Fill in this info	ormation to identify the case:	
Debtor	Borrego Community Health Founda	ation
United States Ba	inkruptcy Court for the: Southern	District of California
Case number	22-02384	_

Official Form 410

Proof of Claim 04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

P	art 1: Identify the Clair	n	
1.	Who is the current creditor?	California Department of Health Care Service. Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	S
2.	Has this claim been acquired from someone else?	✓ No Yes. From whom?	
3.	Where should notices and	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	payments to the creditor be sent?	See summary page	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
		Contact phone 9163458387 Contact email Mark.McClenning@dhcs.ca.gov	Contact phone Contact email
		Uniform claim identifier for electronic payments in chapter 13 (if you use o	one):
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known) 2	216 Filed on 3/8/2023 MM / DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing? California Depart	rtment of Health Care Sevices

Official Form 410 Proof of Claim

Part 2:	Give

Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the	☑ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ 84,315,551 Does this amount include interest or other charges? No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
		Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing information that is entitled to privacy, such as health care information.
		Medi-Cal program overpayments
9.	Is all or part of the claim	☑ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature or property:
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .
		☐ Motor vehicle
		Other. Describe:
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
		Amount necessary to cure any default as of the date of the petition: \$
		Annual Interest Rate (when case was filed)%
		Fixed
		Variable
10	. Is this claim based on a	№ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11	. Is this claim subject to a	☑ No
	right of setoff?	Yes. Identify the property:
		<u> </u>

Official Form 410 Proof of Claim

12. Is all or part of the claim	№ No		
entitled to priority under 11 U.S.C. § 507(a)?	_	ck all that apply:	Amount entitled to priority
A claim may be partly priority and partly	— □ Dome	estic support obligations (including alimony and child support) under .S.C. § 507(a)(1)(A) or (a)(1)(B).	œ.
nonpriority. For example, in some categories, the law limits the amount		\$3,350* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	days	es, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$
	☐ Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	Conti	ributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Othe	r. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts	are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	n on or after the date of adjustment.
13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?	days befo	cate the amount of your claim arising from the value of any goods recore the date of commencement of the above case, in which the goods ary course of such Debtor's business. Attach documentation supporti	s have been sold to the Debtor in
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	I am the trus I am a guara I understand that the amount of the I have examined to I declare under per Executed on date /s/Mark McCL Signature	ditor. ditor's attorney or authorized agent. stee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. antor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. an authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct. 12/27/2023 MM / DD / YYYY Alenning of the person who is completing and signing this claim: Mark McClenning	name



Official Form 410 Proof of Claim

KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor:			
22-02384 - Borrego Community Health Foundation			
District:			
Southern District of California, San Diego Division			
Creditor: California Department of Health Care Services Bankruptcy desk P.O. Box 997413 MS0010 Sacramento, CA, 95899-7414 USA Phone: 9163458387 Phone 2: Fax:	Related Document Has Related Claim Yes Related Claim File	ting documentation successfully uploaded Statement: d By: epartment of Health Care Sevices	
Email: Mark.McClenning@dhcs.ca.gov			
Other Names Used with Debtor:	Amends Claim: Yes - 216, 3 Acquired Claim: No	/8/2023	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:	
Medi-Cal program overpayments	No		
Total Amount of Claim:	Includes Interest o	r Charges:	
84,315,551	No		
Has Priority Claim: No	Priority Under:		
Has Secured Claim:	Nature of Secured	Amount:	
No	Value of Property:		
Amount of 503(b)(9):	Annual Interest Ra	te:	
No Based on Lease:	Arrearage Amount	:	
No	Basis for Perfection:		
Subject to Right of Setoff: No	Amount Unsecure	d:	
Submitted By: Mark McClenning on 27-Dec-2023 3:29:18 p.m. Eastern Title: Attorney III	n Time		

California Department of Health Care Services

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DECLARATION OF ALLISON CLINTON IN SUPPORT OF PROOF OF CLAIM

I, Allison Clinton, declare as follows:

- I am a Health Program Audit Manager II at the California Department of Health Care Services ("Department"), and I have served in this capacity since July 2018. I manage a team of thirty-six staff members, which includes five Health Program Audit Managers, twenty-eight Health Program Auditors, and three student assistants. My job duties include providing oversight and direction to staff responsible for audit production of Federally Qualified Health Clinics (FQHC) and Rural Health Clinics (RHC) annual reconciliation requests, change in scope of service requests, and cost reports of over 1,900 FQHC and RHC providers. Additionally, I develop audit guidelines for the FQHC/RHC program and recommend changes to achieve work improvements and to implement Federal and State laws and regulations. I submit this declaration in support of the Department's amended proof of claim, which supplements proof of claim, no. 216, previously filed by the Department herein because the Department has issued subsequent audit reports for the period July 1, 2018 through June 30, 2022 to debtor. The audits were not completed at the time proof of claim no. 216 was submitted to the court. The Department previously included an estimate of the amount due the Department by the debtor. The amended proof of claim includes audited (actual) amounts rather than estimated amounts. Additionally, the amended proof of claim reflects that revised Reconciliation Request audit reports were issued to debtor to revise the PPS rate based on a final Rate Setting Audit which impacted the Reconciliation Request final settlement amounts. If called to testify, I would and could testify competently as to the facts and issues described herein.
- 2. After an authorized Medi-Cal provider renders services for health care and/or pharmacy services and submits claims to Medi-Cal for payment of those services, the Department makes interim payments out of segregated funds for health

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1 care and pharmacy services. Medi-Cal reimburses FQHC providers for health care 2 services and audits those reimbursements in the following manner: FQHCs are paid using a rate known as the Prospective Payment System (PPS) rate. The PPS rate is 3 4 an all-inclusive rate calculated to reflect the FQHC's cost-per-visit during the base year. The Department determines an individual FQHC's PPS rate based on the 5 6 FQHC's reasonable costs of providing covered services within the FQHC's "scope of service" to Medi-Cal beneficiaries in the base year, with updates to the PPS rate 7 in each following year for inflation and any increase or decrease in the scope of 8 9 services provided by the FQHC. Claims submitted by the FQHC to Medi-Cal are paid either at the FQHC's full PPS rate or an interim PPS rate. An interim PPS rate 10 11 is less than the full PPS rate and accounts for payments to the FQHC on behalf of Medi-Cal beneficiaries from other third-party payers, such as Medicare and Medi-12 Cal managed care plans. At the end of each fiscal year, the Department reconciles 13 the interim PPS rate and all third-party payments received by the FQHC to the 14 FQHC's PPS rate. These audits are referred to as Reconciliation Requests. If the 15 16 total payments received by the FQHC exceed the FQHC's PPS rate, the FQHC must remit the overpayments to the Department. If the total payments received are 17 less than the FQHC's PPS rate, the Department issues the payment difference to the 18 FOHC. Moreover, the Department also conducts billing reviews of FOHC claims. 19 20 Billing reviews detect inappropriate billings by the FQHC, such as services 21 provided by clinicians who might not be legally authorized to bill the Medi-Cal 22 Program or are unlicensed, services that do not meet the legal definition of an 23 FQHC covered benefit, or services billed at locations that are not federally approved FQHCs. Following the billing review, the FQHC is required to remit any 24 identified overpayments for inappropriate billings to the Department. 25 26

3. For the audit period of July 1, 2014, through June 30, 2022, the Department has determined, based on completed and issued audit reports related to Reconciliation Requests, that Borrego was overpaid \$80,064,961.00 for Medi-Cal

health care services. An audit report is a document that presents the final audit and is formally issued to the provider by the Department upon the completion of the audit. For that period, Borrego is due \$10,523,324.00 from the State. The Reconciliation Requests are completed by fiscal year for each site location (NPI) separately. For select fiscal years and site locations, there is an amount due the provider related to the difference in the interim payments and third-party payments to ensure the full PPS rate is paid. The net amount that Borrego owes the Department for that time period is therefore \$69,541,637.00. True and correct copies of completed and issued audit reports for the audit period of July 1, 2014, through June 30, 2022 are attached hereto as Exhibit A.

For the period of approximately January 1, 2015, through July 1, 2022, the Department is currently reconciling erroneous payment corrections (EPC). The reconciliation of the erroneous payment corrections is not completed, but the amounts can be estimated. The EPC is related to rate setting Cost Report audits for four sites. The audited PPS rates are adjusted retroactively to the operational effective date of the sites depending on whether the audited PPS rate is increased or decreased from the interim PPS rate. The EPC reprocesses claims related to fee-forservice beneficiaries to pay the difference between the interim PPS rate and the final audited PPS rate. To estimate the EPC amount, the Department calculated the difference in the interim rate and audited rate, and applied the difference to the feefor-service claims processed by the Medi-Cal Fiscal Intermediary. The approximate gross amount from January 1, 2015 to July 1, 2022 due to the Department is \$2,269,587.00 and the gross amount due to Borrego is \$1,659,076.00 from the State for the increase in the PPS rate from the interim PPS rate to the audited PPS rate for the D Street and Barstow clinic locations. The net amount of erroneous payment corrections due to the Department, for that time period for the four sites, is therefore approximately \$610,511.00.

- 5. The Department is also owed 340B overpayments in the amount of \$14,163,404.00. The basis for the 340B overpayment amount of \$14,163,404.00 is set forth in the Amended Revised Declaration Of Firas Yaghmour In Support Of Defendant California Department Of Health Care Services' Opposition To Debtor's Motion For The Entry Of (I) An Order Approving Form Of Asset Purchase Agreement And (II) An Order Authorizing The Sale Of Property Free And Clear Of All Claims, Liens, And Encumbrances filed in the above-captioned matter on November 18, 2022 [ECF Doc No. 204, Case No. 22-02384-LT11].
- 6. For the period of July 1, 2022 through June 30, 2023, Reconciliation Requests were due from debtor by November 28, 2023. The Department has not received the Reconciliation Requests as of December 21, 2023. The total settlement amount due may increase or decrease. There is information reported on the Reconciliation Requests that is unavailable to the Department; therefore, the Department is unable to determine an estimate for the fiscal year ended June 30, 2023.
- 7. The total amount due to the Department is \$84,315,551. This amount is comprised of overpayments for pharmacy and health care services. A true and correct copy of the schedule of overpayments for pharmacy and health care services due to the Department by Borrego, dated December 22, 2023, is attached to this declaration as Exhibit B. The total net overpayments due to the Department is \$84,315,551. This amount is subject to change based on information that may later become available to the Department.

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct to the best of my knowledge and based on the information available to me.

Executed on this 27th day of December 2023, in Sacramento, California.

EXHIBIT A

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2622

Edgar Bulloch, CEO Centro Medico Escondido P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO ESCONDIDO

NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$258,926, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7021 2720 0003 0819 4237

FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1023349883

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO: JUNE 30, 2015

1 Medi-Cal Managed Care - Code 18	PERIOD 1	PERIOD 2	101761	PERIOD 1	₹2	PERIOD 2	₹9	- Y	TOTAL
	2,349	7,944	10,293	2,349		7,946	3		10,295
	-	•	-	-		•			•
3 Medi-Cal Non-Managed Care Crossover - Code 02	113	25	138	113		34	4		147
	2,462	7,969	10,431	2,462		7,980			10,442
5 Duplicate and Unallowable Visits	NA	NA	NA	-		•			-
	2,462	7,969	10,431	2,462		7,980			10,442
PAYMENTS		REPORTED			ą	AUDITED	39	A THE CONTROL OF THE	
					2				
Managed Care Plan Payments	\$ 131,696	\$ 430,096 \$	\$ 561,792	\$ 131,696		\$ 430,096		\$	561,792
Medicare and MAP Payments	457	646	\$ 1,103	\$ 7,638	o	\$ 59,197	10	\$	66,835
Code 18 Payments	347,947	\$ 1,176,412	\$ 1,524,359	\$ 347,997	5	\$ 1,176,862	9	ક્ક	1,524,859
C568 20	The state of the s	The street of th	dimension of the second	- Action					
n Payments	9	\$		ر ج		69		es.	
11 Code 20 Payments	49	\$	\$	- 8		69		မှ	1
							ŀ		
for Crossovers	\$ 11,664	⊣	\$ 14,221				Ì	မှာ	15,182
13 Code 02 Payments	\$ 11,088	\$ 2,077	\$ 13,166	\$ 11,289	7	\$ 2,979	80	ક્ક	14,268
14 Total Payments	\$ 502,851	\$ 1,611,789	\$ 2,114,640	\$ 510,284		\$ 1,672,652		es)	2,182,936
SETTLEMENT	WGOENS IN THE INTERPRETATION OF THE INTERPRE	RTED RECONCILIONO	10N- 10TAL	PERCORA	99	D RED NESONOLA	200 000 000 000 000 000		OTAL .
15 PPS Rate	\$ 201.70	\$ 201.70	N. C.	\$ 236.98	-	\$ 236.98	2		
16 Total Medi-Cal Visits (From Line 6)	2,462	7,969	10,431	2,462		7,980			10,442
	\$ 496,585	\$ 1,607,347	\$ 2,103,933	\$ 583,445		\$ 1,891,100		69	2,474,545
e 14)	\$ 502,851	\$ 1,611,789	\$ 2,114,640	\$ 510,284		\$ 1,672,652		69	2,182,936
ate) (L 17 - L 18)		$\overline{}$	\$ (10,708)	\$ 73,161		\$ 218,448		es es	291,609
	THE NAME OF THE PERSON OF THE			\$ 7,657	12, 14	\$ 25,026	13,15	es.	32,683
21 Sub Amount Due Clinic (State) (L 19 - L 20)	(6,266)	\$ (4,442)	\$ (10,708)	\$ 65,504		\$ 193,422		s	258,926
Healthy Families Plans (Schedule 1-A L12)	\$	-	\$	- 8				69	
23 Total Amount Due Clinic (State) (L 21+22)	(6,266)	\$ (4,442)	\$ (10,708)	\$ 65,504		\$ 193,422		\$	258,926

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Adjustments	15		As Adiusted		\$236.98 236.98 Page 1
			Increase (Decrease)		\$35.28 35.28
Provider NPI	1023349883		As		\$201.70
Fiscal Period	JULY 1, 2014 THROUGH JUNE 30, 2015		Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304
Provider Legal Name		Report References	Adj. Reconciliation Review Request No. Schedule line Worksheet Line		1 15 1 15 1 17 17 17 17 17 17 17 17 17 17 17 17 1

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	BORREGO COMMUNITY HEALTH FOUNDATION	VITY HEA	LTH FOUNDAT	NOI	JULY 1, 2014 THROUGH JUNE 30, 2015	1023349883		15
	Rep	Report References	rences Re	iation				
Adj.	Reconciliation Review	n Review	/ Request	est	Explanation of Audit Adiustments	As	Increase	As Adinefed
		2			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DAT	ΔI	(2000)	parafac
ω 4		- ω	~ ~	← 4	Medi-Cal Managed Care - Code 18 Visits (Period 2) Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)	7,944	0.0	7,946
8 4 0 2		0 0 <u>6</u> 6		∞ ∞ Ω Ω	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Period 1) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	\$347,947 1,176,412 11,088 2,077	\$50 450 . 201 902	\$347,997 1,176,862 11,289 2,979
					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 22, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
							•	
								Page 2

Adjustments	15			As Adjusted		\$7,638 59,197	\$3,518	\$72 * 1,234 *	\$7,657 25,026 Page 3
				Increase (Decrease)		\$7,181 58,551	\$96.1	\$72 1,234	\$7,585
Provider NPI	1023349883			As Reported		\$457 646	\$2,557	O	\$72 1,234
Fiscal Period	JULY 1, 2014 THROUGH JUNE 30, 2015			Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	Medicare Crossover Payments (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D. *Balance carried forward from prior/to subsequent adjustments
	ATION	30	Reconciliation Request	Line		~ ~	4	p p o	۲ و و ق ق
	LTH FOUND,	rences		Worksheet			-	Not Reported	Not Reported
	NITY HEAL	Report References	n Review	Line		ω ω	5	50 20	50 20
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Rek	Reconciliation Review	Schedule			-	- -	
Provi	BORRE			o O		o 6		12 12	4 tc

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



State of California—Health and Human Services Agency

Department of Health Care Services



JUN 2 8 2022

Edgar Bulloch, CEO Borrego Medical Clinic P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: BORREGO MEDICAL CLINIC

NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$400,212, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2027

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROV	IDER	LEGAL	NAME

BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO:

