

**REVISED REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
ALTAMED HEALTH SERVICES  
PROVIDER NUMBER (NPI): FHC70619F (1982814745)**

**FISCAL PERIOD ENDED  
APRIL 30, 2009**

**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

December 27, 2012

Jose Esparaza  
Altamed Health Services  
2040 Camfield Avenue  
Los Angeles, CA 90040

PROVIDER LEGAL NAME: ALTAMED HEALTH SERVICES  
DBA: ALTAMED HEALTH SERVICES  
PROVIDER NUMBER (NPI FHC70619F (1982814745)  
FISCAL PERIOD ENDED APRIL 30, 2009

We have reviewed the Federally Qualified Health Center (FQHC) / Rural Health Clinic (RHC) 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 \$189,184 for the above referenced fiscal period 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)

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.

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) 322-8787.

Sincerely,

**Original Signed By**

Alan J. Eng, Chief  
Special Programs Section  
Financial Audits Branch

Enclosure(s)  
Certified

## SCHEDULE 1

## FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: ALTAMED HEALTH SERVICES	PROVIDER NUMBERS (NPI): FHC70619F (1982814745)
FISCAL PERIOD: MAY 1, 2008 THROUGH APRIL 30, 2009	

## PAYMENT/RECOVERY DETERMINATION

	ACCEPT AS FILED			ACCEPT AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1. Managed Care Medi-Cal Visits	2,211	4,887	7,098	2,211		4,887		7,098
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	196	366	562	196		366		562
4. Medi-Cal Crossover Visits (Non Managed Care)	153	777	930	153		777		930
5. Subtotal Visits	2,560	6,030	8,590	2,560		6,030		8,590
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
<b>Total Visits</b>	<b>2,560</b>	<b>6,030</b>	<b>8,590</b>	<b>2,560</b>		<b>6,030</b>		<b>8,590</b>

	ACCEPT AS FILED			ACCEPT AS FILED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 137,757	\$ 254,722	\$ 392,479	\$ 137,757		\$ 254,722		\$ 392,479
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ 223,944	\$ 514,353	738,297	\$ 223,944		\$ 514,353		738,297
9. CHDP Program Payments (Non Managed Care)	\$ 10,361	\$ 21,663	32,024	\$ 10,361		\$ 21,663		32,024
10. Medicare Crossover Payments (Non Managed Care)	\$ 26,460	\$ 67,952	94,412	\$ 26,460		\$ 67,952		94,412
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 949	\$ 25,591	26,540	\$ 949		\$ 25,591		26,540
12. <b>Total Payments</b>	<b>\$ 399,470</b>	<b>\$ 884,282</b>	<b>\$ 1,283,752</b>	<b>\$ 399,470</b>		<b>\$ 884,282</b>		<b>\$ 1,283,752</b>

	ACCEPT AS FILED RECONCILIATION COMPUTED			ACCEPT AS FILED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 169.33	\$ 172.38		\$ 169.33	1	\$ 172.38	2	
14. Total Medi-Cal Visits (From Line 5)	2,560	6,030	8,590	2,560		6,030		8,590
15. PPS Amount (Line 13 x Line 14)	\$ 433,485	\$ 1,039,451	\$ 1,472,936	\$ 433,485		\$ 1,039,451		\$ 1,472,936
16. Less: Total Payments (From Line 12)	\$ 399,470	\$ 884,282	\$ 1,283,752	\$ 399,470		\$ 884,282		\$ 1,283,752
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 34,015	\$ 155,170	\$ 189,184	\$ 34,015		\$ 155,170		\$ 189,184
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>	<b>\$ 34,015</b>	<b>\$ 155,170</b>	<b>\$ 189,184</b>	<b>\$ 34,015</b>		<b>\$ 155,170</b>		<b>\$ 189,184</b>