04	\$ 111.36	N/A	\$ 110.04	0	\$ 111.36	0	N/A
16 Total Medi-Cal Visits (From Line 6)	92	182	274	92		182		274
17 PPS Amount (Line 15 x Line 16)	\$ 10,124	\$ 20,268	\$ 30,391	\$ 10,124		\$ 20,268		\$ 30,391
18 Less: Total Payments (From Line 14)	\$ 9,840	\$ 20,416	\$ 30,256	\$ 9,840		\$ 20,416		\$ 30,256
19 Reconciliation Amount Due Clinic (State) (L 17-L 18)	\$ 284	\$ (148)	\$ 135	\$ 284		\$ (148)		\$ 135
20 Medi-Cal Billing Review Results (W/P _____)	N/A	N/A	N/A	\$ -		\$ -		\$ -
21 <b>Total Amount Due Clinic (State) (L 19+L 20)</b>	\$ 284	\$ (148)	\$ 135	\$ 284		\$ (148)		\$ 135