

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
CAMARENA HEALTH  
PROVIDER NUMBERS (NPI): FHC70046F (1891778114)**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2004**

**Audit Review and Analysis Section  
Financial Audits Branch  
Audits and Investigations  
Department of Health Care Services**

**Section Chief: Evie Correa  
Audit Supervisor: Emil Guzman  
Auditor: Ali Khan**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

July 12, 2013

Paulo A. Soares  
Camarena Health  
P.O. Box 299  
Madera, CA 93639-0299

PROVIDER LEGAL NAME: CAMARENA HEALTH  
DBA: CAMARENA HEALTH  
PROVIDER NUMBERS (NPI): FHC70046F (1891778114)  
FISCAL PERIOD ENDED: DECEMBER 31, 2004

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. Our review was made under the authority of Welfare and Institutions Code section 14170, and was limited to a review of the provider's records/data and the Medi-Cal Paid Claims Summary Reports received from the State's fiscal intermediary.

The data presented on Schedule 1 represents the reported Medi-Cal settlement due the Clinic in the amount of \$101,840 which was accepted as filed.

Your interim Managed Care rate (Code 18), and Medi-Cal crossover rate (Code 02) will not be adjusted at this time.

This determination includes:

1. Reconciliation Review Report (Schedule 1)
2. Memorandum Adjustments Schedule

The accepted settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the Provider, and other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement(s) of Account Status to the Provider. Instructions regarding payment will be included with the Statement(s) of Account Status.

Please note; the computation of this reconciliation utilizes the PPS rate in effect for the applicable time period. Should a Change in Scope-of-Service Request result in a change in the PPS rate for the applicable period, the reconciliation amount will be revised to reflect the impact of the new PPS rate. At that time, a revised reconciliation determination will be sent to the clinic.

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Notwithstanding this determination, overpayments to the provider are subject to recovery pursuant to California Code of Regulations, Title 22, Section 51458.1.

If you have further questions regarding this letter, please contact Ali Khan, Auditor, at (916) 650-6696.

Sincerely,

**Original Signed By**

Evie Correa, Chief  
Audit Review and Analysis Section  
Financial Audits Branch

Certified

## SCHEDULE 1

## FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: CAMARENA HEALTH	PROVIDER NUMBERS (NPI): FHC70046F (1891778114)
FISCAL PERIOD: JANUARY 1, 2004 THROUGH DECEMBER 31, 2004	

## PAYMENT/RECOVERY DETERMINATION

	REPORTED			ACCEPT AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1. Managed Care Medi-Cal Visits	64	20	84	64		20		84
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	2,219	761	2,980	2,219		761		2,980
5. Subtotal Visits	2,283	781	3,064	2,283		781		3,064
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
<b>Total Visits</b>	<b>2,283</b>	<b>781</b>	<b>3,064</b>	<b>2,283</b>		<b>781</b>		<b>3,064</b>

	REPORTED			ACCEPT AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 2,491	\$ 867	\$ 3,358	\$ 2,491		\$ 867		\$ 3,358
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ 5,691	\$ 1,837	\$ 7,527	\$ 5,691		\$ 1,837		\$ 7,527
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
10. Medicare Crossover Payments (Non Managed Care)	\$ 180,075	\$ 63,089	\$ 243,164	\$ 180,075		\$ 63,089		\$ 243,164
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 52,781	\$ 19,913	\$ 72,694	\$ 52,781		\$ 19,913		\$ 72,694
12. <b>Total Payments</b>	<b>\$ 241,038</b>	<b>\$ 85,706</b>	<b>\$ 326,744</b>	<b>\$ 241,038</b>		<b>\$ 85,706</b>		<b>\$ 326,744</b>

	REPORTED RECONCILIATION COMPUTED			ACCEPT AS FILED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 126.11	\$ 129.77		\$ 138.85	1	\$ 142.88	2	
14. Total Medi-Cal Visits (From Line 5)	2,283	781	3,064	2,283		781		3,064
15. PPS Amount (Line 13 x Line 14)	\$ 287,909	\$ 101,350	\$ 389,260	\$ 316,995		\$ 111,589		\$ 428,584
16. Less: Total Payments (From Line 12)	\$ 241,038	\$ 85,706	\$ 326,744	\$ 241,038		\$ 85,706		\$ 326,744
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 46,871	\$ 15,644	\$ 62,515	\$ 75,957		\$ 25,883		\$ 101,840
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>	<b>\$ 46,871</b>	<b>\$ 15,644</b>	<b>\$ 62,515</b>	<b>\$ 75,957</b>		<b>\$ 25,883</b>		<b>\$ 101,840</b>

Provider Legal Name					Fiscal Period		Provider Number (NPI)		Adjustments
CAMARENA HEALTH					JANUARY 1, 2004 THROUGH DECEMBER 31, 2004		FHC70046F (1891778114)		2
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Reconciliation Review		Reconciliation Request						
	Schedule	Line	Worksheet	Line					
<b><u>MEMORANDUM ADJUSTMENTS</u></b>									
1	1	13	1	13	PPS RATE (PERIOD 1)	\$126.11	\$12.74	\$138.85	
2	1	13	1	13	PPS RATE (PERIOD 2)	129.77	13.11	142.88	
					To adjust the reported PPS Rates to agree with the PPS rate in ACSNET.				
					42 CFR, Sections 413.20 and 413.24				
					CMS Pub. 15-1, Section 2304				