

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
OAK VALLEY HOSPITAL DISTRICT  
PROVIDER NUMBERS (NPI): (1548301633)**

**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. John J. McCormick, CFO  
Riverbank Community Health  
350 South Oak Avenue  
Oakdale, CA 95361-3519

PROVIDER LEGAL NAME: OAK VALLEY HOSPITAL DISTRICT  
DBA: RIVERBANK COMMUNITY HEALTH  
PROVIDER NUMBERS (NPI): (1548301633)  
FISCAL PERIOD ENDED: JUNE 30, 2011

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 \$278,109 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.

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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

PROVIDER LEGAL NAME: OAK VALLEY HOSPITAL DISTRICT	PROVIDER NUMBERS (NPI): (1548301633)
FISCAL PERIOD: JULY 1, 2010 THROUGH JUNE 30, 2011	

## PAYMENT/RECOVERY DETERMINATION

	REPORTED			ACCEPT AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1. Managed Care Medi-Cal Visits	1,222	4,172	5,394	1,222		4,172		5,394
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	124	381	505	124		381		505
5. Subtotal Visits	1,346	4,553	5,899	1,346		4,553		5,899
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
<b>Total Visits</b>	<b>1,346</b>	<b>4,553</b>	<b>5,899</b>	<b>1,346</b>		<b>4,553</b>		<b>5,899</b>

	REPORTED			ACCEPT AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 35,209	\$ 114,780	\$ 149,989	\$ 35,209		\$ 114,780		\$ 149,989
7. Managed Care Medicare Payments	\$ 341	\$ 193	534	\$ 341		\$ 193		534
8. Medi-Cal (Code 18) Payments	\$ 103,548	\$ 358,118	461,666	\$ 103,548		\$ 358,118		461,666
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	-	\$ -		\$ -		-
10. Medicare Crossover Payments (Non Managed Care)	\$ 11,572	\$ 31,016	42,588	\$ 11,572		\$ 31,016		42,588
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 3,711	\$ 12,282	15,993	\$ 3,711		\$ 12,282		15,993
12. <b>Total Payments</b>	<b>\$ 154,381</b>	<b>\$ 516,389</b>	<b>\$ 670,770</b>	<b>\$ 154,381</b>		<b>\$ 516,389</b>		<b>\$ 670,770</b>

	REPORTED RECONCILIATION COMPUTED			ACCEPT AS FILED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 159.38	\$ 161.29		\$159.38		\$161.29		
14. Total Medi-Cal Visits (From Line 5)	1,346	4,553	5,899	1,346		4,553		5,899
15. PPS Amount (Line 13 x Line 14)	\$ 214,525	\$ 734,353	\$ 948,879	\$ 214,525		\$ 734,353		\$ 948,879
16. Less: Total Payments (From Line 12)	\$ 154,381	\$ 516,389	\$ 670,770	\$ 154,381		\$ 516,389		\$ 670,770
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 60,144	\$ 217,964	\$ 278,109	\$ 60,144		\$ 217,964		\$ 278,109
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>	<b>\$ 60,144</b>	<b>\$ 217,964</b>	<b>\$ 278,109</b>	<b>\$ 60,144</b>		<b>\$ 217,964</b>		<b>\$ 278,109</b>