JUNE 30, 2015

VISITS	PERIOD 1	REPORTED	TOTAL	PERIOD 1	ADJINO	AUDITED PERIOD:2	AĐU NO.	TOTAL
1 Medi-Cal Managed Care - Code 18	777	2,647	3,424	777	,	2,653	1	3,430
2 Medi-Cal Capitated MAP - Code 20						_		
Medi-Cal Non-Managed Care Crossover - Code 02	41	63	104	41	<u> </u>	65	2	106
4 Total Visits	818	2,710	3,528	818	3	2,718		3,536
5 Less: Duplicate and Unallowable Visits	N/A	NA	N/A	324	5	1,120	6	1,444
6 Payable Visits	818	2,710	3,528	494	_	1,598		2,092
PAYMENTS	PERIOD 1	REPORTED PERIOD 2	TOTAL	RERIOD1	ADJ NG.	AUDITED PERIOD 2	ADJ NO.	TOTAL
Code 18:	\$ 61,946	s 205.698	\$ 267.644	\$ 61,946	<u>. T</u>	\$ 205,698		\$ 267,644
7 Medi-Cal Managed Care Plan Payments	\$ 2,008		·	\$ 4,954		\$ 19,007	8	\$ 23,961
8 Medicare and MAP Payments		\$ 313,830	\$ 387,609	\$ 73,779		\$ 429,618	3	\$ 503,397
9 Code 18 Payments Code 20	\$ 73,779	19 313,030	367,009	10,775	<u> </u>	120,010	L	man,
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -		-		\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$
Code 02:					. 1	Ta 0.700	T	\$ 10,968
12 Medicare Payments for Crossovers	\$ 4,232			\$ 4,233		\$ 6,736 \$ 7,678	9 4	\$ 10,968 \$ 10,395
13 Code 02 Payments	\$ 2,717			\$ 2,71		\$ 668.737	4	\$ 816,365
14 Total Payments	\$ 144,682	\$ 540,912	\$ 685,594	\$ 147,62	5	\$ 000,737	<u>. </u>	\$ 610,303
SETTLEMENT	PERIOD 1	ORTED RECONCILIA	TOTAL		ADU NO	PERIODIZ \$ 251.03		TOTAL
15 PPS Rate	\$ 249.04		N/A	\$ 249.0	12121111111111111111111111111111111111	1,598		2.092
16 Total Medi-Cal Visits (From Line 6)	818	2,710	3,528	49	- presentation control	\$ 401.146		\$ 524,172
17 PPS Amount (Line 15 x Line 16)	\$ 203,715		\$ 884,006	\$ 123,02		\$ 668,737		
18 Less: Total Payments (From Line 14)	\$ 144,682			\$ 147,62	Grander and the second	\$ (267,591)	SACTOR DEPOSITOR AND AND AND ADDRESS OF THE PARTY.	
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 59,033		\$ 198,412	\$ (24,60) \$ 58,56		\$ (267,591)	11,13,15	\$ 108,019
20 Less: Medi-Cal Billing Review Results	N/A III		N/A	<u> </u>		\$ (317,049)		\$ (400,212)
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 59,033			\$ (83,16	3)	\$ (317,049)		\$ (400,212)
22 Healthy Families Plans (Schedule 1-A L12)	\$	\$	\$ -	\$ - \$ (83.16	31	\$ (317,049)		\$ (400,212)
23 Total Amount Due Clinic (State) (L 21+22)	\$ 59,033	\$ 139,380	\$ 198,412	\$ (83,16	<u> </u>	φ (317,0 49 ,	<u> </u>	(-100,£12)

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORRE	BORREGO COMMUNITY HEALTH FOUNDATION	ITY HEAL	TH FOUNDAT	NOI	JULY 1, 2014 THROUGH JUNE 30, 2015	1134144165		15
	Rep	Report References	ences					
Adj.	Reconciliation Review	n Review	Reconciliation Request	iation est				
ģ	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					TLEMENT	DATA		
- 0	- -	۳ ،		~ ~	Medi-Cal Managed Care - Code 18 Visits (Period 2)	2,647	φα	2,653
٧	-	ာ	_	1	Medi-Cal Not-Wallaged Cale Clossover - Code oz Visits (Period Z)	3	7	S
ω 4		9 2		9 2	Medi-Cal Mariaged Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	\$313,830 7,001	\$115,788 677	\$429,618 7,678
					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 23, 2018 Payment Period: July 1, 2014 through October 23, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, sections 2304 and 2408			
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Reconciliation Request Concesse As	Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION	Fiscal Period JULY 1, 2014 THROUGH JUNE 30, 2015	Provider NPI 1134144165		Adjustments
Line	Report References Reconciliation liation Review Request				
Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate non-allowable visits paid to the provider due to the misbilling of visits. 42 CR 419.4 22 CCR section 51486.1 Wal Code 14043.15, 14110, and 14132.100 (i)(1)(i) SPA Attachment 4.198, section 3 7 Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. To adjust Medicare payments received for the Medi-Cal cossover Payments (Period 2) To adjust Medicare payments received for the Medi-Cal cossover Code 0.2) visits. 42 CRR 413.20 and 413.24 CMS Pub. 15-1, section 3304 Wall Code, section 14132.100 (h) Wall Code, section 14132.100 (h) Wall Code, section 14132.100 (h)	Worksheet Line	Explanation of Audit Adjustments		Increase Decrease)	As Adjusted
Medicare Billing Review Visits (Period 2) To eliminate non-allowable visits paid to the provider due to the misbilling of visits. 42 CFR 419.4 22 CCR section 51458.4 Will Code 14043.15, 14110, and 14132.100 (l)(1)(l) SPA Attachment 4, 198. section 1 7 Medicare and MAP Payments (Period 1) 7 Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 Will Code, section 14132.100 (t) 10 Medicare Payments (Period 2) To adjust Medicare payments received for the Medi-Cal To adjust Medicare payments received for the Medi-Cal To adjust Medicare 20 and 413.24 CMS Pub. 15-1, section 2304 Will Code, section 14132.100 (t) Will Code, section 14132.100 (t)	Not Reported	Medi-Cal Billing Review Visits (Period 1)	0	324	324
Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h) Medicare Crossover Payments received for the Medi-Cal arossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 204 W&I Code, section 14132.100 (h)	Not Reported	Medi-Cal Billing Review Visits (Period 2) To eliminate non-allowable visits paid to the provider due to the misbilling of visits. 42 CFR 419.4 22 CCR section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, section J	•	1,120	1,120
Medicare Crossover Payments (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)		Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$2,008 7,939	\$2,946 11,068	\$4,954 19,007
	1 10	Medicare Crossover Payments (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$6,444	\$292	\$6,736

Provi	Provider Legal Name	Name		Fiscal Period	Provider NPI		Adjustments
BORRE	GO COMMUN	ITY HEAL	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2014 THROUGH JUNE 30, 2015	1134144165		, 15
	Rep	Report References	rences				
	Reconciliation Review	1 Review	Reconciliation Request				,
o O	Schedule	Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS		,	
6.5		50	Not Reported Not Reported	Medi-Cal Payments Review (Period 1) Medi-Cal Payments Review (Period 2) To eliminate non-allowable visits paid to the provider due to the misbilling of visits. 42 CFR 419.4 22 CCR section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, section J	0	\$55,909 43,745	\$55,909 * 43,745 *
5 5	← ←	20 20	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1 sections 2300 and 2304 W&I Code, section 14115	* \$55,909 * 43,745	\$1,013 953	\$56,922 * 44,698 *
. 4 τ		3 3	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	\$56,922 44,698	\$1,639	\$58,561 49,458
				*Balance carried forward from prior/to subsequent adjustments			Page 3

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC Financial Audits Branch Audits and Investigations Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico El Cajon Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO EL CAJON FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$2,386,591, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2622

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 202Z

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1154480069

FISCAL PERIOD FROM: | UULY 1: 2014

FISCAL PERIOD TO: JUNE 30, 2015

VISITS	965	REPORTED PERIOD 2:	4 00	PER OD	Abono	AUDITED PERIOD 2	AbJNO		
Medi-Cal Managed Care - Code 18	9,355	33,559	42,914	9,355	_	33,584		42,939	စ္တ
2 Medi-Cal Capitated MAP - Code 20	•			1				'	Γ
3 Medi-Cal Non-Managed Care Crossover - Code 02	105	197	302	105		2	201 4	Ř	306
4 Total Visits	9,460	33,756	43,216	9,460		33,785	35	43,245	45
5 Duplicate and Unallowable Visits	NA III	III III NAMIIIIII	NA	1,080	80	3,408	6 80	4,488	88
6 Payable Visits	9,460	33,756	43,216	8,380		30,377	2.2	38,757	57
							-		Г
PAYMENTS		REPORTED				AUDITED			
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIODZ	ADJ NO.	TOTAL	
©ote:18;	STATE OF SECTION ASSESSMENT		100						
7 Medi-Cai Managed Care Plan Payments	\$ 471,998	\$ 1,743,924	\$ 2,215,922	\$ 471,998		\$ 1,743,924	24	\$ 2,215,922	22
8 Medicare and MAP Payments	\$ 869	\$ 1,712	\$ 2,581	\$ 22,708	10	\$ 93,565	11	\$ 116,273	73
9 Code 18 Payments	\$ 1,946,506	\$ 6,995,605	\$ 8,942,110	\$ 1,946,692	5	\$ 6,999,998	98	\$ 8,946,690	8
C. C		AND THE PROPERTY OF THE PROPER	TANK TANK TANK TANK TANK TANK TANK TANK			The second secon		We manufacture and the second	
10 Capitated MAP Plan Payments	\$	٠ ن	- *	•		*		- *	
11 Code 20 Payments	•		·	€		•		€	
Code 02:	The state of the s	American Association of the Control	The state of the s	mon matandaria da					
12 Medicare Payments for Crossovers	\$ 10,838	\$ 20,151	\$ 30,989	\$ 10,838		\$ 20,151	51	\$ 30,989	89
13 Code 02 Payments	\$ 15,890	\$ 29,611	\$ 45,501	\$ 15,890		\$ 30,353	53 7	\$ 46,243	43
14 Total Payments	\$ 2,446,100	\$,791,003	\$ 11,237,103	\$ 2,468,126		\$ 8,887,991	91	\$ 11,356,116	16
									Г
SETTLEMENT	REPORT	SKIEDIRECONOLLAFON	No.	() () () () () () () () () ()	र १	AUDITEDIRECONGILANION Beriodo o	NO LAT	<u> </u>	
15 PPS Rate	\$ 249.55	\$ 251.55	NA PERSONAL PROPERTY OF THE PERSONAL PROPERTY	\$ 249.39	1	\$ 251.39		NAME NAME	懂
16 Total Medi-Cal Visits (From Line 6)	9,460	33,756	43,216	8,380		30,377	脚欄攤攤攤 22	38,757	57
17	\$ 2,360,743	\$ 8,491,322	\$ 10,852,065	\$ 2,089,888		\$ 7,636,474	74 開開開開開開開	\$ 9,726,362	32
18 Less: Total Payments (From Line 14)		\$ 8,791,003	\$ 11,237,103	\$ 2,468,126		\$ 8,887,991	94 	\$ 11,356,116	92
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ (85,357)	\$	\$ (385,038)	\$ (378,238)		\$ (1,251,517)	(7)	\$ (1,629,754)	54)
20 Medi-Cal Billing Review Results		N.A.	N. W.	\$ 278,090	12,14,16	\$ 478,746	13,15,17,18	\$ 756,836	36
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ (85,357)	\$ (299,681)	\$ (385,038)	\$ (656,328)	(\$ (1,730,263)	33)	\$ (2,386,591)	3
22 Healthy Families Plans (Schedule 1-A L12)	\$	-		€9		\$		\$	П
23 Total Amount Due Clinic (State) (L 21+22)	\$ (85,357)		\$ (385,038)	\$ (656,328)	(\$ (1,730,263)	33}	(2,386,591)	3

Department of Health Care Services

Adjustments 18	Ąs	Adjusted	හි. වේ.
Adjus		Adjı	\$248.39 251.39
	ncrease	(Decrease)	(0.16)
1154480069	As	Reported	\$249.55
Fiscal Period JULY 1, 2014 THROUGH JUNE 30, 2015		Explanation of Audit Adjustments MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304
Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION Report References	Reconciliation Review Request	Line Worksheet Line	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Provider Legal Name	I O I	Fiscal Period	Provider NPI	,	Adjustments
Report References	Ces	יייי ייייי ייייי יייייי יייייי ייייייי יייי			2
Reconciliation Review	Reduest Reduest	Evolonation of Audit Adjustments	As	Increase	As Adinsted
_	_	ADJUSTMENTS		(2002)	parafac
~ ო		Medi-Cal Managed Care - Code 18 Visits (Period 2) Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)	33,559 197	25	33,584 201
ით <u>€</u>	 α α ι	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	\$1,946,506 6,995,605 29,611	\$186 4,393 742	\$1,946,692 6,999,998 30,353
V		To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 22, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, sections 2304 and 2408			
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					Page 2
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Provi	Provider Legal Name	Name	i		Fiscal Period	Provider NPI		Adjustments
BORRE	EGO COMMUN	IITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	NO	JULY 1, 2014 THROUGH JUNE 30, 2015	1154480069		18
	Rep	Report References	rences					
Ą	Reconciliation Review	n Review	Reconciliation Request	lation				
o O	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
ග ග		വവ	Not Reported Not Reported	n n	Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, section J		1,080 3,408	1,080 3,408
2 7 2	~ ~	ω ω		~ ~	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$869	\$21,839 91,853	\$22,708 93,565
2 2 2	▼ ▼	50 20	Not Reported	D.D.	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Q •	\$ 5748 8.519	\$3,519 *
				:	*Balance carried forward from prior/to subsequent adjustments			Page 3

Prov	Provider Legal Name	Name		Fiscal Period		Provider NP		Adiustments
BORRE	EGO COMMUN	IIY HE	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2014 THROUGH JUNE 30, 2015		1154480069		18
Adj.	Reconciliation Review	ort Rei n Revie	Report References Reconciliation Review Request	L				
Š	Schedule	Line	Worksheet	Line Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS	(0)		-	
4 tc	~ ~	20 20	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, section J	* *	\$748 3,519	\$275,825 414,236	\$276,573 * 417,755 *
16		70 20 20	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* (RAD Code If the month	\$276,573 417,755	\$1,517 2,986	\$278,090 420,741 *
₩	~ · · · · · · · · · · · · · · · · · · ·	8	Not Reported	Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* *	\$420,741	\$58,005	\$478,746
				*Balance carried forward from prior#o subsequent adjustments	tmente			0000
				במשינה מיויסין אימים חווים וייסיון אימים מיויסים לחיים וייסים לחיים מיויסים לחיים וייסים לחיים מיויסים לחיים וייסים לחיים מיויסים לחיים לחיי	Silicino			

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



State of California—Health and Human Services Agency

Department of Health Care Services



JUN 2 8 2022

Edgar Bulloch, CEO Desert Hot Springs Health and Wellness Center P.O. Box 2369 Borrego Springs, CA 92004

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT HOT SPRINGS HEALTH AND WELLNESS CENTER

NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$615, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Combined Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Edgar Bulloch Page 2 JUN 2 8 2022

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1184065088

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO: JUNE 30, 2015

•					TO THE RESERVE TO THE					
	VISITS	PERIOD 1	REPORTED PERIODIZ	TOTAL	PERIOD,1	A No.	AUDITED PERIOD 2	& So	TOTAL	des tous de Prace : Prace de la company de l
۴.,	Medi-Cal Managed Care - Code 18	•	25	25	•		2	25		25
2	Medi-Cal Capitated MAP - Code 20	•	-	•	-		1			ı
ო	Medi-Cal Non-Managed Care Crossover - Code 02	•	-	-	È		-			
4	Total Visits	•	25	25	1		2	25	-	25
Ŋ	Less: Duplicate and Unallowable Visits						1			•
ဖ	Payable Visits	~	25	25	1		2	25		25
	PAYMENTS	PERIODIT	REPORTED PERIODIZ	TOTAL	PERIOD 1	ADJ No	AUDITED PERIÓD 2	ADJ	TOTAL	No. 10 and 10 an
	Code 18: Managed Care									
7	Medi-Cal Managed Care Plan Payments	- \$	\$ 290	\$ 290	•		\$ 290	0	€9	290
00		·	· •	- \$	• •		- *		8	-
6	-		\$ 3,355	\$ 3,355	9		\$ 3,355	. 2	\$	3,355
	Code 20: Non-Managed Care	rendentalisment (
9		\$ -	€9	٠ ح	, &		· •		€9	•
11	Code 20 Payments	\$	69	-	٠ ج		· •		क	ı
		A decimal property of the control of								
12	_	-	8	· •	s S		9		€	,
13	Code 02 Payments	\$	\$		ا ده		٠ ھ	_	\$,
14		\$	\$ 3,645	\$ 3,645	\$		\$ 3,645	5	မ	3,645
	SETTLEMENT		ORNED RECONCELL	ATION.) (10) E3d		OTED REGONELLATIO		V(1021	
. 5	PPS Rate	3	\$ 179.51		\$ 121.19	9 1	\$ 121.19	9 2		
16	Total Medi-Cal Visits (From Line 6)	-	25	25	ı :		2	25		25
17	PPS Amount (Line 15 x Line 16)	\$	\$ 4,488	\$ 4,488	φ.		\$ 3,030	0	69	3,030
18	Less: Total Payments (From Line 14)		\$ 3,645	\$ 3,645	٠ ب		\$ 3,645	5	\$	3,645
9	_	-	\$ 843	\$ 843			\$ (615)	5)	6	(615)
8					- &				69	-
7	Sub Amount Due Clinic (State) (L 19 - L 20)	\$	\$ 843	\$ 843	- ج		\$ (615)	2	8	(615)
ដ	Healthy Families Plans (Schedule 1-A L12)	\$	-	\$	\$		\$		s s	,
23		•	\$ 843	\$ 843	- ↔		\$ (615)	5)	\$	(615)

