

**REPORT ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
PROSPECTIVE PAYMENT SYSTEM RATE AUDIT**

**COMPREHENSIVE HEALTH CENTER—EUCLID  
SAN DIEGO, CALIFORNIA  
NATIONAL PROVIDER IDENTIFIER: 1821275132**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2009**

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

**Section Chief: Patricia M. Fox  
Audit Supervisor: Sergio Gonzalez  
Auditor: Angelica R. Aguilar**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

April 5, 2013

Ed Martinez  
Chief Executive Officer  
San Ysidro Health Center, Inc.  
1275 30<sup>th</sup> Street  
San Diego, CA 92154

COMPREHENSIVE HEALTH CENTER—EUCLID  
NATIONAL PROVIDER IDENTIFIER (NPI) 1821275132  
FISCAL PERIOD ENDED DECEMBER 31, 2009

We have examined the Clinic's Federally Qualified Health Center (FQHC) Medi-Cal Prospective Payment System (PPS) rate 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 PPS rate cost report, accompanying financial statements, Medi-Cal Provider Claims Data Report, and Medicare audit report for the current fiscal period, if applicable and available.

The PPS rate as presented in Schedule 1 represents a proper determination in accordance with the reimbursement principles of the program.

The rates and effective dates are as follows:

<u>PPS Rate</u>	<u>Effective Dates</u>
\$217.50	August 25, 2008 through September 30, 2009

In addition, your rate will be increased as follows:

<u>PPS Rate</u>	<u>MEI</u>	<u>Adjusted PPS Rate</u>	<u>Effective Dates</u>
\$217.50	1.6%	\$220.98	October 1, 2009 through September 30, 2010
\$220.98	1.2%	\$223.63	October 1, 2010 through September 30, 2011
\$223.63	0.4%	\$224.53	October 1, 2011 through September 30, 2012
\$224.53	0.6%	\$225.87	October 1, 2012 through September 30, 2013

We have instructed the Provider Enrollment Division to adjust your interim Managed Care rate (Code 18) to \$198.21, your interim Health Families rate (Code 19) to \$168.75,

your interim Medicare Advantage rate (Code 20) to \$137.47, and your interim Medicare Crossover rate (Code 02) to \$122.29.

This Audit Report includes the:

1. Computation of Medi-Cal Prospective Payment System Rate (Schedule 1) and supporting schedules
2. Audit Adjustments Schedule

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 disagree with the decision of the Department, you may appeal by writing to:

Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals  
1029 J Street, Suite 200  
Sacramento, CA 95814  
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

**United States Postal Service (USPS)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
PO Box 997413  
Sacramento, CA 95899

**Courier (UPS, FedEx, etc.)**

Assistant Chief Counsel  
Department of Health Care Services  
Office of Legal Services  
MS 0010  
1501 Capitol Avenue, Suite 71.5001  
Sacramento, CA 95814  
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, section 14171, and Title 22, California Code of Regulations, section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—San Diego at (619) 688-3200.

Originally signed by:

