

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
CHANGE IN SCOPE-OF-SERVICE REQUEST  
CLINICAS DE SALUD DEL PUEBLO  
FQHC PROVIDER NUMBER (NPI): 1487741773  
(FHC70606F)**

**FISCAL PERIOD ENDED  
DECEMBER 31, 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: Hardeep Kaur**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

January 9, 2013

Gloria G. Santillan  
Clinicas De Salud Del Pueblo, Inc  
1166 K Street  
P.O.Box 1279  
Brawley, CA 92227

PROVIDER LEGAL NAME: CLINICAS DE SALUD DEL PUEBLO, INC  
DBA: CLINICAS DE SALUD DEL PUEBLO, INC  
FQHC PROVIDER NO. (NPI): 1487741773 (FHC 70606F)  
FISCAL PERIOD ENDED: DECEMBER 31, 2011

SUBJECT: CHANGE IN SCOPE-OF-SERVICE REQUEST

We have examined the Clinic's Federally Qualified Health Center (FQHC) Change in Scope-of-Service Request for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code. The review was limited to the Change in Scope-of-Service Request and the supporting documentation.

The prospective payment system (PPS) rate(s) reported by the provider are approved and will be accepted as filed. The rates and effective dates are as follows:

<u>PPS Rate</u>	<u>Effective Dates</u>
\$113.30	January 1, 2012 through September 30, 2012

In addition, your rate will be increased to 113.98, effective October 1, 2012 to reflect the MEI increases of 0.6% respectively.

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We have instructed the Provider Enrollment Division to adjust your interim Medi-Cal Crossover rate (Code 02) to \$26.02, effective January 1, 2013.

This determination includes the Computation of PPS Rate (Schedule 1).

If you have further questions regarding this report, please contact Hardeep Kaur Auditor, at (916) 650-6686.

Sincerely,

**Original Signed By**

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

Enclosure(s)  
Certified

## COMPUTATION OF CHANGE IN SCOPE-OF-SERVICE REQUEST

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CLINICAS DE SALUD DEL PUEBLO, INC

1487741773 (FHC 70606F)

12/31/2011

**PART A - DETERMINATION OF OVERHEAD APPLICABLE TO FQHC/RHC SERVICES**

	REPORTED	ACCEPTED AS FILED
1. Total FQHC/RHC Health Care Services Cost (Sch 2, Ln 29)	\$ 2,333,790	\$ 2,333,790
2. Nonreimbursable FQHC/RHC Costs Excluding Overhead (Sch 2, Ln 57)	\$ 153,549	\$ 153,549
3. Cost of All Services Excluding Overhead (Ln 1 + Ln 2)	\$ 2,487,339	\$ 2,487,339
4. Percentage of Nonreimbursable FQHC/RHC Costs (Ln 2 / Ln 3)	0.061732	0.061732
5. Total Overhead -(Sch 2, Ln 53)	\$ 1,479,424	\$ 1,479,424
6. Overhead Applicable to Non-Reimbursable FQHC/RHC Costs (Ln 5 x Ln 4)	\$ 91,328	\$ 91,328
7. Overhead Applicable to FQHC/RHC Services (Ln 5 - Ln 6)	\$ 1,388,096	\$ 1,388,096
8. Total Cost of FQHC/RHC Services (Ln 1 + Ln 7)	\$ 3,721,886	\$ 3,721,886

**PART B - DETERMINATION OF FQHC/RHC RATE**

1. Total FQHC/RHC Cost (PART A, Ln 8)	\$ 3,721,886	\$ 3,721,886
2. Total FQHC/RHC Visits (From Provider Records) (Adj. )	32,685	32,685
3. Total FQHC/RHC Nonreimbursable Services Visits (From Provider Records) (Adj. )	-	-
4. Total FQHC/RHC Adjusted Visits (Ln 2 - Ln 3)	32,685	32,685
5. FQHC/RHC Cost Per Visit (Ln 1 / Ln 4)	113.8713736	\$ 113.87

**PART C - DETERMINATION OF PPS RATE ADJUSTMENT**

1. FQHC/RHC Cost Per Visit (PART B, Ln 5)	\$ 113.87	\$ 113.87
2. Current PPS rate per visit	\$ 111.00	\$ 111.00
3. Net Increase or Decrease in FQHC/RHC Rate (Ln 1 - Ln 2) Show decrease in parenthesis	\$ 2.87	\$ 2.87

**If line 3 is greater than zero (Line 1 is greater than Line 2), proceed to line 4.****If line 3 is less than zero (Line 1 is less than line 2), proceed to line 5.**

4. Threshold Amount: Line 2 x 1.75% ( Complete Part D if an increase on Line 3 is <b>equal</b> to or <b>greater</b> than this amount)	\$ 1.94	\$ 1.94
5. Threshold Amount: Line 2 x 2.50% ( Complete Part D if a decrease on Line 3 is <b>greater</b> than this amount) <b>See note 2</b>	\$ 2.78	\$ 2.78