Department of Health Care Services

Provi	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMML	JNITY HE	EALTH FOUND	ATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015	1184065088		7
	Rep	Report References	rences					
Adj.	Reconciliation Review	ation w	Request	ation				
Ö	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					MEMORANDUM ADJUSTMENTS			
← α		2 2	← ←	<u>4</u>	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	\$179.51 179.51	(\$58.32) (58.32)	\$121.19 121.19
							•	
								Page 1

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS NATIONAL PROVIDER IDENTIFIER: 1255490819

> FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico Oasis P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO

MEDICO OASIS

DBA: CENTRO MEDICO OASIS

NATIONAL PROVIDER IDENTIFIER: 1255490819

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$220,343, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO DASIS

NPI: 1255490819

FISCAL PERIOD FROM: UULIN'T, 2014

FISCAL PERIOD TO: JUNE 30, 2015

:									
VISITS	PERIOD!	REPORTED PERIODIZ	A LO	PERIOD 4	₹ 9	AUDITED PERIOD 2	<u> </u>	2	
1 Medi-Cal Managed Care - Code 18	1,470	5,364	6,834	1,470		5,367	ဇ		6,837
2 Medi-Cal Capitated MAP - Code 20	•	-	•	,		1			
3 Medi-Cal Non-Managed Care Crossover - Code 02	24	55	79	24		55			79
4 Total Visits	1,494	5,419	6,913	1,494		5,422			6,916
5 Less: Duplicate and Unallowable Visits	NA THE	N/A	NA	•		2	ဖ		2
6 Payable Visits	1,494	5,419	6,913	1,494		5,420			6,914
PAYMENTS		REPORTED PERIOD 2	V OI		P S	AUDITED PERIOD 2	₹9		W Tolking
G86818:									
7 Medi-Cal Managed Care Plan Payments	\$ 46,238	\$ 51,740	\$ 97,979	\$ 46,238		\$ 51,740		69	876'26
8 Medicare and MAP Payments	\$ 188	\$ 728	\$ 916	\$ 516	7	\$ 6,550	8	69	7,066
9 Code 18 Payments	\$ 152,723	\$ 558,031	\$ 710,754	\$ 152,845	4	\$ 558,471	2	69	711,316
Code 20:	The second secon		de markets, and the second of the second	A second					
10 Capitated MAP Plan Payments	ر. ج	-	, 49		.,	- 8		4	
11 Code 20 Payments	٠ ج	, &		- چ				છ	
	N	\$ 5,626			.,		6	€9	8,186
13 Code 02 Payments	\$ 1,576	\$ 3,464	\$ 5,040	\$ 1,576		\$ 3,464		ક્ક	5,040
14 Total Payments	\$ 203,203	\$ 619,589	\$ 822,792	\$ 203,652	<u></u>	\$ 625,934		\$	829,586
						:			
SETTLEMENT	0 856	ROTED RESONS LA	NO T	9 <u>(6)</u>		AUBITED RECONCILATION AND A SERVICE AND A SE	300	f f	i
15 PPS Rate		\$ 152.16	NAME OF THE PERSON OF THE PERS	\$ 150.96	1	\$ 152.17	2		
16 Total Medi-Cal Visits (From Line 6)	1,494	5,419	6,913	1,494		5,420			6,914
17 PPS Amount (Line 15 x Line 16)	\$ 225,519	\$ 824,555	\$ 1,050,074	\$ 225,534		\$ 824,761		\$	1,050,295
18 Less: Total Payments (From Line 14)	\$ 203,203	\$ 619,589	\$ 822,792	\$ 203,652		\$ 625,934		69	829,586
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 22,316	\$ 204,966	\$ 227,282	\$ 21,882		\$ 198,827		es	220,709
20 Less: Medi-Cai Billing Review Results		NA P	NA TIE	\$ 68	10	\$ 298	11	69	366
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 22,316	\$ 204,966	\$ 227,282	\$ 21,814		\$ 198,529		es.	220,343
22 Healthy Families Plans (Schedule 1-A L12)	٠-	\$		•	• •			s	
23 Total Amount Due Clinic (State) (L 21+22)	\$ 22,316	\$ 204,966	\$ 227,282	\$ 21,814		\$ 198,529		\$	220,343

Department of Health Care Services

ents			و		
Adjustments	7		As Adjusted	\$150.96	
			Increase (Decrease)	\$0.01	
Provider NPI	1255490819		As Reported	\$150.95 152.16	
Fiscal Period	JULY 1, 2014 THROUGH JUNE 30, 2015		Explanation of Audit Adjustments MEMORANDIM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	
Provider Legal Name	CENTRO MEDICO OASIS	Report References Reconciliation Adi. Reconciliation Review Request	Schedule Line Work	2 1 15 1 17 17 17 17 17	

Schedule The Poundarion The Coundarion The Counda	Provi	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
Reconciliation Review Request	BORRE	EGO COMMUN RO MEDICO O/	VITY HEAL	TH FOUNDA	NOIL		1255490819		11
Reconcilation Review Recoloration		Rep	ort Refer	ences					
Schedule Line Worksheet Line Explanation of Audit Adjustments Reported	Adj.	 Reconciliation	n Review	Keconci Requ	liation est				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA 1 1 Medi-Cal Managed Care - Code 18 Visits (Period 2) 1 8 Medi-Cal Managed Care - Code 18 Payments (Period 2) 1 9 1 8 Medi-Cal Managed Care - Code 18 Payments (Period 2) 1 0 adjust Medi-Cal reconciliation data to agree with the following: 1 Fiscal infermediary Payment Data: 2 Payment Data: 2 Payment Data: 3 Payment Data: 4 Payment Period: July 1, 2014 through October 17, 2018 2 Service Period: July 1, 2014 through June 30, 2015 4 2 CFR 413.20, 413.50, 413.50, 413.64 CMS Pub. 15-1, Sections 2304 and 2408	, o	Schedule	Line	Worksheet		l	As Reported	Increase (Decrease)	As Adjusted
1 1 Medi-Cal Managed Care - Code 18 Payments (Period 1) 1 9 1 8 Medi-Cal Managed Care - Code 18 Payments (Period 1) 2 9 1 Medi-Cal Managed Care - Code 18 Payments (Period 2) 3 Medi-Cal Managed Care - Code 18 Payments (Period 2) 4 Payment Period 2, 2018 4 Payment Period: July 1, 2014 through October 17, 2018 5 Service Period: July 1, 2014 through June 30, 2015 4 CER 413.20, 413.59, 413.59, and 413.64 6 CMS Pub. 15-1, Sections 2304 and 2408						ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DA			
Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Infamentary Payment Data: Run On: October 22, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408	ന	~	~	~	~	Medi-Cal Managed Care - Code 18 Visits (Period 2)	\$5,364	83	\$5,367
Fiscal Intermediary Payment Data: Run On: October 22, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 Service Period: July 1, 2014 through June 30, 2015 A2 CFR 413.20, 413.50, 413.59, 413.60, and 413.64 CMS Pub. 15-1, Sections 230.4 and 2408	4 rc		ത ത		ω ώ	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$152,723 558,031	\$122 440	\$152,845 558,471
						To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 22, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
									Page 2

Adjustments	=		Ą	Adjusted		0	\$516 6,550	\$5,709	\$68 298	Page
Adju						8			ω ω	
			e se e e e	(Decrease)			\$328	\$83	\$68 298	
Provider NPI	1255490819			ted		0	\$188 728	\$5,626	0 0	
Fiscal Period P	JULY 1, 2014 THROUGH JUNE 30, 2015				ADJUSTMENTS TO OTHER MATTERS	Duplicate and Unallowable Visits (Period 2) To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	Medicare Crossover Payments (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	Medi-Cal Billing Review (Period 1) Medi-Cal Billing Review (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	
	BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS	nces	Request	Worksheet Line		Not Reported	7 7	4.	Not Reported	
lame	TY HEALTI SIS	Report References	Review	Line		Σ vo	ω ω	12	200	
Provider Legal Name	BORREGO COMMUNITY I CENTRO MEDICO OASIS	Repo	Reconciliation Review	Schedule		-		T		
Provic	BORRE CENTR		A A	į		ω	№ 80	o	6 = -	

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO
Desert Hot Springs Community Health Center
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT HOT SPRINGS COMMUNITY HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$470,568, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2522

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1275849283

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

•

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO: JUNE 30, 2015

	,		,						
VISITS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIOD 1	ONFOR	AUDITED PERIOD 2	ADJ.NO.	TOTAL	The second secon
1 Medi-Cal Managed Care - Code 18	3,198	10,184	13,382	3,198		10,185	L		13,383
2 Medi-Cal Capitated MAP - Code 20		-	,	١		,			
3 Medi-Cal Non-Managed Care Crossover - Code 02	28	12	40	28			12		40
4 Total Visits	3,226	10,196	13,422	3,226		10,197	71		13,423
5 Less: Duplicate and Unailowable Visits		YN		83	7		7 6,8		20
6 Payable Visits	3,226	10,196	13,422	3,163		10,190	Oı		13,353
PAYMENTS		REPORTED			Comment of the Commen	AWITED			
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL	
Code 18:									
7 Medi-Cal Managed Care Plan Payments	\$ 43,313	\$ 482,549	\$ 525,862	\$ 43,313		\$ 482,549	6	49	525,862
8 Medicare and MAP Payments	1,554	\$ 6,546	\$ 8,101	\$ 7,948	6	\$ 40,919	9 10	\$	48,867
9 Code 18 Payments	\$ 610,805	\$ 1,946,824	\$ 2,557,629	\$ 610,900	4	\$ 1,947,164	55	\$ 2,5	558,064
Code 20:					In the second second				111
10 Capitated MAP Plan Payments	ا چ	υ.	· ·			69		ક્ર	,
11 Code 20 Payments	-	٠ دى		٠ «		*		9	'
Code 02:	Consideration to the Constitution of the Const		and property and the	The state of the s					
12 Medicare Payments for Crossovers	\$ 2,877	\$ 1,239	\$ 4,116	\$ 2,877		\$ 1,239	6	s	4,116
13 Code 02 Payments	\$ 2,170	\$ 1,085	\$ 3,255	\$ 2,890	11	\$ 1,085	5	ક	3,975
14 Total Payments	\$ 660,719	\$ 2,438,243	\$ 3,098,962	\$ 667,928		\$ 2,472,956	9.	\$ 3,1	3,140,884
SETTLEMENT	RESONAL REPORTED TO THE REPORTED TO THE REPORTED TO THE REPORT TO THE RE	ORIED RECONCIDAR	NE GN	PERIODI	ST S	MITED RECOVERY	EXTON I	¥ 60	
15 PPS Rate	\$ 211.73	\$ 211.73		\$ 271.31	-	\$ 271.31	2 2	III NAN III III	
16 Total Medi-Cai Visits (From Line 6)	3,226	10,198	13,422	3,163		10,190			13,353
17 PPS Amount (Line 15 x Line 16)	\$ 683,041	\$ 2,158,799	\$ 2,841,840	\$ 858,154		\$ 2,764,649		3,6	3,622,803
18 Less: Total Payments (From Line 14)	\$ 660,719	\$ 2,438,243	\$ 3,098,962	\$ 667,928		\$ 2,472,956		\$ 3,1	3,140,884
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 22,322	\$ (279,444)	\$ (257,122)	\$ 190,226		\$ 291,693		8	481,919
20 Less: Medi-Cal Billing Review Results		NA		\$ 4,302	13,15	\$ 7,049	12,14,16	\$	11,351
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 22,322	\$ (279,444)	\rightarrow	\$ 185,924		\$ 284,644	4		470,568
	-	· •	€			• &			'
23 Total Amount Due Clinic (State) (L 21+22)	\$ 22,322	\$ (279,444)	\$ (257,122)	\$ 185,924		\$ 284,644	,	\$	470,568

PPS Rate (Period 1) Trafe to agree with the PPS attain ACSNET. Construction of Audit Adjustments Reported Cocreases Acs Increase Incr	Provider Legal Name	Fiscal Period	Provider NPI		Adjustments
Explanation of Audit Adjustments Reported Chocrease Adjusted	O S S S S S S S S S S S S S S S S S S S	SOCI 1, 2014 THROUGH SOME SO, 2015	12/3049203		2
Line	est <u>rat</u>			Increase	As
PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 CMS Pub. 15-1, Period 2304	Worksheet Lin			Jecrease)	Adjusted
	71	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	\$211.73 211.73	\$59.58 59.58	\$271.31 271.31
					Page 1

Explanation of Audit Adjustments	Pro	Provider Legal Name	Name	i 1	Ş	Perio	Provider NPI		Adjustments
Reconciliation Review Request Line Explanation of Audit Adjustments Reported Checreases Agistments Checklee Line ADUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA 1 1 Medical Managed Care - Code 18 Variats (Period 2) 10,184 1 10,185 1 1 1 Medical Managed Care - Code 18 Payments (Period 1) 5810,805 5	BOR F	EGO COMMUI	OIT HEAL	TH FOUNDAI	<u>.</u>	JULY 1, 2014 THROUGH JUNE 30, 2015	12/5849283		16
Schedule Line Worksheet Line Explanation of Audit Adjustments Reported Checressee Adjusted	Adj	Reconciliatio	n Review	Reconcili Reque	ation				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA 1	S	Schedule	Line	Worksheet	Line		- 1	Increase (Decrease)	As Adjusted
1 1 1 Medi-Cal Managed Care - Code 18 Visite (Period 1) 5510,805 595 5810,900 1 6 Medi-Cal Managed Care - Code 18 Payments (Period 1) 1,946,824 340 1,947,164 10 adjust Medi-Cal Teconolitation data to agree with the following: Fiscal Intermediaty Payment Data: Radio 1,000 Cobbee 12,2018 Payment Period: July 1, 2014 through October 17, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through October 17, 2018 CAS Pub. 15-1, Sections 2304 and 2408 CAS Pub. 15-1, Sections 2304 and 2408 CAS Pub. 15-1, Sections 2304 and 2408 CAS Pub. 16-1, Sections 2304 and 2408 C							IIA		
1 9 1 8 Medi-Cal Managed Care - Code 18 Payments (Period 1) 1,946,824 340 1,947,164 1 1 2 1 2 346,824 340 1,947,164 1 2 346,824 340 1,947,164 1 3 1 346,824 340 1,947,164 1 3 346,824 340 1,947,164 1 3 346,824 340 1,947,164 1 3 346,824 340 340 340 2 3 3 3 3 3 3 3 3 3	ო	-	-	-	-	Medi-Cal Managed Care - Code 18 Visits (Period 2)	10,184	-	10,185
Page	4 ro	₽, ₽	თთ		∞ ∞	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$610,805 1,946,824	\$95 340	\$610,900 1,947,164
						To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 22, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
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Department of Health Care Services

Pro	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adinstments
BORF	REGO COMMU	NITY HE	BORREGO COMMUNITY HEALTH FOUNDATION	NOI	JULY 1, 2014 THROUGH JUNE 30, 2015	1275849283		16
Ādi	Reconcil	port Rei	Report References Reconciliation Review	ation				
S S		Line	Work	Line	Explanation of Audit Adiustments	As	Increase (Decrease)	As Adineted
1					ADJUSTMENTS TO OTHER MATTERS		(comp incom)	Dog by
Φ		ທີ່	Not Reported		Duplicate and Unallowable Visits (Period 2) To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	0	n	* M
► 00		സസ	Not Reported Not Reported		Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate non-allowable visits paid to the provider due to the misbilling of visits. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	O M	8 4	63 7
o C	~ ~	∞ ∞	. ← ←	<u> </u>	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	\$1,554 6,546	\$6,394 34,373	\$7,948 40,919
-	-	5	~	01	Medicare Crossover Payments (Period 1) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	\$2.877	\$18	\$2,890
					*Balance carried forward from prior/to subsequent adjustments			Page 3

Prov	Provider Legal Name	Name		Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMMUN	NITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2014 THROUGH JUNE 30, 2015	1275849283		16
Ā	Reconciliation Review	Report References Reliation Review	erences Reconciliation				
Ž Ž	Schedule	Line	Work	⊏I	As Reported	Increase (Decrease)	As Adjusted
72	-	. 50	Not Reported	ADJUSTMENTS TO OTHER MATTERS Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1. section 2409.2	9	\$268	* \$268
				CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D		•	
6 4		50	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	268	\$1,894 896	\$1,894 1,164 * *
2		50	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate non-allowable visits payment to the provider due to the misbilling of visits. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	\$1,894 1,164	\$2,408 5,885	\$4,302 7,049
				*Balance carried forward from prior/to subsequent adjustments			Page 4

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Arlanza Family Health Center Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ARLANZA FAMILY HEALTH CENTER FOUNDATION

NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$508,226, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2822

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief

Financial Audits Branch

Certified

7021 2720 0003 0819 4220

FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1306131545

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO: JUNE 30, 2015

jix	VISITS			REPORTED		And the control of th		8	AUDILED	The second secon	A country of the coun	
Medi-Cal Managed Care - Code 18	ode 18		2.344	8 292	10 636	2 344	ADVINO	PER	PERIODIZ	NO.		10 620
2 Medi-Cal Capitated MAP - Code 20	ode 20				,	Î			207.	-		20,01
3 Medi-Cal Non-Managed Care Crossover - Code 02	e Crossover - Code 02			*				_				'
-		2,3	2,344	8,292	10,636	2,344			8,295			10,639
	risits					87	6		586	4		673
6 Payable Visits		2,5	2,344	8,292	10,636	2,431			8,881			11,312
PAY	PAYMENTS		2	REPORTED				8	AUDITED	The second secon	The second secon	The second secon
		PERIOD 1	Č	PERIOD 2	ТОТА	PERIOD	ADJ NO		PERIOD 2	ADJ NO.		101
Code 18: Managed Care	and the state of t											
7 Medi-Cal Managed Care Plan Payments	n Payments	\$ 115,880	-	501,695 \$	617,575	\$ 115,880		€9	501,695		69	617,575
8 Medicare and MAP Payments	ts	€	€9	\$ -	-	\$ 2,890	5	க	15,786	မ	€9	18,676
9 Code 18 Payments		\$ 408,059	-	1,445,766 \$	1,853,825	\$ 408,059		8	1,446,413	2	\$	1,854,472
Code 20: Non-Managed Ca	### ##################################		The same of the sa		The second secon							- Commission
10 Capitated MAP Plan Payments	nts	€9	€9	1	,	•		ક	-		\$	-
11 Code 20 Payments		€9	\$	•		₩		49	•		€9	1
	ire					The state of the s			· · · · · · · · · · · · · · · · · · ·			
12 Medicare Payments for Crossovers	sovers	&	€9	'	-	€9		\$	-		es	-
13 Code 02 Payments		\$	€ >	٠ .		. ⇔		\$	-		\$	-
14 Total Payments		\$ 523,938	_	1,947,461 \$	2,471,400	\$ 526,829		\$ 1	1,963,894		₽	2,490,723
SETTI	SETTLEMENT	8 - E	1800	EDRECONGLATON	20		¥ ?	(1) (E8) (A8)	AUDITEDIRECCICALIATION			
15 PPS Rate		\$ 182.77	\$ 2	184.23		\$ 182.77	-	9				
16 Total Medi-Cal Visits (From Line 6)	Line 6)	2,5	2,344	8,292	10,636	2,431			=			11,312
17 PPS Amount (Line 15 x Line 16)	, 16)	\$ 428,413	113 \$	1,527,635 \$	1,956,048	\$ 444,314		1 8	1,636,147		67	2,080,461
18 Total Payments (From Line 14)	14)	\$ 523,938	338 \$	1,947,461	2,471,400	\$ 526,829		\$	1,963,894		\$	2,490,723
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	Clinic (State) (L 17 - L 18)	\$ (95,526)	526) \$	(419,826) \$		8)		s,	靐			(410,262)
20 Less: Medi-Cal Billing Review Results	w Results					\$ 8,634	8,10	\$	89,330	7,9,11,12	€	97,964
	tate) (L 19 - L 20)	\$ (95,526)	\rightarrow	(419,826) \$	(515,352)	\$ (91,149)	(69	(417,077)		\$	(508,226)
22 Healthy Families Plans (Schedule 1-A L12)	redule 1-A L12)		€>	\$				es.			ω	1
23 Total Amount Due Clinic (State) (L 21+22)	State) (L 21+22)	\$ (95,526)		(419,826) \$	(515,352)	(91,149)	(ક્ક	(417,077)		\$	(508,226)

Provider Legal Name	JI '				Provider NP		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 Report References	TH FOUNDATION J	DATION	ᄀ	ULY 1, 2014 THROUGH JUNE 30, 2015	1306131545		12
Reconciliation Review Request	Reconciliation Request	ation			•		
Line Worksheet Line AD	Line	"	\A	Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	As Reported	Increase (Decrease)	As Adjusted
1 1 Me			Ψ	Medi-Cal Managed Care - Code 18 Visits (Period 2)	8,292	က	8,295
9 1 8 Me			Ψ	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$1,445,766	\$647	\$1,446,413
	· -	· ET 40	Ь. Т. 4-О	To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 23, 2018 Payment Period: July 1, 2014 through October 23, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			•
· .							
		3					
							Page 1

Department of Health Care Services

Prov	Provider Legal Name	Name		i	po	Provider NP		Adjustments
BORF	REGO COMMI		EALTH FOUN	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015	1306131545		12
Ā	Reconcil	n Reviev	Report References Reconciliation iation Review Request	ation st				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adiusted
					ADJUSTMENTS TO OTHER MATTERS			
ω 4		വ	Not Reported		Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	00	87 586	87 586
ဟ တ		∞ ∞		~ ~	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	<u>0</u>	\$2,890 15,786	\$2,890 15,786
۲	-	50	Not Reported		Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Q	\$553	* \$553
ග ග		20 20	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	\$53	\$8,042 72,841	\$8,042 * 73,394 *
					*Balance carried forward from prior/to subsequent adjustments			Page 2

Prov	Provider Legal Name	Name			Fiscal Period	Provider NP		Adjustments
BORR	EGO COMMI	INITY H	EALTH FOUND	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015	1306131545		12
	Rep	Report References	rences					
Adj.	Reconciliation Review	n Review	Reconciliation Request	ation st				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			,
5 5		20 50	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)	\$8,042 73,394	\$592	\$8,634 73,773 *
					To adjust integrical payments for fiscal cubacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month			
					of services, respectively. 42 CFR 413.20 and 447.45(d)(1)			
					W&I Code, section 14115			
12	-	23	Not Reported		Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overnavments for services that should	\$73,773	\$15,557	\$89,330
					have been billed to the managed care plan, and due to lack of			•
					documentation. 42 CFR 413.20			
					CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1			
					W&I Code 14132.100			
					State Plan Amendment, Attachment 4.19-B Page 6D.			
								6'
_								
					*Balance carried forward from prior#o subsequent adjustments			Page

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



State of California—Health and Human Services Agency

Department of Health Care Services



JUN 2 8 2022

Edgar Bulloch, CEO Desert Oasis Womens Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT OASIS WOMENS HEALTH

NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$462,596, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement 1.
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1386069995

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

3,163 92,866 1,684 4,847 2,644 95,510 4,847 4,847 TOTAL TOTAL TOTAL ADJ NO. NO. AD. 4 AUDITED RECONCILIATION 4,653 4,653 3,052 1,601 92,866 115.43 2,644 95,510 4,653 FISCAL PERIOD TO: JUNE 30, 2015 PERIOD 2 PERIOD 2 PERIOD 2 AUDITED AUDITED AD. AD. AD. m 9 111 83 194 115.43 194 194 PERIOD 1 PERIOD 1 PERIOD 1 69 630 2,644 630 630 65,607 630 68,251 TOTAL TOTAL TOTAL REPORTED RECONCILIATION Э 65,607 2,644 68,251 182.16 630 630 630 630 REPORTED REPORTED PERIOD 2 PERIOD 2 PERIOD 2 182.16 FISCAL PERIOD FROM: JULY 1, 2014 PERIOD 1 PERIOD 1 PERIOD 1 69 69 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP Non-Managed Care Crossover with Capitated MAP (Formerly Code 20) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Capitated Medicare Advantage Plans, Code 519 & Part D Totaled Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Medi-Cal Fiscal Intermediary for Managed Care Interim Non-Managed Care Crossovers (Formerly Code 02) SETTLEMENT PAYMENTS Medi-Cal Managed Care (Formerly Code 18) VISITS Medi-Cal Managed Care Plans - TOTAL ess: Duplicate and Unallowable Visits Misbilled Medi-Cal Visits (Code 01) Total Medi-Cal Visits (From Line 6) 3rd Party Payers 3rd Party Payers 3rd Party Payers Total Payments Payable Visits **Fotal Visits** PPS Rate

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462,596

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441,586 880 440,706

22,393 503

46,510

68,251

68,251

114,761

46,510

Reconciliation Amount Due Clinic (State) (L 20 - L 21)

ess: Total Payments (From Line 17)

21

PPS Amount (Line 18 x Line 19)

19 20 Total Amount Due Clinic (State) (L 22 - L 23)

Less: Medi-Cal Billing Review Results

23 23 24 24

114,761

21,890

46,510

46,510

95,510 463,979 1,383

559,489

537,096 95,510

22,393

Provider Legal Name		Fiscal Period	Provider NPI	_	Adjustments
MMUNITY	HEALTH FOUND	BORREGO COMMUNITY HEALTH FOUNDAT JULY 1, 2014 THROUGH JUNE 30, 2015	1386069995		10
Reconciliation Re	Reconciliation Reconciliation				
Schedule	Worksheet Line	Explanation of Audit Adjustments MEMORANDUM ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
ω ω ω	· · · · · · · · · · · · · · · · ·	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$182.16	(\$66.73)	\$115.43 115.43
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Provider NPI Adjustments	As Increase Reported (Decrease) Ad	0 111 111 630 2,422 3,052 Payments (Period 2) \$65,607 \$27,259 \$92,866	the following 17, 2018 2015	
Provider Legal Name Fiscal Period BORREGO COMMUNITY HEALTH FOLINDATION 11 11 Y 1 2014 THROUGH JUNE 30, 2015	ort References lation Reconciliation w Request Line Worksheet Line	2 1 2 Medi-Cal Managed Care Visits (Period 1) 2 1 2 Medi-Cal Managed Care Visits (Period 2) 10 1 8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Infermediary Payment Data: Payment Peniod: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 Run On: October 18, 2018 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	

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Prov	Provider Legal Name	I Nan	Je Je		Fiscal Period	Provider NPI		Adjustments	₽ E
BORF FOUN	BORREGO CON FOUNDATION	MMUN	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015	1386069995		10	
Adj	Reconciliation Review	ort Ref ation	Report References onciliation Reconciliation Review Request	u <u>o</u>		<		ď	
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	Reported	(Decrease)	Adjusted	
					ADJON INITIAL TO OTHER MALLENS				
9 .		3a 3a	Not Reported Not Reported		N/A Misbilled Medi-Cal PPS Visits (Code 01) Period 1 N/A Misbilled Medi-Cal PPS Visits (Code 01) Period 2 To revise Medi-Cal reconciliation data to reflect proper cost reporting as a result of misbilled visits. Run On: October 18, 2018 Payment Period: July 1, 2014 through October 11, 2017 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408.3		83 1609	1601 1601	
დ თ		23	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Q C	\$503 507	\$503 * 507 *	
. 0	-	23	Not Reported		Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	**	\$373	\$880	
								·	
					*Balance carried forward from prior/to subsequent adjustments			Page	က

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



State of California—Health and Human Services Agency

Department of Health Care Services



JUN 2 8 2022

Edgar Bulloch, CEO Women's Health and Wellness Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: WOMENS'S HEALTH AND WELLNESS CENTER

NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$432,212, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2622

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

FERGINAL RECONCILIATION REVIEW REPO

NPI: 1568747137

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO: JUNE 30, 2015

565,974 4,436 4,868 432,212 4,436 4,436 4,439 1,008,125 432,844 432,212 575,281 575,281 TOTAL TOTAL 10.15 ₩ 99 ₹ 9 多중 AUDITED RECONCILIATION 708,824 3,119 3,119 3,119 3,350 3,629 397,947 303,898 406 404,926 303,492 404,926 3,119 303,492 227.26 PERIOD 2 PERIOD 2 AUDITED AUDITED g 9 多용 **₹** 8 1,239 128,946 226 1,317 1,317 299,301 170,355 1,317 1,317 1,089 168,027 128,720 170,355 227.26 PERIOD 1 PERIOD 1 PERIOD 1 4,436 4,436 4,436 4,439 570,412 820,660 250,248 250,248 250,248 565,974 570,412 4.436 TOTAL TOTAL TOTAL 175,718 \$ 401,297 | \$ 175,718 \$ REPORTED RECONGILIAN 3,350 401,297 397,947 577,015 175,718 3,119 3,119 3,119 185.00 REPORTED REPORTED PERIOD 2 PERIOD 2 ş 169,116 \$ 1,089 185.00 243,645 169,116 74,529 74,529 1,317 1,317 74,529 1,317 168,027 PERIOD 1 PERIOD 1 છ ₩ ø Reconciliation Amount Due Clinic (State) (L 17 - L 18) Medi-Cal Non-Managed Care Crossover - Code 02 Sub Amount Due Clinic (State) (L 19 - L 20) Total Amount Due Clinic (State) (L 21+22) Healthy Families Plans (Schedule 1-A L12) Medi-Cal Managed Care Plan Payments SETTLEMENT **PAYMENTS** ess: Duplicate and Unallowable Visits ess: Medi-Cai Billing Review Results ess: Total Payments (From Line 14) VISITS Medi-Cal Capitated MAP - Code 20 Medi-Cal Managed Care - Code 18 Medicare Payments for Crossovers Total Medi-Cal Visits (From Line 6) PPS Amount (Line 15 x Line 16) Capitated MAP Plan Payments Medicare and MAP Payments Code 18 Payments Code 20 Payments Code 02: Code 02 Payments Total Payments Payable Visits Total Visits 5 16 5 15 17 9 9 3 40 œ თ

Adjustments 6	As Adiusted		\$227.26 227.26	Page
	Increase (Decrease)		\$42.26 42.26	
Provider NPI 1568747137	As Reported	•	\$185.00	
Fiscal Period JULY 1, 2014 THROUGH JUNE 30, 2015	Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	
Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION	Adj. Reconciliation Review Request No. Schedule Line Worksheet Line		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Department of Health Care Services

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMMU	NITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	N	JULY 1, 2014 THROUGH JUNE 30, 2015	1568747137		စ
Adji	Report Refe	Report References References	Reconciliation Request	ation				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
ω 4		ω ω		~ ~	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	. .	\$1,239 3,629	\$1,239
ry σ	: 	2 2 2	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 447-51 and 447-45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Q O	\$226 406	406
								Page 2
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REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico Cathedral City P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO CATHEDRAL CITY NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$11,060,929, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2622

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1619036514

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO: JUNE 30, 2015

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_	8,894	53,774	62,668	8,894		53,981			62,875
2 Medi-Cal Capitated MAP - Code 20	-	•	-	-		1			
3 Medi-Cal Non-Managed Care Crossover - Code 02	277	335	612	277		345	5 4		622
4 Total Visits	9,171	54,109	63,280	9,171		54,326	9		63,497
5 Less: Duplicate and Unallowable Visits				1,610	9,11	29,853	3 10,12		31,463
6 Payable Visits	9,171	54,109	63,280	7,561		24,473	3		32,034
PAYMENTS		REPORTED					The second secon	Service of the servic	
	PERIOD4	PERIOD 2		PERIODA	ADJ NO.	PERIOD 2	ADJ NO.	4	TOTAL
Code 18: Managed Care			:					ě	2 040 5
/ Medi-Cal Managed Care Pian Payments	485,088	2,5	3,5		1	4	_	n	3,018,597
8 Medicare and MAP Payments \$	4,673	\$ 10,799	\$ 15,472	\$ 22,295	13	\$ 118,293	3 14	မှာ	140,588
9 Code 18 Payments \$	1,650,883	\$ 9,992,290	\$ 11,643,173	\$ 1,651,456	5	\$ 10,024,927	7 6	છ	11,676,383
Code 20: Non-Managed Care	and doubt out to								
10 Capitated MAP Plan Payments		, Ф	· Ф	· &		€		€9	•
11 Code 20 Payments	•		- &	· \$		\$		69	'
Code 02: Non-Managed Care			· · · · · · · · · · · · · · · · · · ·						
12 Medicare Payments for Crossovers	28,592	\$ 34,267	\$ 62,859	\$ 28,019	15	\$ 35,044	16	€9	63,063
13 Code 02 Payments	40,157	\$ 49,733	\$ 89,890	\$ 40,359	7	\$ 50,933	3 8	49	91,292
14 Total Payments \$	2,219,393	\$ 12,611,597	\$ 14,830,990	\$ 2,237,217		\$ 12,753,706	9	\$	14,990,923
SETTLEMENT	REP	DRITED RECONGIUM PERIODIZ	TION TOTAL	NGOREA	AU ADJ NO	DITED RECONCILIAT	AT ON AD IENO		TOTAL
15 PPS Rate \$	233.76	\$ 235.63		\$ 233.61	1	\$ 235.48	2		
16 Total Medi-Cal Visits (From Line 6)	9,171	54,109	63,280	7,561		24,473	3	-	32,034
17 PPS Amount (Line 15 x Line 16)	2,143,813	\$ 12,749,704	\$ 14,893,517	\$ 1,766,325		\$. 5,762,902		⇔	7,529,227
18 Less: Total Payments (From Line 14)	2,219,393	\$ 12,611,597	\$ 14,830,990	\$ 2,237,217		\$ 12,753,706		69	14,990,923
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	(75,580)	\$ 138,106	\$ 62,526	\$ (470,892)		\$ (6,990,804)	4)	69	(7,461,696)
20 Less: Medi-Cal Billing Review Results				\$ 509,168	17,19,21	\$ 3,090,065	5 18,20,22,23	es.	3,599,233
21 Sub Amount Due Clinic (State) (L 19 - L 20)	(75,580)	\$ 138,106	\$ 62,526	\$ (980,060)		\$ (10,080,869)	(6	S	(11,060,929)
22 Healthy Families Plans (Schedule 1-A L12) · \$	•	- ₩		\$				١	,
23 Total Amount Due Clinic (State) (L 21+22)	(75,580)	\$ 138,106	\$ 62,526	\$ (980,060)		\$ (10,080,869)	(6	€	(11,060,929)

