

**APPEAL RECOMPUTATION OF THE  
AUDIT REPORT**

**CENTRO MEDICO—COACHELLA  
THERMAL, CALIFORNIA  
PROVIDER NUMBER: FHC71175F  
NATIONAL PROVIDER IDENTIFIER: 1730249947**

**FISCAL PERIOD ENDED  
JUNE 30, 2008**

**Audits Section—San Diego  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Patricia M. Fox  
Audit Supervisor: Woosung Lee  
Auditor: Jeff Cates**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

November 26, 2013

Bruce Hebets, CEO  
Borrego Community Health Foundation  
655 Palm Canyon Drive, Suites D and E  
Borrego Springs, CA 92004

CENTRO MEDICO—COACHELLA  
PROVIDER NUMBER FHC71175F  
NATIONAL PROVIDER IDENTIFIER (NPI) 1730249947  
FISCAL PERIOD ENDED JUNE 30, 2008  
CASE NUMBER: FQ13-0608-379H-SG

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated October 1, 2013, the following revisions are made to the Medi-Cal audit report dated November 1, 2012.

SUMMARY OF REVISIONS

		<u>COST</u>	<u>RATE PER VISIT</u>
Audited Cost and Rate Per Visit	\$	671,243	\$ 159.55
Revision		<u>442</u>	<u>.11</u>
Revised Cost and Rate Per Visit	\$	<u>671,685</u>	\$ <u>159.66</u>

Enclosed are the revised schedules detailing the results of the recomputation.

Original Signed by

Patricia M. Fox, Chief  
Audits Section—San Diego  
Financial Audits Branch

Certified

## COMPUTATION OF MEDI-CAL PROSPECTIVE PAYMENT SYSTEM RATE

<b>Provider Legal Name:</b>	<b>Provider No. (NPI)</b>	<b>Fiscal Period Ended:</b>
<b>CENTRO MEDICO—COACHELLA</b>	<b>FHC71175F (1730249947)</b>	<b>JUNE 30, 2008</b>

PART A - DETERMINATION OF OVERHEAD APPLICABLE TO MEDICAL SERVICES	AUDITED	REVISED
1. Cost of Services Excluding Overhead (Sch 2, L 29)	\$ 418,813	\$ 418,813
2. Nonreimbursable Costs Excluding Overhead (Sch 2, L 57)	0	0
3. Cost of All Services Excluding Overhead (L A1 + L A2)	\$ 418,813	\$ 418,813
4. Percentage of Nonreimbursable Costs (L A2 / L A3)	0.000000	0.000000
5. Total Overhead (Sch 2, L 53)	\$ 252,430	\$ 252,872
6. Overhead Applicable to Nonreimbursable Costs (L A4 * L A5)	0	0
7. Overhead Applicable to Medical Services (L A5 - L A6)	252,430	252,872
8. Total Cost of Medical Services (L A1 + L A7)	\$ 671,243	\$ 671,685
 PART B - DETERMINATION OF PPS RATE		
1. Total Medical Costs (L A8)	\$ 671,243	\$ 671,685
2. Total FQHC/RHC Visits (Adj )	4,207	4,207
3. Total Nonreimbursable Services Visits (Adj No )	0	0
4. FQHC/RHC Adjusted Visits (L B2 - L B3)	4,207	4,207
5. FQHC/RHC PPS Rate Per Visit (L B1 / L B4)	\$ 159.55	\$ 159.66

## SCHEDULE OF TRIAL BALANCE EXPENSES

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CENTRO MEDICO—COACHELLA

FHC71175F (1730249947)