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

Certified

## COMPUTATION OF MEDI-CAL PROSPECTIVE PAYMENT SYSTEM RATE

Provider Name:  
**COMPREHENSIVE HEALTH  
 CENTER—EUCLID**

NPI:  
**1821275132**

Fiscal Period Ended:  
**DECEMBER 31, 2009**

PART A—DETERMINATION OF OVERHEAD APPLICABLE TO MEDICAL SERVICES	REPORTED	AUDITED
1. Cost of Services Excluding Overhead (Sch 2, L 29)	\$ 494,472	\$ 494,472
2. Nonreimbursable Costs Excluding Overhead (Sch 2, L 57)	7,638	7,638
3. Cost of All Services Excluding Overhead (L A1 + L A2)	\$ 502,110	\$ 502,110
4. Percentage of Nonreimbursable Costs (L A2 / L A3)	0.015212	0.015212
5. Total Overhead (Sch 2, L 53)	\$ 818,107	\$ 826,774
6. Overhead Applicable to Nonreimbursable Costs (L A4 * L A5)	12,445	12,577
7. Overhead Applicable to Medical Services (L A5 - L A6)	805,662	814,197
8. Total Cost of Medical Services (L A1 + L A7)	\$ 1,300,134	\$ 1,308,669
<b>PART B—DETERMINATION OF PPS RATE</b>		
1. Total Medical Costs (L A8)	\$ 1,300,134	\$ 1,308,669
2. Total FQHC/RHC Visits (Adj 2)	6,261	6,266
3. Total FQHC/RHC Nonreimbursable Services Visits (Adj 3)	262	249
4. FQHC/RHC Adjusted Visits (L B2 - L B3)	5,999	6,017
5. FQHC/RHC PPS Rate Per Visit (L B1 / L B4)	\$ 216.73	\$ 217.50

## SCHEDULE OF TRIAL BALANCE EXPENSES

Provider Name:

NPI:

Fiscal Period Ended:

COMPREHENSIVE HEALTH CENTER—EUCLID

1821275132

DECEMBER 31, 2009

Cost Center	REPORTED	ADJUSTMENTS (From Sch 2A)	AUDITED
<b>FQHC/RHC Health Care Cost</b>			
1. Physician	\$86,999	\$0	\$86,999
2. Physician Assistant	50,959	0	50,959
3. Nurse Practitioner	32,130	0	32,130
4. Other Nurse	30,987	0	30,987
5. Laboratory Technician	28,403	0	28,403
6. Education and Outreach	21,074	0	21,074
7. Case Management	19,317	0	19,317
8. Other Medical	0	0	0
9. Medical Records	66,866	0	66,866
10. Support Staff	124,897	0	124,897
11. Mental Health	0	0	0
12. Other (specify):	0	0	0
13. Subtotal FQHC/RHC Health Care Costs (lines 1-12)	\$461,632	\$0	\$461,632
14. Physician Services Under Agreement	\$5,950	\$0	\$5,950
15. Physician Supervision	0	0	0
16.	0	0	0
<b>17. Other Health Care Costs</b>			
18. Pharmacy	\$0	\$0	\$0
19. Dental	0	0	0
20. Optometry	0	0	0
21. Medical Supplies	21,336	0	21,336
22. Depreciation—Medical Equipment	0	0	0
23. Professional Liability Insurance	750	0	750
24. Home Office Direct Cost (from Home Office Cost Report Schedule 6)	4,804	0	4,804
25. Laboratory	0	0	0
26. Radiology	0	0	0
27. Minor Medical Equipment and Rental/CME	0	0	0
28. Subtotal-Other Health Care Costs (lines 18-27)	\$26,890	\$0	\$26,890
29. Total Health Care Costs (sum of lines 13, 14-16, and 28)	\$494,472	\$0	\$494,472
<b>FQHC/RHC Overhead-Facility Costs</b>			
30. Rent	\$161,371	\$0	\$161,371
31. Insurance	0	0	0
32. Interest Expense	0	0	0
33. Utilities	0	0	0
34. Depreciation—Building	0	0	0
35. Depreciation—Equipment	1,079	0	1,079
36. Housekeeping and Maintenance	29,658	0	29,658
37. Property Tax	1,430	0	1,430
38. Minor Equipment	31,648	0	31,648
39. Home Office Pool Costs (from Home Office Cost Report Schedule 6)	86,857	0	86,857
40.	0	0	0
41. Subtotal-Facility Costs (lines 30-40)	\$312,043	\$0	\$312,043
<b>FQHC/RHC Overhead-Administrative Cost</b>			
42. Office Salaries	\$174,677	\$0	\$174,677
43. Depreciation—Office Equipment	0	0	0
44. Office Supplies	25,416	0	25,416
45. Legal	0	0	0
46. Accounting	0	8,667	8,667
47. Insurance (specify):	0	0	0
48. Telephone	30,006	0	30,006
49. Fringe Benefits and Payroll Taxes	0	0	0
50. Home Office Pool Costs (from Home Office Cost Report Schedule 6)	222,626	0	222,626
51. Other (Contracting/Consulting/Misc. Admin)	53,339	0	53,339
52. Subtotal-Administrative Costs (lines 42-51)	\$506,064	\$8,667	\$514,731
53. Total Cost Subject To Allocation (sum of lines 41 and 52)	\$818,107	\$8,667	\$826,774
54. Nonreimbursable Costs (specify):	\$0	\$0	\$0
55. Bad Debts	0	0	0
56. Nonreimbursable (Home Office Costs)	7,638	0	7,638
57. Subtotal Nonreimbursable Costs (lines 54-56)	\$7,638	\$0	\$7,638
58. Total FQHC/RHC Costs (sum of lines 29, 53, and 57)	\$1,320,217	\$8,667	\$1,328,884