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	REGO COMMI	JNITY HE	ALTH FOUNI	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015	1619036514		22
ij		Report References Reliation Review	rences Reconciliation Reconciliation	ation				
Ż		Line	Work	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
- 0	e e	55	- -	17 71	MEMORANDUM ADJUSTMENTS PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	\$233.76 235.63	(\$0.15) (0.15)	\$233.61 235.48
								Page 1

Pro	Provider Legal Name	Vame			Fiscal Period	Provider NP		Adjustments
BOR	REGO COMMU	NITY HE	ALTH FOUN	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015	1619036514		23
Adi	Reconcil	Report References Rejection Review	rences Reconciliation Request	ation	•			
, o		Line	Work	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	<u>TA</u>		
ω 4	~ ~	- ω		← 4	Medi-Cal Managed Care - Code 18 Visits (Period 2) Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)	53,774 335	207	53,981 345
8 4 6 5	- -	0 0 6 6		8 8 2 2	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Period 1) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	\$1,650,883 9,992,290 40,157 49,733	\$573 32,637 202 1,200	\$1,651,456 10,024,927 40,359 50,933
					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 23, 2018 Payment Period: July 1, 2014 through October 23, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
								Page 2

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMMI	JNITY HE	ALTH FOUN	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015	1619036514		23
Adj.	Report Reference Reconciliation Review	Report References Rejection Review	rences Reconciliation Request	ation				
No.	Schedule	Line	Work	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	ΙΆ		
ω 4		~ ო	- -	← 4	Medi-Cal Managed Care - Code 18 Visits (Period 2) Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)	53,774 335	207	53,981 345
8 1 6 5	~~~	0 0 <u>6, 6,</u>		∞ ∞ τ΄ς τ΄ς	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Period 1) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	\$1,650,883 9,992,290 40,157 49,733	\$573 32,637 202 1,200	\$1,651,456 10,024,927 40,359 50,933
-					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 23, 2018 Payment Period: July 1, 2014 through October 23, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
								Page 2

Department of Health Care Services

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Adjustments 23		As Adjusted	← 4 * *	1,610 29,853	\$22,295 118,293	\$28,019 35,044	Page
		(Decrease)	- 4	1,609	\$17,622 107,494	(\$573) 777	
Provider NPI 1619036514		As Reported	00	⊢ 4	\$4,673 10,799	\$28,592 34,267	
				• •			nts
Provider Legal Name Fiscal Period BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015		Explanation of Audit Adjustments	ADJUS I MEN IS TO OTHER MALLERS Duplicate and Unallowable Visits (Period 1) Duplicate and Unallowable Visits (Period 2) To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Misbilled Billing Review Visits (Period 1) Misbilled Billing Review Visits (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR Section 51458.1 WRI Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	Medicare Crossover Payments (Period 1) Medicare Crossover Payments (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	*Balance carried forward from prior/to subsequent adjustments
ATION	ition	Line			~ ~	4 4	
ame IITY HEALTH FOUNDATION	rences Reconciliation Request	Worksheet	Not Reported Not Reported	Not Reported	~ ~		
NITY HE	Report References Reiation Review	Line	ന ന	ന ന	∞ ∞	2 2	
Provider Legal Name BORREGO COMMUNITY	Reconciliation Review	Schedule		- -		F F	
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Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	REGO COMMI	UNITY H	EALTH FOUNI	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015	1619036514		23
	Rep	ort Refe	Report References					
Adj	Reconciliation Review	n Reviev	Kecondilation Request	ation st				
2	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	(Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
18 18		50 20 20	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100	0 0	\$1,635 6,829	\$1,635 * 6,829 *
					California State Plan Amendment, Attachment 4.19-B, Page 6D			
79	← ←	20 20	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$1,635 \$,829	\$4,357 15,227	\$5,992 * 22,056 *
2.2	· ·	20 20	Not Reported		Misbilled Billing Review Results (Period 1) Misbilled Billing Review Results (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	\$5,992 22,056	\$503,176 2,923,981	\$509,168 2,946,037 *
					*Balance carried forward from prior/to subsequent adjustments			Page 4

			· · · · · · · · · · · · · · · · · · ·		
Adjustments	23	As Adjusted	\$3,090,065		Page 5
		Increase (Decrease)	\$144,028		
Provider NPI	1619036514	As Reported	\$2,946,037		
		a	* 0 p *	•	justments
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015 Report References	Explanation of Audit Adjustments	Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.		*Balance carried forward from prior/to subsequent adjustments
	TH FOUNDATION	Reconciliation Request Worksheet Line	Not Reported		-
l Name	MMUNITY HEALTH Report References		Not		
Provider Legal Name	ORREGO COMI Re	Adj. Reconciliation Review No. Schedule Line	23		

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico, Coachella P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO, COACHELLA

NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$30,967, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2622

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO: COMMUNITY HEALTH FOUNDATION

NPI: 1730249947

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO: JUNE 30, 2015

VISITS	PERIOD 1	REPORTED PERIOD 2	7, V.1.0.1	PERIOD	- 22	AUDITED: PERIODI2	19 9		
1 Medi-Cal Managed Care - Code 18	1,051	3,705	4,756	1,051		3.708	.8		4 759
2 Medi-Cal Capitated MAP - Code 20	•	•		•		•			
3 Medi-Cal Non-Managed Care Crossover - Code 02	89	64	132	89		99	4		<u>\$</u>
4 Total Visits	1,119	3,769	4,888	1,119	_	3,774			4,893
5 Less: Duplicate and Unaliowable Visits		N/A	NA	2	80				2
6 Payable Visits	1,119	3,769	4,888	1,117	_	3,774			4,891
PAYMENTS), do	REPORTED PERIOD:2		Ĉeo End	3€	AUDITED PERIOD 2	₹2	9	
Code 18:					1			and the late	- Contract of the Contract of
7 Medi-Cal Managed Care Plan Payments	\$ 64,711	\$ 271,471	\$ 336,181	\$. 64,711	8	5 271,471		s	336,182
8 Medicare and MAP Payments	\$ 258	\$ 1,678	\$ 1,936	\$ 1,651	<i>в</i>		10	9	26,060
9 Code 18 Payments	\$ 85,785	\$ 302,502	\$ 388,287	\$ 85,826	5	۳ ا	9	49	388,484
code 20			in the distriction	The leaf of the first of the second s					
10 Capitated MAP Plan Payments	· 69	· •	·		69	-		မာ	-
11 Code 20 Payments	· &		· •	€ 0	€9			€9	1
Code 02:						and the second s		ă.	
12 Medicare Payments for Crossovers	\$ 7,019	\$ 6,547	\$ 13,566	\$ 7,019	€>	06830	11	8	13,849
13 Code 02 Payments	\$ 5,062	\$ 4,960	\$ 10,021	\$ 5,062	8	5,123	7	€9-	10,185
14 Total Payments	\$ 162,834	\$ 587,157	\$ 749,991	\$ 164,269	\$	610,491		69	774,760
SETTLEMENT	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	REPORTED RECOVER A	700X	000	9 92	AUDITED REGONG LATION	70 NO	N (O)	Ţ
15 PPS Rate	\$ 170.14	\$ 171.50	NA STATE OF THE ST	\$ 170.15	-		2-		A
16 Total Medi-Cal Visits (From Line 6)	1,119	3,769	4,888	1,117		3,774			4,891
17 PPS Amount (Line 15 x Line 16)	\$ 190,387	\$ 646,384	\$ 836,770	\$ 190,058	\$	647,279		છ	837,337
18 Less: Total Payments (From Line 14)	\$ 162,834	\$ 587,157	\$ 749,991	\$ 164,269	\$	610,491		œ.	774,760
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 27,553	\$ 59,227	\$ 86,780	\$ 25,789		36,788		€	62,577
20 Less: Medi-Cal Billing Review Results		N.A.	TO SELECTION OF THE PARTY OF TH	\$ 384	13 \$	31,226	12,14,15	8	31,610
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 27,553	\$ 59,227	\$ 86,780	\$ 25,405	\$	5,562		\$	30,967
22 Healthy Families Plans (Schedule 1-A L12)			- \$	· ·	↔			\$,
23 Total Amount Due Clinic (State) (L 21+22)	\$ 27,553	\$ 59,227	\$ 86,780	\$ 25,405	\$	5,562		\$	30,967

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	BORREGO COMMUNITY HEALTH FOUNDATION	JITY HEAL	TH FOUNDAT	NOI	JULY 1, 2014 THROUGH JUNE 30, 2015	1730249947		15
		Report References	ences	iation				
Ŗġ.	<u>ac </u>	n Review		est		As	Increase	As
	action	ב ע	VVOI NSTIGER		MEMORANDUM ADJUSTMENTS MEMORANDUM ADJUSTMENTS	Керопед	(Decrease)	Adjusted
⊢ 0	· · · · ·	ਨ ਨ	← ←	71	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	\$170.14 171.50	\$0.01	\$170.15 171.51
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BORREGO COMMUNITY HEALTH FOUNDATION References		Fiscal Period JULY 1, 2014 THROUGH JUNE 30, 2015	Provider NPI 1730249947		Adjustments
	Reconciliation Request		As	Increase	As
	Line	Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Reported A	(Decrease)	Adjusted
	- 4	Medi-Cal Managed Care - Code 18 Visits (Penod 2) Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)	3,705 64	ю сı	3,708
	8 8 1	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Penod 2)	\$85,785 302,502 4,960	\$41 156 163	\$85,826 302,658 5,123
		To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 23, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
					Page 2

Department of Health Care Services

Prov	Provider Legal Name	Name			Fiscal Period	Provider NP	ld	Adjustments	ड
BORRE	EGO COMMUN	JITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	NO!	JULY 1, 2014 THROUGH JUNE 30, 2015	1730249947		15	
Adj	Report Reference Reconciliation Review	Report References Reliation Review	erences Reconcillation Request	lation est					
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As	Increase (Decrease)	Adiusted	
					ADJUSTMENTS TO OTHER MATTERS				
∞	-	ιO	Not Reported		Duplicate and Unallowable Visits (Period 1) To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	0	2	0	
o 0		ω ω	~ ~	~ ~	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	\$258 1,678	\$1,393	\$ \$1,651 1 24,409	
£ .		42	-	4	Medicare Crossover Payments (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	\$6,547	\$283	\$6,830	
2		70	Not Reported		Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	⇔	\$172	* \$172	
					*Balance carried forward from prior/to subsequent adjustments			Page	ю

Department of Health Care Services

Provi	Provider Legal Name	Name			Fiscal Period	Provider NP		Adjustments
BORRE	EGO COMMUN	JITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	NO	JULY 1, 2014 THROUGH JUNE 30, 2015	1730249947		15
	Rep	ort Ref	Report References					
Adj	Reconciliation Review	n Revie	Reconciliation W Request	ation		,		
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
6 4	F F	2 20	Not Reported Not Reported	·	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* 172	\$384 254	\$384 426 *
<u>τ</u>	←	73	Not Reported		Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	**	\$30,800	\$31,226
					*Balance carried forward from prior/to subsequent adjustments			Page 4

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Eastside Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: EASTSIDE HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$131,274, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1790075315

FISCAL PERIOD FROM: JULY 1 2014

FISCAL PERIOD TO: JUNE 30, 2015

131,274 1,519 245,737 16,795 1,870,516 132,793 131,274 8,121 1,737,723 8.117 1,475,191 1,737,72 TOTAL TOTAL 9 9,10 ₫ 0 ₽ 8 LÇ) 6,019 6,019 159,886 230.92 6,018 1,304,174 85,503 14,215 1,389,677 972 84,531 1,130,073 1,304,174 84,531 PER OF 2 PERIOD 2 PERIOD 2 AUDITED AUDITED Ø Ø ₩ ₩ 69 H Ø ø ₹2 ₹ 8 ဖ 46,743 2,102 2,099 2,580 46,743 2,102 85,851 345,118 433,549 2,099 480,839 433,549 47,290 547 229.08 PERIOD 1 PERIOD 1 1,870,510 238,195 238,195 238,195 8,117 1,632,315 8.117 8,117 8,117 245,737 1,386,578 1,632,315 TOTAL VΝ TOTAL B 1,201,396 \$ 187,588 \$ 187,588 6,015 1,041,510 6,015 6,015 230.92 1,388,984 1,201,396 159,886 187,588 6,015 PERIOD/2 REPORTED REPORTED PERIOD 2 PEK1002 ۲ Ž \$0,607 430,919 \$ 50,607 229.08 85,851 481,526 2,102 2,102 345,068 430,919 2,102 50,607 2,102 PERIOD 1 PERIOD 1 VΝ 69 (/) ø **↔** ↔ ø (/) ø Ø ₩ € Reconciliation Amount Due Clinic (State) (L 17 - L 18) Medi-Cai Non-Managed Care Crossover - Code 02 Sub Amount Due Clinic (State) (L 19 - L 20) Total Amount Due Clinic (State) (L 21+22) Healthy Families Plans (Schedule 1-A L12) Medi-Cal Managed Care Plan Payments SETTLEMENT **PAYMENTS** Less: Duplicate and Unallowable Visits Less: Medi-Cal Billing Review Results Less: Total Payments (From Line 14) VISITS Medi-Cal Capitated MAP - Code 20 Medi-Cal Managed Care - Code 18 Medicare Payments for Crossovers Total Medi-Cal Visits (From Line 6) PPS Amount (Line 15 x Line 16) Capitated MAP Plan Payments Medicare and MAP Payments Code 18 Payments Code 20 Payments Code 02 Payments Total Payments Payable Visits Total Visits PPS Rate 5 5 16 17 8 9 တ

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Adj. Reconciliation Review Request No. Schedule Line Worksheet Li 2 1 9 1 3 1 9 1	Reconciliation Review Reconciliation Reconciliation Review Reconciliation Reconciliatio	Pences Reconciliation Request Worksheet Lir 1 8 1 8	- 88	Explanation of Audit Adjustments Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA Medi-Cal Managed Care - Code 18 Visits (Period 2) Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October-18, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408	AS Reported 6,015 6,015 1,041,510	increase (Decrease) 4 \$50 88,563	As Adjusted 6,019 \$345,118
Reconcil 1		Request	<u> </u>		Repo A	increase (Decrease) 4 \$50 88,563	As Adjusted 6,019
		<u>8</u> —	0		834 1,04	(Decrease) (Decrease) 4 \$50 88,563	Adjusted Adjusted 6,019 \$345,118
	Line 2 9 9				8 Repo	(Decrease) 4	As Adjusted 6,019 \$345,118
	— თთ	~ ~~	4	1 TO TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$50 \$50 88,563	6,019 \$345,118
	~ თ თ	~ ~~	•	Medi-Cal Managed Care - Code 18 Visits (Period 2) Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October-18, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408	6,015 \$345,068 1,041,510	\$50 \$50 88,563	6,019 \$345,118
	ത ത		•	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) To adjust Medi-Cal reconciliation data to agree with the following: Fiscal intermediary Payment Data: Run On: October 18, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408	\$345,068 1,041,510	\$50 88,563	\$345,118
		· ·		To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October-18, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			0,0001,1
							Page 1

Prov	Provider Legal Name	lame			Fiscal Period	Provider NPI		Adjustments
BORRE	EGO COMMUNI	ITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	NO	JULY 1, 2014 THROUGH JUNE 30, 2015	1790075315		5
	Repo	ort Refe	Report References					
Adj.	Reconciliation Review	Review	Reconciliation Request	ation st				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			,
4 r.		יט ע	Not Reported		Duplicate and Unallowable Visits (Period 1) Dimigrate and Hashawahle Visits (Period 2)	00	w t	m +
	- ,				To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D		_	-
9	-	œ	~ -	7	Medicare and MAP Payments (Period 1)	O\$	\$2,580	\$2,580
~	~	ω	₹.		Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	0	14,215	14,215
ω σ	- -	8 8	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and F0%, for claims submitted during the 7th through 9th month (PAD Code)	♀ ○	\$547 700	\$547
					Of Services, respectively. 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115			
					*Balance carried forward from prior/to subsequent adjustments			Page 2

