

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
SAN YSIDRO HEALTH CENTER  
PROVIDER NUMBER (NPI): FHC18880F (1952364747)**

**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  
San Ysidro Health Center  
1275 30Th St  
San Diego, CA 92154-3476

PROVIDER LEGAL NAME: SAN YSIDRO HEALTH CENTER  
DBA: SAN YSIDRO HEALTH CENTER  
PROVIDER NUMBER (NPI): FHC18880F (1952364747)  
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 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 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 \$898,069 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 Ali Khan 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: SAN YSIDRO HEALTH CENTER	PROVIDER NUMBER (NPI): FHC18880F (1952364747)
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	12,207	4,450	16,657	12,207		4,450		16,657
2. Managed Care Crossover Visits	793	382	1,175	793		382		1,175
3. CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4. Medi-Cal Crossover Visits (Non Managed Care)	5,544	1,744	7,288	5,631	1	1,787	2	7,418
5. Subtotal Visits	18,544	6,576	25,120	18,631		6,619		25,250
5b. Less: Duplicate and Nonbillable Medi-Cal Visits			-	-		-		-
<b>Total Visits</b>	<b>18,544</b>	<b>6,576</b>	<b>25,120</b>	<b>18,631</b>		<b>6,619</b>		<b>25,250</b>

	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6. Managed Care Plan(s) Payments	\$ 892,254	\$ 330,994	\$ 1,223,248	\$ 892,254		\$ 330,994		\$ 1,223,248
7. Managed Care Medicare Payments	\$ -	\$ -	-	\$ -		\$ -		-
8. Medi-Cal (Code 18) Payments	\$ 1,419,888	\$ 526,121	1,946,009	\$ 1,421,780	5	\$ 531,736	6	1,953,516
9. CHDP Program Payments (Non Managed Care)	\$ -	\$ -	-	\$ -		\$ -		-
10. Medicare Crossover Payments (Non Managed Care)	\$ 525,202	\$ 165,597	690,799	\$ 522,624	7	\$ 164,823	8	687,448
11. Medi-Cal Crossover Payments (Non Managed Care)	\$ 388,202	\$ 124,138	512,340	\$ 394,175	3	\$ 127,181	4	521,356
12. <b>Total Payments</b>	<b>\$ 3,225,546</b>	<b>\$ 1,146,851</b>	<b>\$ 4,372,397</b>	<b>\$ 3,230,833</b>		<b>\$ 1,154,734</b>		<b>\$ 4,385,567</b>

	REPORTED RECONCILIATION COMPUTED			AUDITED RECONCILIATION COMPUTED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
13. PPS Rate	\$ 208.38	\$ 211.71		\$ 208.38		\$ 211.71		
14. Total Medi-Cal Visits (From Line 5)	18,544	6,576	25,120	18,631		6,619		25,250
15. PPS Amount (Line 13 x Line 14)	\$ 3,864,199	\$ 1,392,205	\$ 5,256,404	\$ 3,882,328		\$ 1,401,308		\$ 5,283,636
16. Less: Total Payments (From Line 12)	\$ 3,225,546	\$ 1,146,851	\$ 4,372,397	\$ 3,230,833		\$ 1,154,734		\$ 4,385,567
17. Reconciliation Amount Due Clinic (State) (L 15-L 16)	\$ 638,653	\$ 245,354	\$ 884,007	\$ 651,495		\$ 246,574		\$ 898,069
18. Medi-Cal Billing Review Results (Schedule 2)			\$ -	\$ -		\$ -		\$ -
19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>	<b>\$ 638,653</b>	<b>\$ 245,354</b>	<b>\$ 884,007</b>	<b>\$ 651,495</b>		<b>\$ 246,574</b>		<b>\$ 898,069</b>

Provider Legal Name					Fiscal Period	Provider Number (NPI)		Adjustments
SAN YSIDRO HEALTH CENTER					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	FHC18880F (1952364747)		8
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Reconciliation Review		Reconciliation Request					
	Schedule	Line	Worksheet	Line				
<b><u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</u></b>								
1	1	4	1	4	Medi-Cal Crossover Visits (Period 1)	5,544	87	5,631
2	1	4	1	4	Medi-Cal Crossover Visits (Period 2)	1,744	43	1,787
3	1	11	1	11	Medi-Cal Crossover Payments (Period 1)	\$388,202	\$5,973	\$394,175
4	1	11	1	11	Medi-Cal Crossover Payments (Period 2)	124,138	3,043	127,181
5	1	8	1	8	Medi-Cal (Code 18) Payments (Period 1)	\$1,419,888	\$1,892	\$1,421,780
6	1	8	1	8	Medi-Cal (Code 18) Payments (Period 2)	526,121	5,615	531,736
<p style="margin-left: 40px;">To adjust Medi-Cal Settlement Data to agree with the following ACS Paid Claims Summary Report:                      Run On: 8/15/12                      Payment Period: 1/1/09 through 8/1/12                      Service Period: 1/1/09 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>								

Provider Legal Name					Fiscal Period	Provider Number (NPI)	Adjustments		
SAN YSIDRO HEALTH CENTER					JANUARY 1, 2009 THROUGH DECEMBER 31, 2009	FHC18880F (1952364747)	8		
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Reconciliation Review		Reconciliation Request						
	Schedule	Line	Worksheet	Line					
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>									
7	1	10	1	10	Medicare Crossover Payments (Period 1)	\$525,202	(\$2,578)	\$522,624	
8	1	10	1	10	Medicare Crossover Payments (Period 2)	165,597	(774)	164,823	
					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				