ADJUSTMENTS TO REPORTED COSTS

Provider Name:

NPI:

Fiscal Period Ended:

COMPREHENSIVE HEALTH CENTER—EUCALID

1821275132

DECEMBER 31, 2009

Cost Center	Total	Adjustment 1	Adjustment	Adjustment	Adjustment	Adjustment	Adjustment
<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	0						
9. Medical Records	0						
10. Support Staff	0						
11. Mental Health	0						
12. Other (specify):	0						
13. Subtotal FQHC/RHC Health Care Costs (lines 1-12)	0	0	0	0	0	0	0
14. Physician Services Under Agreement	0						
15. Physician Supervision	0						
16.	0						
<b>Other Health Care Costs</b>							
17. Pharmacy	0						
18. Dental	0						
19. Optometry	0						
20. Medical Supplies	0						
21. Depreciation—Medical Equipment	0						
22. Professional Liability Insurance	0						
23. Home Office Direct Cost (from Home Office Cost Report Schedule 6)	0						
24. Laboratory	0						
25. Radiology	0						
26. Minor Medical Equipment and Rental/CME	0						
27. Subtotal-Other Health Care Costs (lines 18-27)	0	0	0	0	0	0	0
28. Total Health Care Costs (sum of lines 13, 14-16, and 28)	0	0	0	0	0	0	0
<b>FQHC/RHC Overhead-Facility Costs</b>							
29. Rent	0						
30. Insurance	0						
31. Interest Expense	0						
32. Utilities	0						
33. Depreciation—Building	0						
34. Depreciation—Equipment	0						
35. Housekeeping and Maintenance	0						
36. Property Tax	0						
37. Minor Equipment	0						
38. Home Office Pool Costs (from Home Office Cost Report Schedule 6)	0						
39.	0						
40. Subtotal-Facility Costs (lines 30-40)	0	0	0	0	0	0	0
<b>FQHC/RHC Overhead-Administrative Cost</b>							
41. Office Salaries	0						
42. Depreciation—Office Equipment	0						
43. Office Supplies	0						
44. Legal	0						
45. Accounting	8,667	8,667					
46. Insurance (specify):	0						
47. Telephone	0						
48. Fringe Benefits and Payroll Taxes	0						
49. Home Office Pool Costs (from Home Office Cost Report Schedule 6)	0						
50. Other (Contracting/Consulting/Misc. Admin)	0						
51. Subtotal-Administrative Costs (lines 42-51)	8,667	8,667	0	0	0	0	0
52. Total Cost Subject To Allocation (sum of lines 41 and 52)	8,667	8,667	0	0	0	0	0
<b>Nonreimbursable Costs (specify):</b>							
53. Bad Debts	0						
54. Nonreimbursable (Home Office Costs)	0						
55. Subtotal Nonreimbursable Costs (lines 54-56)	0	0	0	0	0	0	0
56. Total FQHC/RHC Costs (sum of lines 29, 53, and 57)	8,667	8,667	0	0	0	0	0

ADJUSTMENTS TO REPORTED COSTS

Provider Name:

NPI:

Fiscal Period Ended:

