

**APPEAL RECOMPUTATION OF THE
AUDIT REPORT**

**CENTRO MEDICO—OASIS
THERMAL, CALIFORNIA
PROVIDER NUMBER: FHC71174F
NATIONAL PROVIDER IDENTIFIER: 1255490819**

**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—OASIS
PROVIDER NUMBER FHC71174F
NATIONAL PROVIDER IDENTIFIER (NPI) 1255490819
FISCAL PERIOD ENDED JUNE 30, 2008
CASE NUMBER: FQ13-0608-381H-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	\$	614,538	\$ 141.57
Revision		<u>374</u>	<u>.08</u>
Revised Cost and Rate Per Visit	\$	<u>614,912</u>	\$ <u>141.65</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—OASIS

FHC71174F (1255490819)

JUNE 30, 2008

PART A - DETERMINATION OF OVERHEAD APPLICABLE TO MEDICAL SERVICES

	AUDITED	REVISED
1. Cost of Services Excluding Overhead (Sch 2, L 29)	\$ 407,541	\$ 407,541
2. Nonreimbursable Costs Excluding Overhead (Sch 2, L 57)	33,917	33,917
3. Cost of All Services Excluding Overhead (L A1 + L A2)	\$ 441,458	\$ 441,458
4. Percentage of Nonreimbursable Costs (L A2 / L A3)	0.076830	0.076830
5. Total Overhead (Sch 2, L 53)	\$ 224,224	\$ 224,629
6. Overhead Applicable to Nonreimbursable Costs (L A4 * L A5)	17,227	17,258
7. Overhead Applicable to Medical Services (L A5 - L A6)	206,997	207,371
8. Total Cost of Medical Services (L A1 + L A7)	\$ 614,538	\$ 614,912

PART B - DETERMINATION OF PPS RATE

1. Total Medical Costs (L A8)	\$ 614,538	\$ 614,912
2. Total FQHC/RHC Visits (Adj)	4,341	4,341
3. Total Nonreimbursable Services Visits (Adj No)	0	0
4. FQHC/RHC Adjusted Visits (L B2 - L B3)	4,341	4,341
5. FQHC/RHC PPS Rate Per Visit (L B1 / L B4)	\$ 141.57	\$ 141.65

SCHEDULE OF TRIAL BALANCE EXPENSES

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CENTRO MEDICO—OASIS

FHC71174F (1255490819)

JUNE 30, 2008

Cost Center	AUDITED	REVISIONS (From Sch 2A)	REVISED
FQHC/RHC Health Care Cost			
1. Physician	\$129,100	\$0	\$129,100
2. Physician Assistant	30,609	0	30,609
3. Nurse Practitioner	61,640	0	61,640
4. Other Nurse	0	0	0
5. Laboratory Technician	0	0	0
6. Education and Outreach	3,302	0	3,302
7. Case Management	5,401	0	5,401
8.	0	0	0
9.	0	0	0
10. Support Staff	58,654	0	58,654
11.	0	0	0
12. Other - Front Office	58,113	0	58,113
13. Subtotal-Health Care Costs	\$346,819	\$0	\$346,819
14. Physician Services Under Agreement	\$38,850	\$0	\$38,850
15. Physician Supervision	0	0	0
16.	0	0	0
17. Other Health Care Costs			
18. Pharmacy	\$1,954	\$0	\$1,954
19. Dental	0	0	0
20. Optometry	0	0	0
21. Medical Supplies	5,054	0	5,054
22. Depreciation-Medical Equipment	4,883	0	4,883
23. Professional Liability Insurance	0	0	0
24. Home Office Costs (from H.O. cost report-sch 6)	2,007	0	2,007
25. Laboratory	5,833	0	5,833
26.	0	0	0
27. Minor Medical Equipment and Rental / CME	2,141	0	2,141
28. Subtotal-Other Health Care Costs	\$21,872	\$0	\$21,872
29. Total Health Care Costs (Sum of Lines 13, 14, 15, 16, and 28)	\$407,541	\$0	\$407,541
FQHC/RHC Overhead-Facility Cost			
30. Rent	\$0	\$0	\$0
31. Insurance	0	0	0
32. Interest Expense	0	0	0
33. Utilities	5,284	0	5,284
34. Depreciation-Building	2,082	0	2,082
35. Depreciation-Equipment	0	0	0
36. Housekeeping And Maintenance	(856)	0	(856)
37. Property Tax	24,090	0	24,090
38. Minor Equipment	0	0	0
39. Home Office Costs (from H.O. cost report-sch 6)	21,200	0	21,200
40.	0	0	0
41. Subtotal-Facility Costs (Lines 30-40)	\$51,800	\$0	\$51,800
FQHC/RHC Overhead-Administrative Cost			
42. Office Salaries	\$97,526	\$0	\$97,526
43. Depreciation-Office Equipment	0	0	0
44. Office Supplies	3,104	0	3,104
45. Legal	0	0	0
46. Accounting	0	0	0
47. Insurance (Specify)	0	0	0
48. Telephone	14,562	0	14,562
49. Fringe Benefits And Payroll Taxes	0	0	0
50. Home Office Costs (from H.O. cost report-sch 6)	51,674	405	52,079
51. Other (Specify)	5,558	0	5,558
52. Subtotal-Administrative Costs (Lines 42-51)	\$172,424	\$405	\$172,829
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	\$224,224	\$405	\$224,629
54. Nonreimbursable Costs (Specify)	\$33,917	\$0	\$33,917
55.	0	0	0
56.	0	0	0
57. Subtotal Nonreimbursable Costs	\$33,917	\$0	\$33,917
58. Total Costs (Sum of Lines 29, 53, and 57)	\$665,682	\$405	\$666,087

REVISIONS TO AUDITED COSTS

Provider Legal Name:

Provider No. (NPI)

Fiscal Period Ended:

CENTRO MEDICO—OASIS

FHC71174F (1255490819)

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.	0						
9.	0						
10. Support Staff	0						
11.	0						
12. Other - 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.	0						
27. Minor Medical Equipuiment 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)	405	405					
51. Other (Specify)	0						
52. Subtotal-Administrative Costs (Lines 42-51)	405	405	0	0	0	0	0
53. Total Cost Subject To Allocation (Sum of Lines 41 and 52)	405	405	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)	405	405	0	0	0	0	0

REVISIONS TO REPORTED COSTS

Provider Legal Name:

Provider No.

Fiscal Period Ended:

CENTRO MEDICO—OASIS

FHC71174F (1255490819)

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.							
9.							
10. Support Staff							
11.							
12. Other - Front Office							
13. Subtotal-Health Care Costs	0	0	0	0	0	0	0

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

Other Health Care Costs

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.							
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—OASIS					JULY 1, 2007 THROUGH JUNE 30, 2008	FHC71174F, 1255490819		1
Report References					Explanation of Audit Adjustments	As Audited	Increase (Decrease)	As Revised
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 FQ13-0608-381H-SG	\$51,674	\$405	\$52,079