

**APPEAL RECOMPUTATION OF THE
AUDIT REPORT**

**CENTRO MEDICO—EL CAJON
EL CAJON, CALIFORNIA
PROVIDER NUMBER: FHC71169F
NATIONAL PROVIDER IDENTIFIER: 1154480069**

**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
Auditors: 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—EL CAJON
PROVIDER NUMBER FHC71169F
NATIONAL PROVIDER IDENTIFIER (NPI) 1154480069
FISCAL PERIOD ENDED JUNE 30, 2008
CASE NUMBER: FQ13-0608-380H-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	\$ 2,670,266	\$ 223.10
Revision	<u>1,651</u>	<u>.14</u>
Revised Cost and Rate Per Visit	\$ <u>2,671,917</u>	\$ <u>223.24</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

Provider Legal Name:	Provider No. (NPI)	Fiscal Period Ended:
CENTRO MEDICO—EL CAJON	FHC71169F (1154480069)	JUNE 30, 2008

PART A - DETERMINATION OF OVERHEAD APPLICABLE TO MEDICAL SERVICES	AUDITED	REVISED
1. Cost of Services Excluding Overhead (Sch 2, L 29)	\$ 1,561,112	\$ 1,561,112
2. Nonreimbursable Costs Excluding Overhead (Sch 2, L 57)	183,990	183,990
3. Cost of All Services Excluding Overhead (L A1 + L A2)	\$ 1,745,102	\$ 1,745,102
4. Percentage of Nonreimbursable Costs (L A2 / L A3)	0.105432	0.105432
5. Total Overhead (Sch 2, L 53)	\$ 1,239,877	\$ 1,241,723
6. Overhead Applicable to Nonreimbursable Costs (L A4 * L A5)	130,723	130,918
7. Overhead Applicable to Medical Services (L A5 - L A6)	1,109,154	1,110,805
8. Total Cost of Medical Services (L A1 + L A7)	\$ 2,670,266	\$ 2,671,917
 PART B - DETERMINATION OF PPS RATE		
1. Total Medical Costs (L A8)	\$ 2,670,266	\$ 2,671,917
2. Total FQHC/RHC Visits (Adj)	11,969	11,969
3. Total Nonreimbursable Services Visits (Adj No)	0	0
4. FQHC/RHC Adjusted Visits (L B2 - L B3)	11,969	11,969
5. FQHC/RHC PPS Rate Per Visit (L B1 / L B4)	\$ 223.10	\$ 223.24

SCHEDULE OF TRIAL BALANCE EXPENSES

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CENTRO MEDICO—EL CAJON

FHC71169F (1154480069)

JUNE 30, 2008

Cost Center

	AUDITED	REVISIONS (From Sch 2A)	REVISED
FQHC/RHC Health Care Cost			
1. Physician	\$387,964	\$0	\$387,964
2. Physician Assistant	222,354	0	222,354
3. Nurse Practitioner	223,285	0	223,285
4. Other Nurse	134,276	0	134,276
5. Laboratory Technician	9,208	0	9,208
6. Education and Outreach	1,589	0	1,589
7. Case Management	59,551	0	59,551
8. Other Medical - CPHW	68,231	0	68,231
9. Medical Records	25,355	0	25,355
10. Support Staff	129,629	0	129,629
11. Mental Health	83,273	0	83,273
12. Front Office	84,978	0	84,978
13. Subtotal-Health Care Costs	\$1,429,693	\$0	\$1,429,693
14. Physician Services Under Agreement	\$63,116	\$0	\$63,116
15. Physician Supervision	0	0	0
16.	0	0	0
17. Other Health Care Costs			
18. Pharmacy	\$7,543	\$0	\$7,543
19. Dental	0	0	0
20. Optometry	0	0	0
21. Medical Supplies	30,283	0	30,283
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)	8,328	0	8,328
25. Laboratory	8,067	0	8,067
26. Radiology	428	0	428
27. Minor Medical Equipment and Rental / CME	13,654	0	13,654
28. Subtotal-Other Health Care Costs	\$68,303	\$0	\$68,303
29. Total Health Care Costs (Sum of Lines 13, 14, 15, 16, and 28)	\$1,561,112	\$0	\$1,561,112
FQHC/RHC Overhead-Facility Cost			
30. Rent	\$136,198	\$0	\$136,198
31. Insurance	971	0	971
32. Interest Expense	4,097	0	4,097
33. Utilities	12,305	0	12,305
34. Depreciation-Building	16,781	0	16,781
35. Depreciation-Equipment	0	0	0
36. Housekeeping And Maintenance	102,163	0	102,163
37. Property Tax	0	0	0
38. Minor Equipment	0	0	0
39. Home Office Costs (from H.O. cost report-sch 6)	38,557	0	38,557
40.	0	0	0
41. Subtotal-Facility Costs (Lines 30-40)	\$311,072	\$0	\$311,072
FQHC/RHC Overhead-Administrative Cost			
42. Office Salaries	\$619,451	\$0	\$619,451
43. Depreciation-Office Equipment	0	0	0
44. Office Supplies	23,885	0	23,885
45. Legal	0	0	0
46. Accounting	562	0	562
47. Insurance (Specify)	0	0	0
48. Telephone	9,360	0	9,360
49. Fringe Benefits And Payroll Taxes	0	0	0
50. Home Office Costs (from H.O. cost report-sch 6)	235,333	1,846	237,179
51. Other (Specify)	40,214	0	40,214
52. Subtotal-Administrative Costs (Lines 42-51)	\$928,805	\$1,846	\$930,651
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	\$1,239,877	\$1,846	\$1,241,723
54. Nonreimbursable Costs (Specify)	\$183,990	\$0	\$183,990
55.	0	0	0
56.	0	0	0
57. Subtotal Nonreimbursable Costs	\$183,990	\$0	\$183,990
58. Total Costs (Sum of Lines 29, 53, and 57)	\$2,984,979	\$1,846	\$2,986,825

REVISIONS TO AUDITED COSTS

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CENTRO MEDICO—EL CAJON

FHC71169F (1154480069)

JUNE 30, 2008

Cost Center	Total	Revision (No. 1)					
FQHC/RHC Health Care Cost							
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. Mental Health	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						
17. Other Health Care Costs							
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
FQHC/RHC Overhead-Facility Cost							
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
FQHC/RHC Overhead-Administrative Cost							
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)	1,846	1,846					
51. Other (Specify)	0						
52. Subtotal-Administrative Costs (Lines 42-51)	1,846	1,846	0	0	0	0	0
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	1,846	1,846	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)	1,846	1,846	0	0	0	0	0

REVISIONS TO REPORTED COSTS

Provider Legal Name:

Provider No.

Fiscal Period Ended:

CENTRO MEDICO—EL CAJON

FHC71169F (1154480069)

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. Mental Health							
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
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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
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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
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Provider Name					Fiscal Period		Provider Number, NPI		Revisions
CENTRO MEDICO—EL CAJON					JULY 1, 2007 THROUGH JUNE 30, 2008		FHC71169F, 1154480069		1
Report References					Explanation of Audit Adjustments				
Rev. No.	Revised Audit Report		Audit Report						
	Schedule	Line	Schedule	Line					
<u>REVISED ADJUSTMENT TO REPORTED COSTS</u>									
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 FQ13-0608-380H-SG	\$235,333	\$1,846	\$237,179	