

**REPORT  
ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW  
TIBURCIO VASQUEZ HEALTH  
PROVIDER NUMBERS (NPI): (1497805790)**

**FISCAL PERIOD ENDED  
JUNE 30, 2012**

**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: Tony Tran**



TOBY DOUGLAS  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

January 29, 2013

Ms. Ma Lourdes Martinez, CFO  
Logan Health Center  
33255 9th Street  
Union City, CA 9487-2137

PROVIDER LEGAL NAME: TIBURCIO VASQUEZ HEALTH  
DBA: LOGAN HEALTH CENTER  
PROVIDER NUMBERS (NPI): (1497805790)  
FISCAL PERIOD ENDED: JUNE 30, 2012

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 \$87 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.

Ms. Ma Lourdes Martinez, CFO  
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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 Tony Tran, Auditor, at (916) 650-6986.

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: TIBURCIO VASQUEZ HEALTH      | PROVIDER NUMBERS (NPI): (1497805790) |
| FISCAL PERIOD: JULY 1, 2011 THROUGH JUNE 30, 2012 |                                      |

## PAYMENT/RECOVERY DETERMINATION

|   | REPORTED |          |       | ACCEPT AS FILED |          |               |          |       |
|---|----------|----------|-------|-----------------|----------|---------------|----------|-------|
|   | PERIOD 1 | PERIOD 2 | TOTAL | ADJ. PERIOD 1   | ADJ. NO. | ADJ. PERIOD 2 | ADJ. NO. | TOTAL |
| 1. Medi-Cal Managed Care - Code 18                  | -        | 1        | 1     | -               |          | 1             |          | 1     |
| 2. Healthy Families - Code 19                       | -        | -        | -     | -               |          | -             |          | -     |
| 3. Medi-Cal MAP - Code 20                           | -        | -        | -     | -               |          | -             |          | -     |
| 4. Medi-Cal Crossovers - Code 02                    | -        | -        | -     | -               |          | -             |          | -     |
| 5. Subtotal Visits                                  | -        | 1        | 1     | -               |          | 1             |          | 1     |
| 5b. Less: Duplicate and Nonbillable Medi-Cal Visits |          |          | -     | -               |          | -             |          | -     |
| <b>Total Visits</b>                                 | -        | 1        | 1     | -               |          | 1             |          | 1     |

|  | REPORTED |          |        | ACCEPT AS FILED |          |               |          |        |
|--|----------|----------|--------|-----------------|----------|---------------|----------|--------|
|  | PERIOD 1 | PERIOD 2 | TOTAL  | ADJ. PERIOD 1   | ADJ. NO. | ADJ. PERIOD 2 | ADJ. NO. | TOTAL  |
| 6. Medi-Cal Managed Care Plans         | \$ -     | \$ -     | \$ -   | \$ -            |          | \$ -          |          | \$ -   |
| 7. Medicare & MAP for Code 18          | \$ -     | \$ -     | \$ -   | \$ -            |          | \$ -          |          | \$ -   |
| 8. Medi-Cal for Code 18                | \$ -     | \$ 81    | \$ 81  | \$ -            |          | \$ 81         |          | \$ 81  |
| 9. Healthy Families Plans              | \$ -     | \$ -     | \$ -   | \$ -            |          | \$ -          |          | \$ -   |
| 10. Medi-Cal for Code 19               | \$ -     | \$ -     | \$ -   | \$ -            |          | \$ -          |          | \$ -   |
| 11. Capitated Medicare Advantage Plans | \$ -     | \$ -     | \$ -   | \$ -            |          | \$ -          |          | \$ -   |
| 12. Medi-cal for Code 20               | \$ -     | \$ 81    | \$ 81  | \$ -            |          | \$ 81         |          | \$ 81  |
| 13. Medicare for Code 02               | \$ -     | \$ -     | \$ -   | \$ -            |          | \$ -          |          | \$ -   |
| 14. Medi-Cal for Code 02               | \$ 168   | \$ 168   | \$ 336 | \$ 168          |          | \$ 168        |          | \$ 336 |
| 15. <b>Total Payments</b>              | \$ -     | \$ 81    | \$ 81  | \$ -            |          | \$ 81         |          | \$ 81  |

|  | REPORTED RECONCILIATION COMPUTED |           |        | ACCEPT AS FILED RECONCILIATION COMPUTED |          |               |          |        |
|--|----------------------------------|-----------|--------|---|----------|---------------|----------|--------|
|  | PERIOD 1                         | PERIOD 2  | TOTAL  | ADJ. PERIOD 1                           | ADJ. NO. | ADJ. PERIOD 2 | ADJ. NO. | TOTAL  |
| 16. PPS Rate   | \$ 167.67                        | \$ 168.34 |        | \$167.67                                |          | \$168.34      |          |        |
| 17. Total Medi-Cal Visits (From Line 5)                  | -                                | 1         | 1      | -                                       |          | 1             |          | 1      |
| 18. PPS Amount (Line 16 x Line 17)                       | \$ -                             | \$ 168    | \$ 168 | \$ -                                    |          | \$ 168        |          | \$ 168 |
| 19. Less: Total Payments (From Line 15)                  | \$ -                             | \$ 81     | \$ 81  | \$ -                                    |          | \$ 81         |          | \$ 81  |
| 20. Reconciliation Amount Due Clinic (State) (L 18-L 19) | \$ -                             | \$ 87     | \$ 87  | \$ -                                    |          | \$ 87         |          | \$ 87  |
| 21. Medi-Cal Billing Review Results (Schedule 2)         |                                  |           | \$ -   |   |          |               |          | \$ -   |
| 22. <b>Total Amount Due Clinic (State) (L 21+L 22)</b>   | \$ -                             | \$ 87     | \$ 87  | \$ -                                    |          | \$ 87         |          | \$ 87  |