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments	
BORR	BORREGO COMMUNITY HEALTH FOUNDATION	IITY HEAL	TH FOUNDAT	NOI	JULY 1, 2014 THROUGH JUNE 30, 2015	1790075315		10	
	Rep	Report References	rences					2	Τ
Adj	Reconci	ר Review	Reconciliation Request	ation st					
Š	Schedule	Line	Worksheet	Line	:	As Reported	Increase (Decrease)	As Adjusted	
					ADJUSTMENTS TO OTHER MATTERS				
0	- ·	3	Not Reported		Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	\$	\$ 272	\$972	
					*Balance carried forward from prior/to subsequent adjustments			Page	ო

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED JUNE 30, 2015

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Anza Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ANZA COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED: JUNE 30, 2015

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$233,964, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2014

FISCAL PERIOD TO: JUNE 30, 2015

NPi: 1942623657

	VISITS		REPORTED			ğ	G ELIONY	Ş		And the second s
		PERIOD 1	PERIOD 2	TORAL	PERIOD1	Š	PERIOD 2	Q.	TOL	
-	Medi-Cai Managed Care - Code 18	271.	1,153	1,424	172		1,155	က		1.426
7	Medi-Cal Capitated MAP - Code 20	•	•				,			'
ю	Medi-Cal Non-Managed Care Crossover - Code 02	-	•	1	1		1			
4	Total Visits	. 271	1,153	1,424	271		1,155			1.426
လ	Less: Duplicate and Unallowable Visits				,					
9	Payable Visits	271	1,153		271		1,155			1,426
	PAYMENTS	A CO NEA	REPORTED BESIOD 2		i G	Ş Q	AUDITED	3€	, E	The second secon
	Code 18: Managed Care							I I I I I I I I I I I I I I I I I I I		
7	Medi-Cal Managed Care Plan Payments	\$ 970	\$ 62,667	\$ 63,637	026 \$		\$ 62,667		59	63,637
00	Medicare and MAP Payments	· ·	*	€			\$ 4,370	9	sp	4,370
თ	Code 18 Payments	\$ 17,638	\$ 75,222	\$ 92,860	\$ 17,639	4	\$ 75,304	5	63	92,943
	Code 20: Non-Managed Care				man dimension		- Marketin College	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
0,	Capitated MAP Plan Payments	· •	· •	69	-				ક	1
Ξ		٠.	•	٠ ج	€	•••	\$		€9	
	Code 02 Non-Managed Care			Andrew Co. No. 3 - Application of the control of th						
		1 &	\$,				ક્ર	•
	Code 02 Payments	٠-			\$. \$		S	,
4	Total Payments	\$ 18,608	\$ 137,889	\$ 156,497	\$ 18,609		\$ 142,341		€9	160,950
		BOGEN TO THE REPORT OF THE PERSON NAMED IN COLUMN TO THE PERSON NA	OTALISONOSERIOSITA	108		AUD	AUDITION RECONCILIAN	NO		
	SETTLEMENT	PER OD (PERIODZ	TOUR	PERIODIA	, do No	PERIODZ) (0)	TOT	10 m
र्घ	PPS Rate	\$ 129.02	\$ 129.02		\$ 278.22	-	\$ 278.22	2		
16	Total Medi-Cal Visits (From Line 6)	271	1,153	1,424	271		1,155			1,426
17	PPS Amount (Line 15 x Line 16)	\$ 34,964	\$ 148,760	\$ 183,724	\$ 75,398		\$ 321,344		49	396,742
6	Less: Total Payments (From Line 14)	\$ 18,608	\$ 137,889	\$ 156,497	\$ 18,609		\$ 142,341		\$	160,950
19		\$ 16,356	\$ 10,871	\$ 27,227	\$ 56,789		\$ 179,003		\$	235,792
ล	Less: Medi-Cal Billing Review Results				\$ 409	7	\$ 1,419	8,9	\$	1,828
7		\$ 16,356	\$ 10,871	\$ 27,227	\$ 56,380		\$ 177,584		\$	233,964
ឧ	Healthy Families Plans (Schedule 1-A L12)		-						ક	-
23	23 Total Amount Due Clinic (State) (L 21+22)	\$ 16,356	\$ 10,871	\$ 27,227	\$ 56,380		\$ 177,584		\$	233,964

Adjustments	<u>ი</u>			As Adjusted		\$278.22		,	 	,	Č	Page 1
				Increase (Decrease)		\$149.20 149.20						
Provider NPI	1942623657			As Reported		\$129.02						
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2014 THROUGH JUNE 30, 2015			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304						
	H FOUNDATION	Se	Reconciliation Request	Worksheet Line		1						
ame	UITY HEALT!	Report References		Line Wor		5 5						-
Provider Legal Name	GO COMMUN	Repo	Reconciliation Review	Schedule		- -						
Provic	BORRE		Adj.	o Ž		- 0					,	

2	Nae.	ווסאומטו במאמו ולמוווס				riscal relicu			Adjustinents
BOF	REG	SO COMIN	MUNITY	HEALTH FO	UNDA:	BORREGO COMMUNITY HEALTH FOUNDAT JULY 1, 2014 THROUGH JUNE 30, 2015	1942623657		6
		Reconciliation	Report References	ences Reconciliation	ation				
Š Š		Keview Schedule	Line	Kequest Worksheet	St Line	Explanation of Audit Adiustments	As Reported	Increase (Decrease)	As Adjusted
	-					ADJUSTMENTS			
ო		/-	-	-	~	Medi-Cal Managed Care - Code 18 Visits (Period 2)	1,153	2	1,155
4 ro			തത		ထတ	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$17,638 75,222	\$1 82	\$17,639 75,304
						To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: October 18, 2018 Payment Period: July 1, 2014 through October 17, 2018 Service Period: July 1, 2014 through June 30, 2015 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
									Page 2

Provi	Provider Legal Name	Vame			Fiscal Period	Provider NPI		Adjustments	
BORR	REGO COMIN	JUNIT	BORREGO COMMUNITY HEALTH FOUNDATJULY 1,	UNDA.	TJULY 1, 2014 THROUGH JUNE 30, 2015	1942623657		6	
	Rep	ort Refe	Report References						Γ'''
Adj	Reconciliation Review	ation •	Reduest Reduest	ation st					
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
					ADJUSTMENTS TO OTHER MATTERS				
ω		ω	τ.	~	Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	♀	\$4,370	\$4,370	
► ∞	← ←	20 20	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	O	\$409	\$409 1,285 *	
ത	~	53	Not Reported		Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1	\$1,285	\$135 46	⊕ 0.14	
		-			*Balance carried forward from prior/to subsequent adjustments			Page	က

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED JUNE 30, 2016

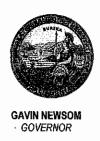
Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



Edgar Bulloch, CEO Centro Medico Escondido P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO ESCONDIDO

NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$390,984, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1---Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2622

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION NP. 10	023349883
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FISCAL PERIOD FROM: JULY 1, 2015

FISCAL PERIOD TO: JUNE 30, 2016

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	VISITS		REPORTED				AUDITED		
	A12(1.2		PERIOD 2	TOTAL	PERIOD1	ADJ NO	PERIOD 2	ADJ VO	TOTAL
,	Managed Care - Code 18		9,613	12,372	2,759	10.000000000000000000000000000000000000	9,932	3	12,691
		2,759	9,013	12,312	2,759		9,932		12,001
	Capitated MAP - Code 20	-		7	4		3		-
_	Crossovers - Code 02	4	3	12.379	2,763		9.935		40.000
- 1	Total Visits	2,763	9,616	THE STATE OF THE PARTY OF THE P	2,703		9,935		12,698
-	Less: Duplicate and Unallowable Visits	111111111111111111111111111111111111111		10.070	0.700		0.005		40.000
6	Payable Visits	2,763	9,616	12,379	2,763		9,935		12,698
		PISTO PISTO PINTO PI	uumeanasessaanissinaanilentiili		union recommendation (US)	saeinisatainia		RC217820011179117	managaran kangaran k
			REPORTED				AUDITED		
	PAYMENTS			TOTAL		ADJ		ADJ	
	A CONTRACT OF THE CONTRACT OF	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	NO.	PERIOD 2	NO.	TOTAL
	Code 18: Managed Care Medi-Cal Managed Care Plan Payments	\$ 155,329	\$ 494,852	\$ 650,180	\$ 155,329	T _{\$}	494,852		\$ 650,181
	Medicare and MAP Payments		\$ 45,780	\$ 67,822	\$ 22.042	s			\$ 67,822
		\$ 405,987	\$ 1,424,548	\$ 1.830.535	\$ 406.244	4 8	,	5	\$ 1,867,558
- 1	Code 18 Payments	\$ 405,967	\$ 1,424,546	\$ 1,630,535	\$ 400,244	- 1 3	· ·		\$ 1,667,556
	3rd Party Payers Code 20: Medicare Managed Care Advantage Plans	3	a -		-	1.9			Φ
	Capitated MAP Plan Payments	s -	\$ -	\$ -	\$ -	\$	-		\$ -
	Code 20 Payments	s -	\$ -	\$ -	\$ -	\$	-		\$ -
	3rd Party Payers	s -	\$ -	\$ -	\$	\$	-		\$ -
	Code 02: Medi-Cal Non-Managed Care Crossover								
14	Medicare Payments for Crossovers	\$ 392	\$ 297	\$ 689	\$ 392	\$	297		\$ 689
15	Code 02 Payments	\$ 400	\$ 300	\$ 700	\$ 400	\$	300		\$ 700
16	3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$	-		\$ -
17	Total Payments	\$ 584,150	\$ 1,965,777	\$ 2,549,927	\$ 584,407	\$	2,002,543		\$ 2,586,950
	···		oriedrezoval/	TON		un asutasana	ED RECONCIDAT	ION II	
	SETTLEMENT					ADJ I		ADJ	
		PERIOD 1	PERIOD 2	TOTAL	RE51001	NOME	PERIOD 2	No	MINISTAL MIL
18	PPS Rate	\$ 233.44	\$ 235.31		\$ 236.98	1 \$			
19	Total Medi-Cal Visits (From Line 6)	2,763	9,616	12,379	2,763		9,935		12,698
20	PPS Amount (Line 18 x Line 19)	\$ 644,995	\$ 2,262,741	\$ 2,907,736	\$ 654,776	s millim			\$ 3,028,049
	Less: Total Payments (From Line 17)	\$ 584,150	\$ 1,965,777	\$ 2,549,927	\$ 584,407	144111111 s	2,002,543		\$ 2,586,950
_	Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 60,844	\$ 296,964	\$ 357,808	\$ 70,369	111111111 \$	370,730		\$ 441,099
	Less: Medi-Cal Billing Review Results				\$ 10,819	6,8,9 \$	39,296	8,10	\$ 50,115
	Total Amount Due Clinic (State) (L 22 - L 23)	\$ 60,844	\$ 296,964	\$ 357,808	\$ 59,550	\$	331,434		\$ 390,984
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Adjustments	10			As Adjusted		\$236.98 238.88 238.88	Page 1
				Increase (Decrease)		3.57	
Provider NPI	1023349883			As Reported		\$233.44	
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2015 THROUGH JUNE 30, 2016			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
	NDATION		Request	t Line		4 4	
	ALTH FOU	rences	Request	Worksheet			
Name	UNITY HE	Report References	ilation *W	Line		ω ω ω	
Provider Legal Name	GO COMM	Rek	Review	Schedule			
Provic	BORRE		Adj.			₩ N	

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State

Accordance Control Payment Pay	Prov	Provider Legal Name	Vame			Fiscal Period	Provider NPI		Adjustments
Reconciliation Reported Observation Observation	BORR	EGO COMMI	JNITY	TEALTH FOUN	IDATIO!	2015	1023349883		10
Schedule Line Worksheet Line Explaination of Audit Adjustments Reported Cocresses Adjusted	Adi	Rep Reconcilion Review	ort Refi ation	erences Reconcili Regue	ation				
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA 1 1 1 Managed Care - Code 18 Visits (Period 2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Š	Schedule		Worksheet	Fine		As Reported	Increase (Decrease)	As Adjusted
1 1 Managed Care - Code 18 Visits (Period 2) 9,613 319 9,932 1 8 Code 18 Payments (Period 1) 5405,987 8,237 8,406,244 1 9 1 8 Code 18 Payments (Period 2) 1,424,548 36,798 1,461,314 1 1 24,544 3,201 1,2015 1,2015 1,2015 1,2015 1,2015 2 Payment Period Luly 1, 2015 1,2015 1						ITS TO REPORTED MEDI-CAL SETTLEMENT	l		
# Code 18 Payments (Period 1) # Code 18 Payments (Period 2) 1,424,546 36,786 1,461,314 To adjust Medi-Car enconciliation data to agree with the following Fiscal Intermediator Payment Data: Service Period: July 1, 2015 through June 80, 2016 Payment Period: July 1, 2015 through June 80, 2016 Run On: June 6, 2019 4 CFR 413.20, 413.64 CMS Pub. 15-1, sections 2304, 2408.4	<u>ო</u>	~	~	-	-	Managed Care - Code 18 Visits (Period 2)	9,613	319	9,932
the following 2016 2019 Page	4 rū		თთ	~ ~	ω ω	Code 18 Payments (Period 1) Code 18 Payments (Period 2)	\$405,987 1,424,548	\$257 36,766	\$406,244 1,461,314
ı		,				To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2015 through June 30, 2016 Payment Period: July 1, 2015 through June 6, 2019 Run On: June 6, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			

Provi	Provider Legal Name	Name			Fiscal Period	Provider NPI	Ы	Adjustments
BORR	EGO COMMI	JNITY	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1	DATION	IJJULY 1, 2015 THROUGH JUNE 30, 2016	1023349883		10
	Rep	ort Ref	Report References					
Adj.	Reconciliation Review	ation w	Reconciliation Request	ation st				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
ω	~	23	Not Reported		Medi-Cal Billing Review Results (Period 1) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	⇔	\$237	\$237 *
≻ 80		733	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$23.4 0	\$1,770 12,246	\$2,007 * 12,246 *
0 0	~ ~	23 23	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* \$2,007 * 12,246	\$8,812	\$10,819 39,296
					*Balance carried forward from prior/to subsequent adjustments			Page 3

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Borrego Medical Clinic P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: BORREGO MEDICAL CLINIC

NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$524,932, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD FROM: UULY 1, 2015

FISCAL PERIOD TO: JUNE 30, 2016

VISITS	PERIOD 1	REPORTED PERIOD 2	0.0	BERIOD 1	AD: NO	AUDITED PERIOD 2	ONTGO		
1 Medi-Cal Managed Care - Code 18	966	2,888	3,884	966		2,928	-		3,924
2 Medi-Cal Capitated MAP - Code 20									
3 Medi-Cal Non-Managed Care Crossover - Code 02	15	32	. 47	15		32			47
4 Total Visits	1,011	2,920	3,931	1,011		2,960		e	3,971
5 Duplicate and Unallowable Visits	WALL IN STATE OF THE PARTY OF T	NA	NA.	431	3	1,177	4		1,608
6 Payable Visits	1,011	2,920	3,931	580		1,783		2	2,363
PAYMENTS	PERIODA	REPORTED PERIOD 2		PERIOD	AbJNO	AUDITED PERIOD 2	QV QV QV	A LOI	
Code 18:				1					
7 Medi-Cal Managed Care Plan Payments	\$ 69,901	\$ 222,529	\$ 292,430	\$ 69,901		\$ 222,529		\$ 292	292,430
8 Medicare and MAP Payments	\$ 9,905	\$ 24,996	\$ 34,901	\$ 9,905		\$ 24,996		\$ 34	34,901
9 Code 18 Payments	\$ 177,077	\$ 519,477	\$ 696,554	177,077		\$ 525,189	2	\$ 702	702,266
Code 20:		381 1 314 1 315 1 315	The state of the s	n	11 may 1 miles and				П
10 Capitated MAP Plan Payments	· &	6	· &>	· ·				æ	
11 Code 20 Payments	ь	69	8	S				\$,
Code 02									
		\$	\$ 4,624		-	\$ 3,154			4,624
13 Code 02 Payments	\$ 2,217	\$ 4,768	\$ 6,985	\$ 2,217		\$ 4,768		\$ 6	6,985
14 Total Payments	\$ 260,570	\$ 774,924	\$ 1,035,494	\$ 260,570		\$ 780,636		\$ 1,041,206	206
SETTLEMENT	REP PERODE	REPORTED RECONCILIATION	TION TOTAL	PER(OD4	AD AUB	AUDITED RECONCILIATION O. PERIODIZ ADJ	00 VG	70:1AL	
15 PPS Rate	\$ 251.03	\$ 253.04		\$ 251.03		\$ 253.04			
16 Total Medi-Cal Visits (From Line 6)	1,011	2,920	3,931	580		1,783		2	2,363
17 PPS Amount (Line 15 x Line 16)	\$ 253,791	\$ 738,877	\$ 992,668	\$ 145,597		\$ 451,170		\$ 596	596,767
18 Less: Total Payments (From Line 14)	\$ 260,570	\$ 774,924	\$ 1,035,494	\$ 260,570		\$ 780,636		\$ 1,041,206	206
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	(6,779)	\$ (36,047)	\$ (42,826)	\$ (114,973)		3		\$ (444	(444,439)
20 Medi-Cal Billing Review Results		THE NAME OF THE PARTY OF THE PA	NA	\$ 20,874	5,7,9	\$ 59,619	6,8,10	\$ 80	80,493
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ (6,779)	\$ (36,047)	\$ (42,826)	\$ (135,847)		\$ (389,085)		\$ (524	(524,932)
22 Healthy Families Plans (Schedule 1-A L12)	8	\$	€	69		\$		8	1
23 Total Amount Due Clinic (State) (L 21+22)	\$ (6,779)	(36,047)	\$ (42,826)	\$ (135,847)		\$ (389,085)		\$ (524	(524,932)

