

**REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
SAN YSIDRO HEALTH CENTER
PROVIDER NUMBER (NPI): FHC70394F (1912950882)**

**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

May 31, 2013

Kevin Mattson
Chula Vista Family Clinic
1275 30Th St
San Diego, CA 92154-3476

PROVIDER LEGAL NAME: SAN YSIDRO HEALTH CENTER
DBA: CHULA VISTA FAMILY CLINIC
PROVIDER NUMBER (NPI): FHC70394F (1912950882)
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 reported reconciliation data, ACS Medi-Cal audit reports, the Medicare audit report for the current fiscal period (if applicable and available), and, if necessary, the provider's records.

The reconciliation review consists of finding the difference between the Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis such as those rendered to Managed Care Plan patients and Non-Managed Care crossovers.

This review may include an adjustment for duplicate payments, credit balances or payments made for non-billable services found during our review of Medi-Cal Paid Claims Detail Report.

The amount due the Clinic for the above referenced fiscal period in the amount of \$53,319 as presented in the accompanying schedules represents a final determination in accordance with the reimbursement principles of the program.

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(s)

The reconciliation settlement amount will be incorporated into a Statement(s) of Account Status, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement(s) of Account Status to the Clinic.

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 disagree with the determination of the Department as set forth in this letter, you may appeal by writing to Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814. This 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 the Assistant Chief Counsel, Appeals and Suspension Section, Office of Legal Services, Department of Health Care Services, 1501 Capitol Avenue, P.O. Box 942732, Sacramento, California 94234-7320. The procedures that govern an appeal are contained in Welfare and Institutions Code Section 14171, and California Code of Regulations, Title 22, Section 51016 et seq. Excerpts of the statute and regulations are included for your information.

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

SCHEDULE 1

FQHC/RHC RECONCILIATION

PROVIDER LEGAL NAME: SAN YSIDRO HEALTH CENTER	PROVIDER NUMBER (NPI): FHC70394F (1912950882)
FISCAL PERIOD: JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	

PAYMENT/RECOVERY DETERMINATION

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
1. Managed Care Medi-Cal Visits	3,759	1,301	5,060	3,759		1,301		5,060
2. Managed Care Crossover Visits	357	140	497	357		140		497
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	1,167	319	1,486	1,463	1	484	2	1,947
5. Subtotal Visits	5,283	1,760	7,043	5,579		1,925		7,504
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
Total Visits	5,283	1,760	7,043	5,579		1,925		7,504

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 292,221	\$ 122,731	\$ 414,952	\$ 292,221		\$ 122,731		\$ 414,952
7. Managed Care Medicare Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
8. Medi-Cal (Code 18) Payments	\$ 245,688	\$ 86,437	332,125	\$ 245,948	5	\$ 88,530	6	334,478
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	-	\$ -		\$ -		-
10. Medicare Crossover Payments (Non Managed Care)	\$ 113,907	\$ 31,259	145,166	\$ 139,617	7	\$ 49,403	8	189,020
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 1,453	\$ 422	1,875	\$ 1,492	3	\$ 503	4	1,995
12. Total Payments	\$ 653,269	\$ 240,849	\$ 894,118	\$ 679,278		\$ 261,168		\$ 940,446

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 131.89	\$ 134.00		\$ 131.89		\$ 134.00		
14. Total Medi-Cal Visits (From Line 5)	5,283	1,760	7,043	5,579		1,925		7,504
15. PPS Amount (Line 13 x Line 14)	\$ 696,775	\$ 235,840	\$ 932,615	\$ 735,814		\$ 257,950		\$ 993,764
16. Less: Total Payments (From Line 12)	\$ 653,269	\$ 240,849	\$ 894,118	\$ 679,278		\$ 261,168		\$ 940,446
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 43,506	\$ (5,009)	\$ 38,497	\$ 56,536		\$ (3,218)		\$ 53,319
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19. Total Amount Due Clinic (State) (L 17+L 18)	\$ 43,506	\$ (5,009)	\$ 38,497	\$ 56,536		\$ (3,218)		\$ 53,319

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments	
SAN YSIDRO HEALTH CENTER					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	FHC70394F (1912950882)	8	
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA								
1	1	4	1	4	Medi-Cal Crossover Visits (Period 1)	1,167	296	1,463
2	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	319	165	484
3	1	11	1	11	Medi-Cal Crossover Payments (Period 1)	\$1,453	\$39	\$1,492
4	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	422	81	503
5	1	8	1	8	Medi-Cal (Code 18) Payments (Period 1)	\$245,688	\$260	\$245,948
6	1	8	1	8	Medi-Cal (Code 18) Payments (Period 2)	86,437	2,093	88,530
<p style="margin-left: 40px;">To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report: Run On: 07/31/12 Payment Period: 01/01/09 through 07/31/12 Service Period: 01/01/09 through 12/31/09 42 CFR, Sections 413.20, 413.50, 413.53, 413.60 and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3</p>								
7	1	10	1	10	Medicare Crossover Payments (Period 1)	\$113,907	\$25,710	\$139,617
8	1	10	1	10	Medicare Crossover Payments (Period 2)	31,259	18,144	49,403
<p style="margin-left: 40px;">To adjust Medicare Payments received for the Medi-Cal Crossover (Code 2) visits. CA Welfare and Institutions Code 14132.100 (h) 42 CFR, Sections 413.20 and 413.24 CMS Pub. 15-1, Section 2304</p>								

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments		
SAN YSIDRO HEALTH CENTER					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	FHC70394F (1912950882)	8		
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Reconciliation Review		Reconciliation Request						
	Schedule	Line	Worksheet	Line					
<u>ADJUSTMENTS TO OTHER MATTERS</u>									
7	1	10	1	10	Medicare Crossover Payments (Period 1)	\$113,907	\$25,710	\$139,617	
8	1	10	1	10	Medicare Crossover Payments (Period 2)	31,259	18,144	49,403	
To adjust Medicare Payments received for the Medi-Cal Crossover (Code 2) visits. CA Welfare and Institutions Code 14132.100 (h) 42 CFR, Sections 413.20 and 413.24 CMS Pub. 15-1, Section 2304									