

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
CHANGE IN SCOPE-OF-SERVICE REQUEST
CLINICAS DE SALUD DEL PUEBLO
FQHC PROVIDER NUMBER (NPI): 1124109202
(FHC70749F)**

**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): 1124109202 (FHC 70749F)
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>
\$141.10	January 1, 2012 through September 30, 2012

In addition, your rate will be increased to 141.95, effective October 1, 2012 to reflect the MEI increases of 0.6% respectively.

Gloria G. Santillan
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We have instructed the Provider Enrollment Division to adjust your interim Medi-Cal Crossover rate (Code 02) to \$48.69, 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

1124109202 (FHC 70749F)

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)	\$ 381,313	\$ 381,313
2. Nonreimbursable FQHC/RHC Costs Excluding Overhead (Sch 2, Ln 57)	\$ 32,208	\$ 32,208
3. Cost of All Services Excluding Overhead (Ln 1 + Ln 2)	\$ 413,521	\$ 413,521
4. Percentage of Nonreimbursable FQHC/RHC Costs (Ln 2 / Ln 3)	0.077887	0.077887
5. Total Overhead -(Sch 2, Ln 53)	\$ 311,187	\$ 311,187
6. Overhead Applicable to Non-Reimbursable FQHC/RHC Costs (Ln 5 x Ln 4)	\$ 24,237	\$ 24,237
7. Overhead Applicable to FQHC/RHC Services (Ln 5 - Ln 6)	\$ 286,950	\$ 286,950
8. Total Cost of FQHC/RHC Services (Ln 1 + Ln 7)	\$ 668,263	\$ 668,263

PART B - DETERMINATION OF FQHC/RHC RATE

1. Total FQHC/RHC Cost (PART A, Ln 8)	\$ 668,263	\$ 668,263
2. Total FQHC/RHC Visits (From Provider Records) (Adj.)	4,539	4,539
3. Total FQHC/RHC Nonreimbursable Services Visits (From Provider Records) (Adj.)	-	-
4. Total FQHC/RHC Adjusted Visits (Ln 2 - Ln 3)	4,539	4,539
5. FQHC/RHC Cost Per Visit (Ln 1 / Ln 4)	147.2268144	\$ 147.23

PART C - DETERMINATION OF PPS RATE ADJUSTMENT

1. FQHC/RHC Cost Per Visit (PART B, Ln 5)	\$ 147.23	\$ 147.23
2. Current PPS rate per visit	\$ 116.58	\$ 116.58
3. Net Increase or Decrease in FQHC/RHC Rate (Ln 1 - Ln 2) Show decrease in parenthesis	\$ 30.65	\$ 30.65

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 equal to or greater than this amount)	\$ 2.04	\$ 2.04
5. Threshold Amount: Line 2 x 2.50% (Complete Part D if a decrease on Line 3 is greater than this amount) See note 2	\$ 2.91	\$ 2.91

PART D - FQHC/RHC RATE CHANGE

1. FQHC/RHC Rate increase or decrease (PART C, Ln 3) Show decrease in parenthesis	\$ 30.65	\$ 30.65
2. FQHC/RHC Rate increase or decrease adjustment of 20% (Ln 1 x 20%)	\$ 6.13	\$ 6.13
3. FQHC/RHC Rate increase or decrease after adjustment of 20% (Ln 1 - Ln 2)	\$ 24.52	\$ 24.52
4. Current PPS rate per visit (from Line C2)	\$ 116.58	\$ 116.58
5. New PPS Rate (Ln 3 plus Ln 4)	\$ 141.10	\$ 141.10

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

1124109202 (FHC 70749F)

12/31/2011

Cost Center	REPORTED	ADJUSTMENTS (From Sch 2A)	ACCEPTED AS FILED
FQHC Health Care Cost			
1. Physician	\$0	\$0	\$0
2. Physician Assistant	989	0	989
3. Nurse Practitioner	0	0	0
4. Other Nurse	138,282	0	138,282
5. Laboratory Technician	95,004	0	95,004
6. Education & Outreach	884	0	884
7. Case Management	0	0	0
8. Other Medical	0	0	0
9. Medical Records	104,729	0	104,729
10. Support Staff	13,462	0	13,462
11. Mental Health	0	0	0
12. Other (specify): Social Services	0	0	0
13. Subtotal-FQHC Health Care Costs	\$353,350	\$0	\$353,350
14. Physician Services Under Agreement	\$0	\$0	\$0
15. Physician Supervision	0	0	0
16.	0	0	0
17. Other Health Care Costs	0	0	0
18. Pharmacy	\$11,605	\$0	\$11,605
19. Dental	0	0	0
20. Optometry	0	0	0
21. Medical Supplies	9,743	0	9,743
22. Depreciation-Medical Equipment	440	0	440
23. Professional Liability Insurance	1,695	0	1,695
24. Home Office Direct Cost (from home ofc. cost report-sch 6)	0	0	0
25. Rental/Lease Equipment	3,028	0	3,028
26. Laboratory Service	0	0	0
27. X-Ray Services	1,452	0	1,452
28. Subtotal-Other Health Care Costs	\$27,963	\$0	\$27,963
29. Total Cost of FQHC Services (Sum of Lines 13, 14, 15, 16, and 28)	\$381,313	\$0	\$381,313
FQHC Overhead-Facility Cost			
30. Rent	\$1,871	0	\$1,871
31. Insurance	1,674	0	1,674
32. Interest Expense	0	0	0
33. Utilities	10,357	0	10,357
34. Depreciation-Building	13,238	0	13,238
35. Depreciation-Equipment	0	0	0
36. Housekeeping And Maintenance	14,952	0	14,952
37. Property Tax	403	0	403
38. Other - Home Office Cost Report Allocation	26,401	0	26,401
39. Rental/Lease Equipment	29,488	0	29,488
40.	20,548	0	20,548
41. Subtotal-Facility Costs (Lines 30-40)	\$118,932	\$0	\$118,932
FQHC Overhead-Administrative Cost			
42. Office Salaries	\$33,555	\$0	\$33,555
43. Depreciation-Office Equipment	2,606	0	2,606
44. Office Supplies	9,356	0	9,356
45. Legal	0	0	0
46. Accounting	0	0	0
47. Insurance (Specify)	3,069	0	3,069
48. Telephone	17,575	0	17,575
49. Fringe Benefits And Payroll Taxes	0	0	0
50. Home Office Pool Costs (from home ofc. cost report-sch 6)	101,012	0	101,012
51. Other (Specify)	25,082	0	25,082
52. Subtotal-Administrative Costs (Lines 42-51)	\$192,255	\$0	\$192,255
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	\$311,187	\$0	\$311,187
54. Nonreimbursable Costs (Specify)	\$16,546	\$0	16,546
55. Non-Reimbursable Home Office	0	0	0
56.	15,662	0	15,662
57. Subtotal Nonreimbursable Costs	\$32,208	\$0	\$32,208
58. Total FQHC Costs (Sum of Lines 29, 53, and 57)	\$724,708	\$0	\$724,708