Prov	Provider Legal Name	ame			Fiscal Period	Provider NPI		Adjustments
BORR	BORREGO COMMUNITY HEALTH FOUNDATION	Y HEAL	TH FOUNDAT	NOL	JULY 1 2015 THROUGH JUNE 30, 2016	1134144165	•	, C
	Repor	Report References	ences					2
Adj	Reconciliation Review	Review	Reconciliation Request	lation est			-	
S		Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	1		
_	~	-	-	-	Medi-Cal Managed Care - Code 18 Visits (Period 2)	2,888	40	2,928
7	-	6	-	œ	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$519,477	\$5,712	\$525,189
					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: July 1, 2019 Payment Period: July 1, 2015 through July 1, 2019 Service Period: July 1, 2015 through June 30, 2016 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			Q
								aga

Pro	Provider Legal Name	Name			Fiscal Period	Provider NPI	lc	Adjustments
BORR	EGO COMMUN	ITY HEAL	BORREGO COMMUNITY HEALTH FOUNDATION	Ž	JULY 1, 2015 THROUGH JUNE 30, 2016	1134144165		10
	Rep	Report References	rences					
Adj.	Reconciliation Review	Review	Reconciliation Request	tion t				
Š.	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
ω 4		വവ	Not Reported		Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	0 0	431 1,177	431 1,177
က်က		50 50	Not Reported Not Reported		Medi-Cal Payments Review (Period 1) Medi-Cal Payments Review (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	O	\$19,226 54,024	\$19,226 * 54,024 *
r 00		50 50	Not Reported Not Reported		*Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$19,226 54,024	\$157 900	\$19,383 * 54,924 *
					*Balance carried forward from prior/to subsequent adjustments		·	Page 2

-	_	_					_
Adjustments	10			As Adjusted	\$20,874 59,619		Page 3
				increase (Decrease)	\$1,490 4,695		
Provider NPI	1134144165			As Reported	* \$19,383 * 54,924		
Fiscal Period	JULY 1, 2015 THROUGH JUNE 30, 2016			Explanation of Audit Adjustments	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should	Nave been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	*Balance carried forward from prior/to subsequent adjustments
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	Reconciliation Review Request	Schedule Line Worksheet Line	1 23 Not Reported 1 23 Not Reported		
Provi	BORRE			ON	6 01		

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico El Cajon Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO EL CAJON FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$2,198,718, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2622

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1154480069

FISCAL PERIOD FROM: JULY 1 2015

FISCAL PERIOD TO: JUNE 30, 2016

								TO SECURITION OF THE SECURITIO	Control of the second
VISITS	G	REPORITED PERION 2		, (00 2000 1000 1000 1000 1000 1000 1000 1	SOUNCE NO	AWITED PERIOD 2	A _D . No.	Τ0	TOTAL
1 Mari-Cal Managed Care - Code 18	11,303	38,257	49,560	11,303		38,452	2		49,755
_		-	_	ı		•			٠
	28	110	138	87		110			138
	11.331	38,367	49,698	11,331		38,562			49,893
4 Tuda Visits	NAM	NA	NA.	1,193	7	4,416	8		5,609
_	11,331		49,698	10,138		34,146			44,284
_									120000000000000000000000000000000000000
PAYMENTS		REPORTED PERIOD 2		PER OD A	ADJ NO	AUDITED PERIOD 2	AĐJING	2	TOTAL
							A LOS CALLES		4 10 10 14
2 Man Col Managed Cara Dian Daymonia	\$ 608 768	\$ 1,927,300	\$ 2,536,068	\$ 608,768		\$ 1,927,300	-	89	2,536,068
				\$ 43,433		\$ 120,871		↔	164,304
_	6	•	10.	\$ 2,345,233	ю	\$ 8,049,409	4	8	10,394,642
Signature in a rayments		1.1.1				The state of the s			
10 Conjected MAP Plan Payments	6	· (1)	1 69	69		5		€9	•
	69	·	•	۱ ده		- -		s	-
Modizare Dayments for Crossovers	\$ 2,744	\$ 10,842	\$ 13,586	\$ 2,744		!		↔	13,586
		\$ 16,092	\$ 20,095	\$ 4,194	S	\$ 16,430	9		20,624
	3.004,002	\$ 10,091,078	\$ 13,095,080	\$ 3,004,372		\$ 10,124,853	3	မာ	13,129,224
4 Lotal rayments		l							
SETTLEMENT	RESOR	1	Town		₹ (- () (13) (13) (13) (13) (13) (13) (13) (13	: : : : : :	i i	
	PERFO	PETRIO				BEETE CANADA COLO AO	New Property and P		NA
15 PPS Rate	\$ 251.55	\$ 253.40		82.102	Mannamanaman			SHIFTERESTRA	AA ORA
16 Total Medi-Cal Visits (From Line 6)	11,331					-		4	11 201 188
17	\$ 2,850,313	\$ 9,722,198	69						42 420 224
18 Less: Total Payments (From Line 14)	\$ 3,004,002	\$ 10,	\$ 13	e				A 6	(4 008 036)
	\$ (153,689)	\$ (368,880) \$		2		-		9 6	020,020,
20 Medi-Cal Billing Review Results	NA THE	N.A.	N. C.	\$ 62,604	9,11,13,15	\$ 208,078	10,12,14,15	p (200,002
	\$ (153,689) \$	(368,880)	\$ (522,569)	\$ (518,384)	-	\$ (1,680,335)	9	es l	(2,198,718)
		-	-	1 \$		1		sp .	_
73 Total Amount Due Clinic (State) (L 21+22)	\$ (153,689)	\$ (368,880)	(522,569)	\$ (518,384)		\$ (1,680,335)	5)	\$	(2,198,718)

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Adjustments 16		e) Adjusted	(\$0.16) \$251.39		1.				Page 1
Provider NPI 1154480069		veponed (Decrease)	\$251.55 (\$0.						
Fiscal Period JULY 1, 2015 THROUGH JUNE 30, 2016	Explanation of Audit Adiustments	MEMORANDUM ADJUSTMENT	PPS Rate (Period 1) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304						
NDATION	Adj. Reconciliation Review Request No. Schedule Line Worksheet Line		1 15 1 17	4					

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	BORREGO COMMUNITY HEALTH FOUNDATION	IITY HEAL	TH FOUNDATI	NO	JULY 1, 2015 THROUGH JUNE 30, 2016	1154480069		16
	Rep	Report References	ences					
Adj.	Reconciliation Review	n Review	Reconciliation Request	ation st				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	I		
74			-	~	Medi-Cal Managed Care - Code 18 Visits (Period 2)	38,257	195	38,452
ო	~	တ	- -	ω	Medi-Cal Managed Care - Code 18 Payments (Period 1)	\$2,345,054	\$179	\$2,345,233
4 u	~ 7	ο ,		ωť	Medi-Cal Managed Care - Code 18 Payments (Period 2)	8,015,973	33,436	8,049,409
ဂ ဖ		<u>5</u> &	- +-	<u>0</u> 40	Medi-Cal Non-Managed Care - Code 02 Payments (Period 1) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	4,003 16,092	191 338	4,194 16,430
·		,			To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: June 6, 2019 Payment Period: July 1, 2015 through June 6, 2019 Service Period: July 1, 2015 through June 30, 2016 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
								Dage 0
						-		

Department of Health Care Services

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI	lo	Adjustments
BORRE	EGO COMMUN	ITY HEAL	BORREGO COMMUNITY HEALTH FOUNDATION	×	JULY 1, 2015 THROUGH JUNE 30, 2016	1154480069		16
	Rep	Report References	rences					
Adj	Reconciliation Review	ר Review	Reconciliation Request	ition it		•		
Š	Schedule	Line	Work	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
7	-	വ	Not Reported			0		1,193
ω	~	ഹ	Not Reported		Medi-Cal Billing Review Visits (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)	0		4,416
o 6	F F	50 00	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<u>Q</u> O	\$502	\$ \$205 \$ \$507
		20 20	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)	\$505 \$07	\$30,669 107,315	\$31,171 * 107,822 *
					*Balance carried forward from prior/to subsequent adjustments			Page

Department of Health Care Services

Provider NPI Adjustments	THROUGH JUNE 30, 2016 1154480069		As Increase As Explanation of Audit Adjustments Reported (Decrease) Adjusted Adjusted Adjusted	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	di-Cal Billing Review Results (Period 1) di-Cal Billing Review Results (Period 1) di-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should To recover Medi-Cal overpayments for services that should As been been an anged care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 16-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 Wal Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	
Provider I agal Name	ALTH FOUNDATION JULY 1, 2015	ç	Schedule Line Worksheet Line	1 20 Not Reported Medi-Cal Billing Review Res To adjust Medi-Cal paym 50%, for claims submitte 475) and 10th through th of services, respectively. 42 CFR 413.20 and 447. CCR, Title 22, section 51 CMS Pub. 15-1, sections W&I Code, section 1411.	1 20 Not Reported Medi-Cal Billing Review F 1 20 Not Reported Medi-Cal Billing Review F To recover Medi-Cal or have been billed to the documentation. 42 CFR 413.20 CMS Pub. 15-1, section W&I Code 14132.100 State Plan Amendmer	
Provid	BORREG	Adj.	o Z	6 4	ර ති	

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Desert Hot Springs Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT HOT SPRINGS HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$6,492, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the

Edgar Bulloch Page 2

JUN 2 8 2622

impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief

Financial Audits Branch

Certified

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FOHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1184065088

FISCAL PERIOD FROM: UULY 1, 2015

FISCAL PERIOD TO: NUNE 30, 2016

		REPORTED			ACCEPTED AS FILED	A	The second secon	A second
VISITS	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2		TOTA	And the second of the second o
1 Medi-Cal Managed Care - Code 18	57	254	311	5	57	254		311
2 Medi-Cal Capitated MAP - Code 20			,	1		-		'
3 Medi-Cal Non-Managed Care Crossover - Code 02	,	,	1	,		,		'
4 Total Visits	57	254	311	57	7	254		311
5 Less: Duplicate and Unallowable Visits				1		•		'
6 Payable Visits	57	254	311	2	57	254		311
	The second of th	I THE REPORTED WATER			ACCEPITED AS FILED	100 m	File a common of the common of	The second secon
PAYMENTS	PERIOD	PERIOD 2	тота	PERIOD 1	PERIOD:2	The second secon	D	A Principle of the page of the
G66618:								
7 Medi-Cal Managed Care Plan Payments	\$ 408	\$ 2,038	\$ 2,446	\$ 408	8	2,038	\$	2,446
	- ↔	\$	- \$	4	₩.	-	\$	
	\$ 7,649	\$ 34,087	\$ 41,736	\$ 7,649	\$ 6	34,087	69	41,736
Code 20:								
10 Capitated MAP Plan Payments		\$	- &	S	မှ	-	&	
11 Code 20 Payments		· ·	- -	8	\$	-	8	
Gode 102:								
12 Medicare Payments for Crossovers		\$	•	€	ક્ક	•	s S	,
	- ↔	- \$	-	€	\$	-	ક્ર	,
	\$ 8,057	\$ 36,125	\$ 44,182	\$ 8,057	\$ 2	36,125	€9	44,182
		l 8			2011-04-04-04-04-04-04-04-04-04-04-04-04-04-	missing seed	TO THE PROPERTY OF THE PARTY OF	BURBURBURB
	Ď	REPORTED RECONCILIA	ATTON		CCEPTED AS FILED RECONCILIATION		Z	
SETTLEMENT	PEROD	PERIOD	TOFAL	PERIOD I NO	PERIODZ	90	TOTA	
15 PPS Rate	\$ 179.51	\$ 179.51	N.A.	\$ 121.19 1	\$ 121.19		NA	
16 Total Medi-Cal Visits (From Line 6)	57	254	311	57		4		311
17 PPS Amount (Line 15 x Line 16)	\$ 10,232	\$ 45,596	\$ 55,828	\$ 6,908	\$ 30,782	2	69	37,690
18 Less: Total Payments (From Line 14)	\$ 8,057	\$ 36,125	\$ 44,182	\$ 8,057	€9	36,125	€	44,182
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 2,175	\$ 9,471	\$ 11,646	\$ (1,149) 翻翻翻	\$	(5,343)	€9	(6,492)
				, € 9	, &		€9	'
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 2,175	\$ 9,471	\$ 11,646	\$ (1,149)	\$ (5,343)	ଚ	\$	(6,492)
	₩	\$	\$	٠ ح	\$	_	æ	'
23 Total Amount Due Clinic (State) (L 21+22)	\$ 2,175	\$ 9,471	\$ 11,646	(1,149)	\$ (5,343)	3)	ss.	(6,492)

10				_
Adjustments 2		As Adjusted	\$121.19 121.19	Page
		Increase (Decrease)	(58.32)	
Provider NPI 1184065088		As Reported	\$179.51 179.51	
Fiscal Period		Explanation of Audit Adjustments	PPS Rate (Period 1) PPS Rate (Period 2) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	
TH FOUNDAT	ses Reconciliation Request	theet Line	71	
ne AITY HEAL ⁻	Report References Rejuit Review	Line Worksheet	ත් ත් 	
Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATJULY 1,	Report Refe	Schedule	F F	
Provid BORRE	Adj. R		- N	

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1255490819

FISCAL PERIOD ENDED JUNE 30, 2016

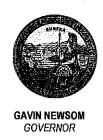
Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico Oasis P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO

MEDICO OASIS

DBA: CENTRO MEDICO OASIS

NATIONAL PROVIDER IDENTIFIER: 1255490819

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the Clinic in the amount of \$208,243, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the

Edgar Bulloch Page 2 JUN 2 8 2022

impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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SCHEDULE 1

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI 1255490819

FISCAL PERIOD FROM: July 1, 2015

FISCAL PERIOD TO: June 30, 2016

	STATE OF THE PARTY	REPORTED	on black to the control of the contr	Section 1	ACC	ACCEPTED AS FILED		
VISITS	PERIOD 1	PERIOD 2		BEN OD	And the second s	PERSON	A Maria Company of the Company of th	Š
1 Medi-Cal Managed Care - Code 18	1,857	5,370	7,227		1.857	ë.	5.370	7007
2 Medi-Cal Capitated MAP - Code 20	-	'			-		}	,
3 Medi-Cal Non-Managed Care Crossover - Code 02	30	73	103		90		73	103
4 Total Visits	1,887	5,443	7,330		1.887	5.	5.443	7.330
5 Less: Duplicate and Unallowable Visits	NA	NA	N.A.		•			'
6 Payable Visits	1,887	5,443	7,330		1,887	5,4	5,443	7,330
		REPORIED	The second secon		Yes		The second secon	
PAYMENTS	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1		PERIOD 2	A control of the cont	10 A
ar.c				and the second of the second of the				
7 Medi-Cal Managed Care Plan Payments	\$ 21,185	\$ 160,579 \$	181,764	\$	21,185 \$	160,579	579 \$	181,764
8 Medicare and MAP Payments	\$ 4,421	\$ 10,381	14,802	\$	4,421 \$	10,	10,381	14,802
9 Code 18 Payments	\$ 182,601	\$ 519,314	701,915	\$ 18	\vdash	519,314		701,915
	69	в	•	G	٠		€9	1
11 Code 20 Payments		<i>\$</i>	•	ક્ર	\$		9	
12 Medicare Payments for Crossovers		\$ 7,195 \$	10,135	₆ 9	2,940 \$	7,	7,195 \$	10,135
13 Code 02 Payments	\$ 1,586	\$ 3,602 \$	5,188	ક્ક	1,586 \$	3,0	3,602 \$	5,188
14 Total Payments	\$ 212,733	\$ 701,071 \$	913,804	\$ 21	212,733 \$	701,071	071 \$	913,804
	K K	REPORTED REGONGLATION	is .	8	ACCEPTED A	EDAS TLEORECONCLIATO	6	
SETTLEMENT	00 00 00 00 00 00 00 00 00 00 00 00 00	PERIOD 2	10 A	PER(00)	결 9	PERIODIZ	g) (9	- te
15 PPS Rate	\$ 152.16	\$ 153.39		\$ 152.17	-	95		N. A.
16 Total Medi-Cal Visits (From Line 6)	1,887	5,443	7,330	1,887		5,443		7,330
17 PPS Amount (Line 15 x Line 16)	\$ 287,126	\$ 834,902 \$	1,122,028	\$ 287,145	\$	834,902	\$	1,122,047
18 Less: Total Payments (From Line 14)	\$ 212,733	\$ 701,071 \$	913,804	\$ 212,733		701,071	\$	913,804
_	\$ 74,393	\$ 133,831	208,224	\$ 74,412	\$	133,831		208,243
	2	N.A.			€>	-	€9	-
	\$ 74,393	\$ 133,831 \$	208,224	\$ 74,412	↔	133,831	\$	208,243
_	- د				↔	-	↔	_
23 Total Amount Due Clinic (State) (L 21+22)	\$ 74,393	133,831	208,224	\$ 74,412	₩.	133,831	\$	208,243