COMPREHENSIVE HEALTH CENTER—EUCALID

1821275132

DECEMBER 31, 2009

Cost Center	Adjustment						
<b>FQHC/RHC Health Care Cost</b>							
1. Physician							
2. Physician Assistant							
3. Nurse Practitioner							
4. Other Nurse							
5. Laboratory Technician							
6. Education and Outreach							
7. Case Management							
8. Other Medical							
9. Medical Records							
10. Support Staff							
11. Mental Health							
12. Other (specify):							
13. Subtotal FQHC/RHC Health Care Costs (lines 1-12)	0	0	0	0	0	0	0
14. Physician Services Under Agreement							
15. Physician Supervision							
16.							
<b>Other Health Care Costs</b>							
17. Pharmacy							
18. Dental							
19. Optometry							
20. Medical Supplies							
21. Depreciation—Medical Equipment							
22. Professional Liability Insurance							
23. Home Office Direct Cost (from Home Office Cost Report Schedule 6)							
24. Laboratory							
25. Radiology							
26. Minor Medical Equipment and Rental/CME							
27. Subtotal-Other Health Care Costs (lines 18-27)	0	0	0	0	0	0	0
28. Total Health Care Costs (sum of lines 13, 14-16, and 28)	0	0	0	0	0	0	0
<b>FQHC/RHC Overhead-Facility Costs</b>							
29. Rent							
30. Insurance							
31. Interest Expense							
32. Utilities							
33. Depreciation—Building							
34. Depreciation—Equipment							
35. Housekeeping and Maintenance							
36. Property Tax							
37. Minor Equipment							
38. Home Office Pool Costs (from Home Office Cost Report Schedule 6)							
39.							
40. Subtotal-Facility Costs (lines 30-40)	0	0	0	0	0	0	0
<b>FQHC/RHC Overhead-Administrative Cost</b>							
41. Office Salaries							
42. Depreciation—Office Equipment							
43. Office Supplies							
44. Legal							
45. Accounting							
46. Insurance (specify):							
47. Telephone							
48. Fringe Benefits and Payroll Taxes							
49. Home Office Pool Costs (from Home Office Cost Report Schedule 6)							
50. Other (Contracting/Consulting/Misc. Admin)							
51. Subtotal-Administrative Costs (lines 42-51)	0	0	0	0	0	0	0
52. Total Cost Subject To Allocation (sum of lines 41 and 52)	0	0	0	0	0	0	0
<b>Nonreimbursable Costs (specify):</b>							
53. Bad Debts							
54. Nonreimbursable (Home Office Costs)							
55. Subtotal Nonreimbursable Costs (lines 54-56)	0	0	0	0	0	0	0
56. Total FQHC/RHC Costs (sum of lines 29, 53, and 57)	0	0	0	0	0	0	0

Provider Name					Fiscal Period		NPI		Adjustments
COMPREHENSIVE HEALTH CENTER—EUCLID					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009		1821275132		3
Report References					Explanation of Audit Adjustments				
Adj. No.	Audit Report		Cost Report						
	Schedule	Line	Worksheet	Line					
<b><u>ADJUSTMENT TO REPORTED COSTS</u></b>									
1	2A	46	1	46	Accounting To include accounting fees applicable to the facility. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Sections 2300 and 2304	\$0	\$8,667	\$8,667	

Provider Name					Fiscal Period	NPI		Adjustments
COMPREHENSIVE HEALTH CENTER—EUCLID					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	1821275132		3
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Audit Report		Cost Report					
	Schedule	Line	Worksheet	Line				
<b><u>ADJUSTMENTS TO REPORTED VISITS</u></b>								
2	1	B2	2	B2	Total FQHC/RHC Visits To adjust total FQHC visits to agree with the provider's records. 42 CFR 405.2463 and 405.2470 CMS Pub. 15-1, Sections 2300 and 2304	6,261	5	6,266
3	1	B3	2	B3	Total FQHC/RHC Nonreimbursable Services Visits To adjust total FQHC nonreimbursable visits to agree with the provider's records. 42 CFR 405.2463 and 405.2470 CMS Pub. 15-1, Sections 2300 and 2304	262	(13)	249