REPORT
ON THE
FEDERALLY QUALIFIED HEALTH CENTER
RECONCILIATION REVIEW
ALTAMED HEALTH SERVICES CORP
PROVIDER NUMBERS (NPI): (1134398043)

FISCAL PERIOD ENDED
APRIL 30, 2010

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: Betty Clark

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

January 9, 2013

Jose U. Esparza
Altamed Medical Group, Clinica Medical De Ella
2040 Camfield Ave
Los Angeles, CA. 90040-1502

PROVIDER LEGAL NAME: ALTAMED HEALTH SERVICES CORP
DBA: ALTAMED MEDICAL GROUP, CLINICA MEDICAL DE ELLA
PROVIDER NUMBERS (NPI): (1134398043)
FISCAL PERIOD ENDED: APRIL 30, 2010

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 $48,312 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.

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 Betty Clark 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: ALTAMED HEALTH SERVICES CORP	PROVIDER NUMBERS (NPI): (1134398043)
FISCAL PERIOD: MAY 1, 2009 THROUGH APRIL 30, 2010	

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	359	302	661	359		302		661
2.	Managed Care Crossover Visits	-	-	-	-		-		-
3.	CHDP History Physicals Visits (Non Managed Care)	-	-	-	-		-		-
4.	Medi-Cal Crossover Visits (Non Managed Care)	-	-	-	-		-		-
5.	Subtotal Visits	359	302	661	359		302		661
5b.	Less: Duplicate and Nonbillable Medi-Cal Visits			-					-
	Total Visits	359	302	661	359		302		661

		REPORTED			ACCEPT AS FILED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ. NO.	PERIOD 2	ADJ. NO.	TOTAL
6.	Managed Care Plan(s) Payments	$ 36,628	$ 8,048	$ 44,676	$ 36,628		$ 8,048		$ 44,676
7.	Managed Care Medicare Payments	$ -	$ -	-	$ -		$ -		-
8.	Medi-Cal (Code 18) Payments	$ 34,320	$ 26,352	60,672	$ 34,320		$ 26,352		60,672
9.	CHDP Program Payments (Non Managed Care)	$ -	$ -	-	$ -		$ -		-
10.	Medicare Crossover Payments (Non Managed Care)	$ -	$ -	-	$ -		$ -		-
11.	Medi-Cal Crossover Payments (Non Managed Care)	$ -	$ -	-	$ -		$ -		-
12.	**Total Payments**	$ 70,948	$ 34,400	$ 105,348	$ 70,948		$ 34,400		$ 105,348

		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	$ 155.81	$ 155.81		$ 230.78	**1**	$ 234.47	**2**	
14.	Total Medi-Cal Visits (From Line 5)	359	302	661	359		302		661
15.	PPS Amount (Line 13 x Line 14)	$ 55,936	$ 47,055	$ 102,990	$ 82,850		$ 70,810		$ 153,660
16.	Less: Total Payments (From Line 12)	$ 70,948	$ 34,400	$ 105,348	$ 70,948		$ 34,400		$ 105,348
17.	Reconciliation Amount Due Clinic (State) (L 15-L 16)	$ (15,012)	$ 12,655	$ (2,357)	$ 11,902		$ 36,410		$ 48,312
18.	Medi-Cal Billing Review Results (Schedule 2)			$ -					$ -
19.	**Total Amount Due Clinic (State)** (L 17+L 18)	$ (15,012)	$ 12,655	$ (2,357)	$ 11,902		$ 36,410		$ 48,312

Provider Legal Name	Fiscal Period	Provider Number (NPI)	Adjustments
ALTAMED HEALTH SERVICES CORP	MAY 1, 2009 THROUGH APRIL 30, 2010	(1134398043)	2

Report References								
Adj. No.	Reconciliation Review		Reconciliation Request		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line				
					MEMORANDUM ADJUSTMENTS			
1	1	13	1	13	PPS RATE (PERIOD 1)	$155.81	$74.97	$230.78
2	1	13	1	13	PPS RATE (PERIOD 2)	$155.81	$78.66	$234.47

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