JUNE 30, 2008

## Cost Center

	AUDITED	REVISIONS (From Sch 2A)	REVISED
<b>FQHC/RHC Health Care Cost</b>			
1. Physician	\$82,650	\$0	\$82,650
2. Physician Assistant	0	0	0
3. Nurse Practitioner	88,888	0	88,888
4. Other Nurse	0	0	0
5. Laboratory Technician	0	0	0
6. Education and Outreach	85,998	0	85,998
7. Case Management	0	0	0
8. Other Medical - CPHW	0	0	0
9. Medical Records	14,363	0	14,363
10. Support Staff	73,126	0	73,126
11.	0	0	0
12. Front Office	55,539	0	55,539
13. Subtotal-Health Care Costs	\$400,564	\$0	\$400,564
14. Physician Services Under Agreement	\$0	\$0	\$0
15. Physician Supervision	0	0	0
16.	0	0	0
<b>17. Other Health Care Costs</b>			
18. Pharmacy	\$1,337	\$0	\$1,337
19. Dental	0	0	0
20. Optometry	0	0	0
21. Medical Supplies	5,870	0	5,870
22. Depreciation-Medical Equipment	0	0	0
23. Professional Liability Insurance	0	0	0
24. Home Office Costs (from H.O. cost report-sch 6)	2,162	0	2,162
25. Laboratory	6,923	0	6,923
26. Radiology	0	0	0
27. Minor Medical Equipment and Rental / CME	1,957	0	1,957
28. Subtotal-Other Health Care Costs	\$18,249	\$0	\$18,249
29. Total Health Care Costs (Sum of Lines 13, 14, 15, 16, and 28)	\$418,813	\$0	\$418,813
<b>FQHC/RHC Overhead-Facility Cost</b>			
30. Rent	\$0	\$0	\$0
31. Insurance	0	0	0
32. Interest Expense	0	0	0
33. Utilities	927	0	927
34. Depreciation-Building	2,250	0	2,250
35. Depreciation-Equipment	9,164	0	9,164
36. Housekeeping And Maintenance	18,686	0	18,686
37. Property Tax	0	0	0
38. Minor Equipment	0	0	0
39. Home Office Costs (from H.O. cost report-sch 6)	7,067	0	7,067
40.	0	0	0
41. Subtotal-Facility Costs (Lines 30-40)	\$38,094	\$0	\$38,094
<b>FQHC/RHC Overhead-Administrative Cost</b>			
42. Office Salaries	\$129,767	\$0	\$129,767
43. Depreciation-Office Equipment	0	0	0
44. Office Supplies	10,324	0	10,324
45. Legal	0	0	0
46. Accounting	4,634	0	4,634
47. Insurance (Specify)	0	0	0
48. Telephone	4,359	0	4,359
49. Fringe Benefits And Payroll Taxes	0	0	0
50. Home Office Costs (from H.O. cost report-sch 6)	56,312	442	56,754
51. Other (Specify)	8,940	0	8,940
52. Subtotal-Administrative Costs (Lines 42-51)	\$214,336	\$442	\$214,778
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	\$252,430	\$442	\$252,872
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)	\$671,243	\$442	\$671,685

REVISIONS TO AUDITED COSTS

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CENTRO MEDICO—COACHELLA

FHC71175F (1730249947)

JUNE 30, 2008

Cost Center	Total	Revision (No. 1)					
<b>FQHC/RHC Health Care Cost</b>							
1. Physician	0						
2. Physician Assistant	0						
3. Nurse Practitioner	0						
4. Other Nurse	0						
5. Laboratory Technician	0						
6. Education and Outreach	0						
7. Case Management	0						
8. Other Medical - CPHW	0						
9. Medical Records	0						
10. Support Staff	0						
11.	0						
12. Front Office	0						
13. Subtotal-Health Care Costs	0	0	0	0	0	0	0
14. Physician Services Under Agreement	0						
15. Physician Supervision	0						
16.	0						
<b>17. Other Health Care Costs</b>							
18. Pharmacy	0						
19. Dental	0						
20. Optometry	0						
21. Medical Supplies	0						
22. Depreciation-Medical Equipment	0						
23. Professional Liability Insurance	0						
24. Home Office Costs (from H.O. cost report-sch 6)	0						
25. Laboratory	0						
26. Radiology	0						
27. Minor Medical Equipment and Rental / CME	0						
28. Subtotal-Other Health Care Costs	0	0	0	0	0	0	0
29. Total Health Care Costs (Sum of Lines 13, 14, 15, 16, and 28)	0	0	0	0	0	0	0
<b>FQHC/RHC Overhead-Facility Cost</b>							
30. Rent	0						
31. Insurance	0						
32. Interest Expense	0						
33. Utilities	0						
34. Depreciation-Building	0						
35. Depreciation-Equipment	0						
36. Housekeeping And Maintenance	0						
37. Property Tax	0						
38. Minor Equipment	0						
39. Home Office Costs (from H.O. cost report-sch 6)	0						
40.	0						
41. Subtotal-Facility Costs (Lines 30-40)	0	0	0	0	0	0	0
<b>FQHC/RHC Overhead-Administrative Cost</b>							
42. Office Salaries	0						
43. Depreciation-Office Equipment	0						
44. Office Supplies	0						
45. Legal	0						
46. Accounting	0						
47. Insurance (Specify)	0						
48. Telephone	0						
49. Fringe Benefits And Payroll Taxes	0						
50. Home Office Costs (from H.O. cost report-sch 6)	442	442					
51. Other (Specify)	0						
52. Subtotal-Administrative Costs (Lines 42-51)	442	442	0	0	0	0	0
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	442	442	0	0	0	0	0
54. Nonreimbursable Costs (Specify)	0						
55.	0						
56.	0						
57. Subtotal Nonreimbursable Costs	0	0	0	0	0	0	0
58. Total Costs (Sum of Lines 29, 53, and 57)	442	442	0	0	0	0	0

