

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER/ RURAL
HEALTH CLINIC
RATE SETTING COST REPORT AUDIT
CENTRO MEDICO COMMUNITY CLINIC
PROVIDER NO. (NPI): FHC70911G (1437153848)**

**FISCAL PERIOD ENDED
MAY 31, 2004**

**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: James Burger**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

February 20, 2013

Chief Executive Officer
Centro Medico Community Clinic
1307 West 6th Street #113
Corona, CA 92882

PROVIDER LEGAL NAME: CENTRO MEDICO COMMUNITY CLINIC
DBA: CENTRO MEDICO COMMUNITY CLINIC
FQHC PROVIDER NO. (NPI): FHC 70911G (1437153848)
FISCAL PERIOD ENDED MAY 31, 2004

We have examined the Clinic's Federally Qualified Health Center (FQHC) Medi-Cal rate setting cost report for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code. It was limited to a review of the rate setting cost report, accompanying financial statements, Medi-Cal Paid Claims Summary Report, prior fiscal period's Medi-Cal program audit report, and Medicare audit report for the current fiscal period, if applicable and available.

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 Date</u>
\$ 126.47	12/24/02 through 9/30/04

In addition, your rate will be increased to:

- \$130.13, effective October 1, 2004
- \$134.17, effective October 1, 2005
- \$137.92, effective October 1, 2006
- \$140.82, effective October 1, 2007
- \$143.36, effective October 1, 2008
- \$145.65, effective October 1, 2009
- \$147.40, effective October 1, 2010
- \$147.99, effective October 1, 2011
- \$148.88, effective October 1, 2012

To reflect the MEI increases of 2.9%, 3.1%, 2.8%, 2.1%, 1.8%, 1.6%, 1.2%, 0.4%, 0.6% respectively.

Administrator
Page 2

We have instructed the Provider Enrollment Division to adjust your interim Managed Care rate (Code 18) to \$114.25 and your interim Medi-Cal Crossover rate (Code 02) to \$29.78, effective 3/1/2013.

This Audit Report includes the computation of Medi-Cal Prospective Payment System Rate (Schedule 1) and supporting schedules.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

If you have further questions regarding this report, please contact James Burger, 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
COMPUTATION OF MEDI-CAL PROSPECTIVE PAYMENT SYSTEM RATE**

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CENTRO MEDICO COMMUNITY CLINIC**FHC70911G (1437153848)****MAY 31, 2004**

PART A - DETERMINATION OF OVERHEAD APPLICABLE TO MEDICAL SERVICES	AS REPORTED	ACCEPTED AS FILED
1. Cost of Services Excluding Overhead (Sch 2, L 29)	\$ 712,371	\$ 712,371
2. Nonreimbursable Costs Excluding Overhead (Sch 2, L 57)	0	0
3. Cost of All Services Excluding Overhead (L A1 + L A2)	\$ 712,371	\$ 712,371
4. Percentage of Nonreimbursable Costs (L A2 / L A3)	0.000000	0.000000
5. Total Overhead (Sch 2, L 53)	\$ 519,556	\$ 519,556
6. Overhead Applicable to Nonreimbursable Costs (L A4 * L A5)	0	0
7. Overhead Applicable to Medical Services (L A5 - L A6)	519,556	519,556
8. Total Cost of Medical Services (L A1 + L A7)	\$ 1,231,927	\$ 1,231,927
PART B - DETERMINATION OF PPS RATE		
1. Total Medical Costs (L A8)	\$ 1,231,927	\$ 1,231,927
2. Total FQHC/RHC Visits (Adj No)	9,741	9,741
3. Total Nonreimbursable Services Visits (Adj No)	0	0
4. FQHC/RHC Adjusted Visits (L B2 - L B3)	9,741	9,741
5. FQHC/RHC PPS Rate Per Visit (L B1 / L B4)	\$ 126.47	\$ 126.47

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CENTRO MEDICO COMMUNITY CLINIC

FHC70911G (1437153848)

MAY 31, 2004

Cost Center

	AS REPORTED	ADJUSTMENTS (From Sch 2A)	ACCEPTED AS FILED
FQHC/RHC Health Care Cost			
1. Physician	\$196,124	\$0	\$196,124
2. Physician Assistant	64,192	0	64,192
3. Nurse Practitioner	0	0	0
4. Other Nurse	353,047	0	353,047
5. Laboratory Technician	0	0	0
6. Other (Education)	0	0	0
7. Case Management	0	0	0
8. Other Medical	0	0	0
9. Medical Records	0	0	0
10. Support Staff	0	0	0
11. Mental Health	0	0	0
12.	0	0	0
13. Subtotal-Health Care Costs	\$613,363	\$0	\$613,363
14. Physician Services Under Agreement	\$0	\$0	\$0
15. Physician Supervision	0	0	0
16.	0	0	0
17. Other Health Care Costs			
18. Pharmacy	\$0	\$0	\$0
19. Dental	0	0	0
20. Optometry	0	0	0
21. Medical Supplies	64,288	0	64,288
22. Depreciation-Medical Equipment	17,230	0	17,230
23. Professional Liability Insurance	5,458	0	5,458
24. Home Office Cost (from H.O. cost report-sch 6)	0	0	0
25. Other (Specify)	0	0	0
26.	0	0	0
27. Minor Medical Equipment & Rental/CME	12,032	0	12,032
28. Subtotal-Other Health Care Costs	\$99,008	\$0	\$99,008
29. Total Health Care Costs (Sum of Lines 13, 14, 15, 16, and 28)	\$712,371	\$0	\$712,371
FQHC/RHC Overhead-Facility Cost			
30. Rent	\$64,587	\$0	\$64,587
31. Insurance	8,605	0	8,605
32. Interest Expense	0	0	0
33. Utilities	10,474	0	10,474
34. Depreciation-Building	27,186	0	27,186
35. Depreciation-Equipment	0	0	0
36. Housekeeping And Maintenance	11,612	0	11,612
37. Property Tax	0	0	0
38. Home Office Cost (from H.O. cost report-sch 6)	0	0	0
39. Other (Specify)	0	0	0
40.	0	0	0
41. Subtotal-Facility Costs (Lines 30-40)	\$122,464	\$0	\$122,464
FQHC/RHC Overhead-Administrative Cost			
42. Office Salaries	\$165,300	\$0	\$165,300
43. Depreciation-Office Equipment	13,800	0	13,800
44. Office Supplies	55,375	0	55,375
45. Legal	5,500	0	5,500
46. Accounting	6,890	0	6,890
47. Insurance (Specify)	0	0	0
48. Telephone	9,646	0	9,646
49. Fringe Benefits And Payroll Taxes	47,870	0	47,870
50. Home Office Costs (from H.O. cost report-sch 6)	0	0	0
51. Other (Specify)	92,711	0	92,711
52. Subtotal-Administrative Costs (Lines 42-51)	\$397,092	\$0	\$397,092
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	\$519,556	\$0	\$519,556
54. Nonreimbursable Costs (Specify)	\$0	\$0	\$0
55.	0	0	0
56.	0	0	0
57. Subtotal Nonreimbursable Costs	\$0	\$0	\$0
58. Total Costs (Sum of Lines 29, 53, and 57)	\$1,231,927	\$0	\$1,231,927