

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
CLINICAS DE SALUD DEL PUEBLO, INC.  
PROVIDER NUMBERS (NPI): FHC71196F (1932381605)**

**FISCAL PERIOD ENDED  
DECEMBER 31, 2009**

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

**Section Chief: Evie Correa  
Audit Supervisor: Ralph R. Zavala  
Auditor: Emil Guzman**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

July 12, 2013

Yvonne Bell  
Coachella Health Clinic  
1166 K Street  
Brawley, CA 92227-2737

PROVIDER LEGAL NAME: CLINICAS DE SALUD DEL PUEBLO, INC.  
DBA: COACHELLA HEALTH CLINIC  
PROVIDER NUMBERS (NPI): FHC71196F (1932381605)  
FISCAL PERIOD ENDED: DECEMBER 31, 2009

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 \$53,197 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. Adjustment 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.

Yvonne Bell  
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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 Emil Guzman Auditor, at (916) 650-6696.

Sincerely,

**Original Signed By**

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

Enclosure(s)  
Certified

## SCHEDULE 1

## FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: CLINICAS DE SALUD DEL PUEBLO, INC.	PROVIDER NUMBERS (NPI): FHC71196F (1932381605)
FISCAL PERIOD: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	

## 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	1,898	705	2,603	1,898		705		2,603
2. Managed Care Crossover Visits	-	-	-	-		-		-
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	270	118	388	270		118		388
5. Subtotal Visits	2,168	823	2,991	2,168		823		2,991
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
<b>Total Visits</b>	<b>2,168</b>	<b>823</b>	<b>2,991</b>	<b>2,168</b>		<b>823</b>		<b>2,991</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	\$ 74,009	\$ 37,846	\$ 111,855	\$ 74,009		\$ 37,846		\$ 111,855
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ 113,542	\$ 42,533	\$ 156,075	\$ 113,542		\$ 42,533		\$ 156,075
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
10. Medicare Crossover Payments (Non Managed Care)	\$ 12,408	\$ 8,439	\$ 20,847	\$ 12,408		\$ 8,439		\$ 20,847
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 6,229	\$ 2,722	\$ 8,951	\$ 6,229		\$ 2,722		\$ 8,951
12. <b>Total Payments</b>	<b>\$ 206,188</b>	<b>\$ 91,540</b>	<b>\$ 297,728</b>	<b>\$ 206,188</b>		<b>\$ 91,540</b>		<b>\$ 297,728</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	\$ 115.33	\$ 115.33		\$ 116.95	1	\$ 118.32	2	
14. Total Medi-Cal Visits (From Line 5)	2,168	823	2,991	2,168		823		2,991
15. PPS Amount (Line 13 x Line 14)	\$ 250,035	\$ 94,917	\$ 344,952	\$ 253,548		\$ 97,377		\$ 350,925
16. Less: Total Payments (From Line 12)	\$ 206,188	\$ 91,540	\$ 297,728	\$ 206,188		\$ 91,540		\$ 297,728
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 43,847	\$ 3,377	\$ 47,224	\$ 47,360		\$ 5,837		\$ 53,197
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -					\$ -
19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>	<b>\$ 43,847</b>	<b>\$ 3,377</b>	<b>\$ 47,224</b>	<b>\$ 47,360</b>		<b>\$ 5,837</b>		<b>\$ 53,197</b>

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments		
CLINICAS DE SALUD DEL PUEBLO, INC.					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	FHC71196F (1932381605)	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)	\$115.33	\$1.62	\$116.95	
2	1	13	1	13	PPS RATE (PERIOD 2)	\$115.33	\$3.49	\$118.82	
					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				