REVISIONS TO REPORTED COSTS

Provider Legal Name:

Provider No.

Fiscal Period Ended:

CENTRO MEDICO—COACHELLA

FHC71175F (1730249947)

JUNE 30, 2008

Cost Center

**FQHC/RHC Health Care Cost**

1. Physician							
2. Physician Assistant							
3. Nurse Practitioner							
4. Other Nurse							
5. Laboratory Technician							
6. Education and Outreach							
7. Case Management							
8. Other Medical - CPHW							
9. Medical Records							
10. Support Staff							
11.							
12. Front Office							
13. Subtotal-Health Care Costs	0	0	0	0	0	0	0

14. Physician Services Under Agreement							
15. Physician Supervision							
16.							

**17. Other Health Care Costs**

18. Pharmacy							
19. Dental							
20. Optometry							
21. Medical Supplies							
22. Depreciation-Medical Equipment							
23. Professional Liability Insurance							
24. Home Office Costs (from H.O. cost report-sch 6)							
25. Laboratory							
26. Radiology							
27. Minor Medical Equipment and Rental / CME							
28. Subtotal-Other Health Care Costs	0	0	0	0	0	0	0

29. Total Health Care Costs (Sum of Lines 13, 14, 15, 16, and 28)	0	0	0	0	0	0	0
--	---	---	---	---	---	---	---

**FQHC/RHC Overhead-Facility Cost**

30. Rent							
31. Insurance							
32. Interest Expense							
33. Utilities							
34. Depreciation-Building							
35. Depreciation-Equipment							
36. Housekeeping And Maintenance							
37. Property Tax							
38. Minor Equipment							
39. Home Office Costs (from H.O. cost report-sch 6)							
40.							
41. Subtotal-Facility Costs (Lines 30-40)	0	0	0	0	0	0	0

**FQHC/RHC Overhead-Administrative Cost**

42. Office Salaries							
43. Depreciation-Office Equipment							
44. Office Supplies							
45. Legal							
46. Accounting							
47. Insurance (Specify)							
48. Telephone							
49. Fringe Benefits And Payroll Taxes							
50. Home Office Costs (from H.O. cost report-sch 6)							
51. Other (Specify)							
52. Subtotal-Administrative Costs (Lines 42-51)	0	0	0	0	0	0	0

53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	0	0	0	0	0	0	0
--	---	---	---	---	---	---	---

54. Nonreimbursable Costs (Specify)							
55.							
56.							
57. Subtotal Nonreimbursable Costs	0	0	0	0	0	0	0

58. Total Costs (Sum of Lines 29, 53, and 57)	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---

Provider Name					Fiscal Period		Provider Number, NPI		Revisions			
CENTRO MEDICO—COACHELLA					JULY 1, 2007 THROUGH JUNE 30, 2008		FHC71175F, 1730249947		1			
Report References					Explanation of Audit Adjustments							
Rev. No.	Revised Audit Report		Audit Report							As Audited	Increase (Decrease)	As Revised
	Schedule	Line	Schedule	Line								
<b><u>REVISED ADJUSTMENT TO REPORTED COSTS</u></b>												
1	2A	50	2A	50	Home Office Costs To include payroll processing fees because the provider's appeal was granted to the extent of Audit's proposed revision. INFORMAL APPEAL FINDING—ISSUE 2 CASE NUMBER FQ13-0608-379H-SG	\$56,312	\$442	\$56,754				