

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
FAMILY HEALTH CENTERS OF SAN DIEGO, INC  
PROVIDER NUMBERS (NPI): 1023054004**

**FISCAL PERIOD ENDED  
JUNE 30, 2010**

**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

July 12, 2013

Ricardo Roman  
City Heights Family Health Center  
823 Gateway Center Way  
San Diego, CA 92102

PROVIDER LEGAL NAME: FAMILY HEALTH CENTERS OF SAN DIEGO, INC  
DBA: CITY HEIGHTS FAMILY HEALTH CENTER  
PROVIDER NUMBERS (NPI): 1023054004  
FISCAL PERIOD ENDED: JUNE 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 \$94,808 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.

Ricardo Roman  
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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 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: FAMILY HEALTH CENTERS OF SAN DIEGO, INC | PROVIDER NUMBERS (NPI): 1023054004 |
| FISCAL PERIOD: JULY 1, 2009 THROUGH JUNE 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                     | 1,209        | 4,161        | 5,370        | 1,209           |          | 4,161        |          | 5,370        |
| 2. Managed Care Crossover Visits                    | 20           | 73           | 93           | 20              |          | 73           |          | 93           |
| 3. CHDP History Physicals Visits (Non Managed Care) | 2            | 11           | 13           | 2               |          | 11           |          | 13           |
| 4. Medi-Cal Crossover Visits (Non Managed Care)     | 125          | 325          | 450          | 125             |          | 325          |          | 450          |
| 5. Subtotal Visits                                  | 1,356        | 4,570        | 5,926        | 1,356           |          | 4,570        |          | 5,926        |
| 5b. Less: Duplicate and Nonbillable Medi-Cal Visits |              |              | -            |                 |          |              |          | -            |
| <b>Total Visits</b>                                 | <b>1,356</b> | <b>4,570</b> | <b>5,926</b> | <b>1,356</b>    |          | <b>4,570</b> |          | <b>5,926</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                   | \$ 90,518         | \$ 279,202        | \$ 369,720        | \$ 90,518         |          | \$ 279,202        |          | \$ 369,720        |
| 7. Managed Care Medicare Payments                  | \$ 2,628          | \$ 9,312          | 11,940            | \$ 2,628          |          | \$ 9,312          |          | 11,940            |
| 8. Medi-Cal (Code 18) Payments                     | \$ 61,348         | \$ 214,140        | 275,488           | \$ 61,348         |          | \$ 214,140        |          | 275,488           |
| 9. CHDP Program Payments (Non Managed Care)        | \$ 147            | \$ 906            | 1,053             | \$ 147            |          | \$ 906            |          | 1,053             |
| 10. Medicare Crossover Payments (Non Managed Care) | \$ 11,585         | \$ 31,094         | 42,679            | \$ 11,585         |          | \$ 31,094         |          | 42,679            |
| 11. Medi-Cal Crossover Payments (Non Managed Care) | \$ 4,161          | \$ 10,627         | 14,788            | \$ 4,161          |          | \$ 10,627         |          | 14,788            |
| 12. <b>Total Payments</b>                          | <b>\$ 170,387</b> | <b>\$ 545,279</b> | <b>\$ 715,666</b> | <b>\$ 170,387</b> |          | <b>\$ 545,279</b> |          | <b>\$ 715,666</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   | \$ 135.10                        | \$ 137.26        |                  | \$ 135.10                               |          | \$ 137.26        |          |                  |
| 14. Total Medi-Cal Visits (From Line 5)                  | 1,356                            | 4,570            | 5,926            | 1,356                                   |          | 4,570            |          | 5,926            |
| 15. PPS Amount (Line 13 x Line 14)                       | \$ 183,196                       | \$ 627,278       | \$ 810,474       | \$ 183,196                              |          | \$ 627,278       |          | \$ 810,474       |
| 16. Less: Total Payments (From Line 12)                  | \$ 170,387                       | \$ 545,279       | \$ 715,666       | \$ 170,387                              |          | \$ 545,279       |          | \$ 715,666       |
| 17. Reconciliation Amount Due Clinic (State) (L 15-L 16) | \$ 12,809                        | \$ 81,999        | \$ 94,808        | \$ 12,809                               |          | \$ 81,999        |          | \$ 94,808        |
| 18. Medi-Cal Billing Review Results (Schedule 2)         |                                  |                  | \$ -             |   |          |                  |          | \$ -             |
| 19. <b>Total Amount Due Clinic (State) (L 17+L 18)</b>   | <b>\$ 12,809</b>                 | <b>\$ 81,999</b> | <b>\$ 94,808</b> | <b>\$ 12,809</b>                        |          | <b>\$ 81,999</b> |          | <b>\$ 94,808</b> |