**PART D - FQHC/RHC RATE CHANGE**

1. FQHC/RHC Rate increase or decrease (PART C, Ln 3) Show decrease in parenthesis	\$ 2.87	\$ 2.87
2. FQHC/RHC Rate increase or decrease adjustment of 20% (Ln 1 x 20%)	\$ 0.57	\$ 0.57
3. FQHC/RHC Rate increase or decrease after adjustment of 20% (Ln 1 - Ln 2)	\$ 2.30	\$ 2.30
4. Current PPS rate per visit (from Line C2)	\$ 111.00	\$ 111.00
5. New PPS Rate (Ln 3 plus Ln 4)	\$ 113.30	\$ 113.30

**Notes:**

(1) **The current PPS rate per visit means the PPS rate per visit in effect on the last day of the reporting period during which the scope-of-service change occurred.**

(2) **Reporting an increase that meets or exceeds the threshold of 1.75% is optional. If your rate decreased more than 2.5% AND you have experienced a decrease in the scope-of-services, filing is mandatory.**

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CLINICAS DE SALUD DEL PUEBLO, INC

1487741773

12/31/2011

Cost Center	REPORTED	ADJUSTMENTS (From Sch 2A)	ACCEPTED AS FILED
<b>FQHC Health Care Cost</b>			
1. Physician	\$486,953	\$0	\$486,953
2. Physician Assistant	268,395	0	268,395
3. Nurse Practitioner	312,662	0	312,662
4. Other Nurse	202,891	0	202,891
5. Laboratory Technician	40,653	0	40,653
6. Education & Outreach	0	0	0
7. Case Management	0	0	0
8. Other Medical	375,685	0	375,685
9. Medical Records	247,053	0	247,053
10. Support Staff	0	0	0
11. Mental Health	0	0	0
12. Other (specify): Social Services	0	0	0
13. Subtotal-FQHC Health Care Costs	\$1,934,292	\$0	\$1,934,292
14. Physician Services Under Agreement	\$244,063	\$0	\$244,063
15. Physician Supervision	0	0	0
16.	0	0	0
17. <b>Other Health Care Costs</b>	0		
18. Pharmacy	\$41,341	\$0	\$41,341
19. Dental	0	0	0
20. Optometry	0	0	0
21. Medical Supplies	44,144	0	44,144
22. Depreciation-Medical Equipment	565	0	565
23. Professional Liability Insurance	9,239	0	9,239
24. Home Office Direct Cost (from home ofc. cost report-sch 6)	0	0	0
25. Rental/Lease Equipment	16,905	0	16,905
26. Laboratory Service	0	0	0
27. X-Ray Services	43,241	0	43,241
28. Subtotal-Other Health Care Costs	\$155,435	\$0	\$155,435
29. Total Cost of FQHC Services (Sum of Lines 13, 14, 15, 16, and 28)	\$2,333,790	\$0	\$2,333,790
<b>FQHC Overhead-Facility Cost</b>			
30. Rent	\$250,713	0	\$250,713
31. Insurance	8,268	0	8,268
32. Interest Expense	0	0	0
33. Utilities	35,650	0	35,650
34. Depreciation-Building	32,140	0	32,140
35. Depreciation-Equipment	0	0	0
36. Housekeeping And Maintenance	91,500	0	91,500
37. Property Tax	29,236	0	29,236
38. Other - Home Office Cost Report Allocation	50,547	0	50,547
39. Rental/Lease Equipment	127,357	0	127,357
40.	57,685	0	57,685
41. Subtotal-Facility Costs (Lines 30-40)	\$683,096	\$0	\$683,096
<b>FQHC Overhead-Administrative Cost</b>			
42. Office Salaries	\$115,433	\$0	\$115,433
43. Depreciation-Office Equipment	666	0	666
44. Office Supplies	23,342	0	23,342
45. Legal	0	0	0
46. Accounting	0	0	0
47. Insurance (Specify)	0	0	0
48. Telephone	27,304	0	27,304
49. Fringe Benefits And Payroll Taxes	0	0	0
50. Home Office Pool Costs (from home ofc. cost report-sch 6)	617,081	0	617,081
51. Other (Specify)	12,502	0	12,502
52. Subtotal-Administrative Costs (Lines 42-51)	\$796,328	\$0	\$796,328
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	\$1,479,424	\$0	\$1,479,424
54. Nonreimbursable Costs (Specify)	\$40,766	\$0	40,766
55. Non-Reimbursable Home Office	0	0	0
56.	112,783	0	112,783
57. Subtotal Nonreimbursable Costs	\$153,549	\$0	\$153,549
58. Total FQHC Costs (Sum of Lines 29, 53, and 57)	\$3,966,763	\$0	\$3,966,763