,,								$\overline{-}$
Adjustments	-		As Adjusted	\$152.17				Page
		•	Increase (Decrease)	\$0.01				
Provider NPI	1255490819		As Reported	\$152.16				
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDATION July 1, 2015 THROUGH June 30, 2016		Explanation of Audit Adjustments	PPS Rate (Period 1) To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304				
	DATION	ation st	Line	4				
	ALTH FOUN	Reconciliation Request	Worksheet	-			·	
Name	JNITY HE	Report Review Rec	Line	က်				
Provider Legal Name	EGO COMML	Reconciliation Review	Schedule	₩				
Provi	BORR	í	ġ	~				

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



GOVERNOR

JUN 2 8 2022

Edgar Bulloch, CEO
Desert Hot Springs Community Foundation
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: DESERT HOT SPRINGS COMMUNITY FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283 FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$709,136, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2622

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2002

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2015

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NPI: 1275849283

FISCAL PERIOD TO: JUNE 30, 2016

18,123 18,123 679,976 88,577 3,456,175 18.123 TOTAL TOTAL 69 69 AD NO ADJ NO. 13,636 13,636 13,636 525,802 2,601,813 64,303 AUDITED AUDITED PERIOD 2 PERIOD 2 4 €> છ ADUNO ADJ NO 4,487 24,274 854,362 4,487 4,487 154,174 PERIOD 1 PERIOD 1 17,990 17,990 17,990 679,975 3,436,494 88,577 TOTAL NA TOTAL Ø () 525,802 64,303 2,582,374 13,503 13,503 13,503 REPORTED REPORTED PERIOD 2 PERIOD 2 ΑN છ Ø 154,174 24,274 854,120 4,487 4,487 4,487 PERIOD 1 PERIOD 1 Š 49 ø ₩ Medi-Cai Non-Managed Care Crossover - Code 02 Medi-Cal Managed Care Plan Payments **PAYMENTS** VISITS Medicare Payments for Crossovers Medi-Cal Managed Care - Code 18 Medi-Cal Capitated MAP - Code 20 **Duplicate and Unallowable Visits** Capitated MAP Plan Payments Medicare and MAP Payments Code 18 Payments Code 20 Payments Code 02 Payments Payable Visits Sode 02: **Fotal Visits** ode 20:

SETTLEMENT	RECORD	REPORTED RECONCILA PERIOD 2	TOTAL	, <u>0</u> 0834	A CONTRACTOR	DITED RECONCIL	ATION ADJINO.	T0[AL
PPS Rate	\$ 267.51	\$ 269.95	K.V.	\$ 271.3	-,	\$ 273.48	2	
Total Medi-Cal Visits (From Line 6)	4.487	13,503	17,990	4,48		13,636		18,123
PPS Amount (Line 15 x Line 16)	\$ 1,200,317		\$ 4,845,452	\$ 1,217,36		\$ 3,729,173		\$ 4,946,541
18 Less: Total Payments (From Line 14)	\$ 1.032.568		\$ 4,205,046	1,032,81		\$ 3,191,918		\$ 4,224,728
Reconciliation Amount Due Clinic (State) (L.17 - L.18)	\$ 167.749		\$ 640,406	\$ 184,55		\$ 537,255		\$ 721,813
Medi-Cal Billing Review Results	NA NA	NYA KAN	NA	\$ 2,64	9 9	\$ 10,031	7,8	12,677
Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 167,749	æ	\$ 640,406	\$ 181,91	2	\$ 527,224		\$ 709,136
Healthy Families Plans (Schedule 1-A L12)		8	·	-		\$		-
23 Total Amount Due Clinic (State) (L 21+22)	\$ 167,749	S	\$ 640,406	\$ 181,91	2	\$ 527,224		\$ 709,136
	SETTLEMENT PPS Rate Total Medi-Cal Visits (From Line 6) PPS Amount (Line 15 x Line 16) Reconciliation Amount Due Clinic (State) (L 17 - L 18) Wedi-Cal Billing Review Results Usub Amount Due Clinic (State) (L 19 - L 20) Healthy Families Plans (Schedule 1-A L12) Total Amount Due Clinic (State) (L 21+22)	\$ 26 \$ 1.200 \$ 1.200 \$ 1.032 (7-L18) \$ 1.67 \$ 167	PERIODIATION PERI	S	S 267.51 S 269.95	S 267.51 S 269.95	S 267.51 S 269.95 Marrie Minimum S 271.31 1 S S S S S S S S	S

4,224,728

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Fotal Payments

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Department of Health Care Services

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	Repo	Report References	rences					
Aď.	Reconci	Review	Reconciliation Request	ation				
Š.	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					MEMORANDUM ADJUSTMENT			
← (₩ •	با 5		4 2	PPS Rate (Period 1)	\$267.51	\$3.80	\$271.31
·		<u>n</u>	-	<u> </u>	This rate (Fellod 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	C8:897	, , , , , , , , , , , , , , , , , , ,	2/3.48
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Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adinstments
BORR	EGO COMMUI	NITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	NOL	JULY 1, 2015 THROUGH JUNE 30, 2016	1275849283		10
	Rep	Report References	rences					2
Adj	Reconciliation Review	n Review	Reconciliation Request	iation est			e	
Š	Schedule	Line	Work	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	۱		
ო	~	-	-	-	Medi-Cal Managed Care - Code 18 Visits (Period 2)	13,503	133	13,636
4 w	~ ~	თ თ	₹.	ထထ	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$854,120 2,582,374	\$242 19,439	\$854,362 2,601,813
					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: June 6, 2019 Payment Period: July 1, 2015 through June 6, 2019 Service Period: July 1, 2015 through June 30, 2016 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
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REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch,CEO Arlanza Family Health Center Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ARLANZA FAMILY HEALTH CENTER FOUNDATION

NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$249,264, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2027

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1306131545

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2015

FISCAL PERIOD TO: JUNE 30, 2016

VISITS		REPORTED			ē	АФПЕВ	Z	the state of the s	principal grade of a financial section of a second grade of a second g
	PERIOD	PERIODZ	TOTAL	PERIOD 1	è	PERIOD 2	Ñ	TOTAL	4
1 Medi-Cal Managed Care - Code 18	2,579	8,681	11,260	2,579	_	8,759	-		11.338
2 Medi-Cal Capitated MAP - Code 20	•	•	,	,	_				
3 Medi-Cal Non-Managed Care Crossover - Code 02	1	•	-	7-					-
4 Total Visits	2,580	8,681	11,261	2.580		8.759			11 339
5 Less: Duplicate and Unallowable Visits				221	33	610	4		831
6 Payable Visits	2,580	8,681	11,261	2,359	_	8,149			10,508
PAYMENTS	PEKODA	REPORTED PERIOD 2	TOTAL) GOIEE	2 8	AUDITED	3 9		Value of the control
Code 18: Managed Care									
7 Medi-Cal Managed Care Plan Payments	\$ 54,497	\$ 281,000 \$	335,497	\$ 54,497	es	281,000		€9	335,497
8 Medicare and MAP Payments	\$ 617	\$ 1,327 \$	1,944	\$ 3,763	5		6	69	14.348
9 Code 18 Payments	\$ 427,025	\$ 1,321,308 \$	1,748,332	\$ 427,025	69	1,330,593	2		1.757.618
Code 20: Non-Mahaged Care	100					- Committee of the Land of the			
10 Capitated MAP Plan Payments		\$	-		S	•		€9	
11 Code 20 Payments			٠		\$	•		8	,
Code 02: Non-Managed Care	A CONTRACT OF THE CONTRACT OF	The state of the s	The state of the s	A THE STATE OF THE		Alternative to the second seco			
12 Medicare Payments for Crossovers	\$ 98		98	86	49			€9	86
13 Code 02 Payments	\$ 81	\$	81	\$ 81	\$			€9-	81
14 Total Payments	\$ 482,318	\$ 1,603,634 \$	2,085,952	\$ 485,464	\$	1,622,179		\$ 2,	2,107,642
						-			
SETTLEMENT	THE POR	ORITED REPONDILIATION	X	, , , , , , , , , , , , , , , , , , ,		TED RESONG LIATION	g 6 9		
15 PPS Rate	\$ 184.23	\$ 185.70		\$ 184.23	<u> </u>	185.70			
16 Total Medi-Cal Visits (From Line 6)	2,580	8,681	11,261	2,359		8,149			10,508
17 PPS Amount (Line 15 x Line 16)	\$ 475,313	\$ 1,612,062 \$	2,087,375	\$ 434,599	\$ 	1,513,269		\$ 1,	1,947,868
18 Less: Total Payments (From Line 14)	\$ 482,318	\$ 1,603,634 \$	2,085,952	\$ 485,464	8	1,622,179		\$ 2,	2,107,642
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ (7,005)	\$ 8,428 \$	1,423	\$ (50,865)	8) \$	(159,774)
20 Less: Medi-Cal Billing Review Results				\$ 21,027 7	7,9,11 \$	68,463	8,10,12	\$	89,490
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ (7,005)	\$ 8,428 \$	1,423	\$ (71,892)	€9	(177,372)) \$	(249,264)
	_	\$ - \$	-		4	-		9	-
23 Total Amount Due Clinic (State) (L 21+22)	\$ (7,005)	\$ 8,428 \$	1,423	\$ (71,892)	\$	(177,372)) \$	(249,264)

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Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
· ·								,
BORR	EGO COMMUN	AITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	NO O	JULY 1, 2015 I HROUGH JUNE 30, 2016	1306131545		7.7
	Report References	ort Refe	erences					
Adj	Reconciliat Review	iation w	Reconciliation Request	lation est				
o N	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	increase (Decrease)	As Adjusted
					TLEMENT	DATA		
_	~	-	-	-	Medi-Cal Managed Care - Code 18 Visits (Period 2)	8,681	. 78	8,759
2	-	6	-	∞	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$1,321,308	\$9,285	\$1,330,593
					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: June 6, 2019 Payment Period: July 1, 2015 through June 6, 2019 Service Period: July 1, 2015 through June 30, 2016 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			•
								Page 1

Provi BORRE	Provider Legal Name BORREGO COMMUNITY HE	Name ITY HEA	Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION	Z.	Fiscal Period JULY 1, 2015 THROUGH JUNE 30, 2016	Provider NPI 1306131545		Adjustments
	Reconciliation	ort Refe	Report References	ition in				
Adj	Review	× 200	Request	st st	— <u>-</u>	•		•
o O	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
ω 4	• •	വവ	Not Reported		Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2)	00	221	221 610
t	-	,					2	2
ဟ ဖ		∞ ∞		^ ^	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I. Code, Section 14132.100 (h)	\$617	\$3,146 9,259	\$3,763 10,586
► ∞		20	Not Reported		Medi-Cal Payments Review (Period 1) Medi-Cal Payments Review (Period 2) To eliminate non-allowable Medi-Cal payments paid to the provider due to the misbilling of visits. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	Q O	\$16,028 45,518	\$16,028 * 45,518 *
					*Balance carried forward from prior/to subsequent adjustments			Page 2

Provider Legal Name		Fiscal Period	Provider NPI	_	Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION	VOIT	JULY 1, 2015 THROUGH JUNE 30, 2016	1306131545		12
Report References					
conciliation Recond Review Regu	Reconciliation Request				
Line Worksheet	t Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		ADJUSTMENTS TO OTHER MATTERS			
20 Not Reported 20 Not Reported	Q Q Q Q Q Q Q Q Q Q	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* * \$16,028 45,518	\$235 2,557	\$16,263 * 48,075 *
20 Not Reported 20 Not Reported	pa pa	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* \$16,263 * 48,075	20,388 388	\$21,027 68,463
		*Balance carried forward from prior/to subsequent adjustments			Page 3

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



State of California—Health and Human Services Agency

Department of Health Care Services



JUN 2 8 2022

Edgar Bulloch, CEO Desert Oasis Womens Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT OASIS WOMENS HEALTH

NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$172,247, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the

Edgar Bulloch Page 2

JUN 2 8 2022

impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1386069995

FISCAL PERIOD FROM: JULIAN 1, 2015

FISCAL PERIOD TO: JUINE 30, 2016

Capitated MAP - Code 20	VISITS	PERIOD 1	REPORTED PERIODIZ	V	PERIOD 1	ACCEPTED AS FILED PERIOD 2	яс <u>то</u> 1002	TOTAL
Consequence		1,033		4,310	1,0	333	3,277	4,310
Consequence Code 02 1003 3.77 4.310 1.024 1.025 3.77 4.310 1.024 1		•	•			_	•	-
PAYMENTS PAYMENTS		-	•			-	•	_
PAYMENTS	_	1,033		4,310	1,1	333	3,277	4,310
PAYMENTS	_	NA		NA		1	•	-
PAYMENTS PREMONTAL PREMONTAL PREMONTAL PREMONTAL TOTAL TOT		1,033		4,310	1,1	333	3,277	4,310
PAYMENTS PRINDID TOTAL FERIOD 2								Control of the contro
PAYMENTS PREMIOD 7. PREMIOD 2. TOTAL Code 18. Managed Care Para Pyments 5 9.606 \$ 2.6.616 \$ 36.425 \$ 5 1.195 \$ <			REPORTED			ACCEPTED AS	9	
Code 18 Managead Care Plan Payments S 6,616 S 784 S 6,425 S 784 S 6,616 S 784 S 6,617 S 784 S 7,161 S 784 <th>PAYMENTS</th> <td></td> <td>PERIOD 2</td> <td>TOTAL</td> <td>PERIOD 1</td> <td>PERIC</td> <td>502</td> <td>TOTAL</td>	PAYMENTS		PERIOD 2	TOTAL	PERIOD 1	PERIC	50 2	TOTAL
Medicace Care Plan Peyments S 5606 S 26.616 S 36.425 S <th>Code 18: Managed Care</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Code 18: Managed Care							
New Payments S 151/031 S 151/032 S 151/031 S 151/032			\$ 26,816			-	\dashv	
Code 18 Payments \$ 151,031 \$ 480,315 \$ 631,346 \$ 631,346 \$ 631,346 \$ 631,346 \$ 760,031 \$ 480,315 \$ 5			1,195			-		
State Stat	_		\$ 480,315					
Code 20: Managed Care Advantage Plans S	_	ь			\$	\$	*	-
Copilizated MAP Plan Payments \$								
Same Payments Same Payment	_	\$,	- 9				,
State Stat		\$		· +			7	-
Code 02: Medi-Cal Non-Managed Care Crossovers S - S - S - S Medicare Payments \$ - -		69		-		_		-
Second S		The state of the s	The state of the s		Table of the second of the sec			1777
Code 02 Payments \$	_	မာ	•			1	7	
SETTLEMENT S S S S S S S S S		s,	ı	:		┪	7	-
SETTLEMENT SETTLEM		\$	-		ક	€9	ن	-
SETTLEMENT REPORTED RECONCILIATION REPORTED REPORTED RECONCILIATION REPORTED REPORTED RECONCILIATION REPORTED REPORTED RECONCILIATION REPORTED RE			\$ 508,326			-I		
SETTLEMENT REPORTED RECONCILIATION REPORTED RECONCILIATION REPORTED RECONCILIATION ADJ ADJ ADJ PPS Rate \$ 182.16 \$ 182.16 \$ 115.43 \$ 15.43 \$ 15.43 \$ 15.43 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 \$ 115.44 <td< td=""><th></th><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
PES Rate SETTLEMENT ADDITION		8	IMTIONOSEN GELAGO	low	1 6 8 9	PIED AS FIED R	CONCLIATION	
PPS Rate Total Medi-Cal Visits (From Line 6) \$ 182.16 \$ 182.16 \$ 182.16 \$ 182.16 \$ 182.16 \$ 182.16 \$ 182.16 \$ 182.16 \$ 182.16 \$ 192.20 \$ 119.23	SETTLEMENT		PERIODZ	TOTAL				II ITOTAL
Total Medi-Cal Visits (From Line 6) 1,033 #### 3,277 ##### 3,277 ###### PPS Amount (Line 18 x Line 19) \$ 188,171 \$ 566,938 \$ 785,109 \$ 119,239 ##### \$ 378,264 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ###### \$ 508,326 ##### \$ 508,326 ###### \$ 508,326 ###### \$ 508,326 ###### \$ 508,326 ###### \$ 508,326 ####################################	_		\$			€	2	
PPS Amount (Line 18 x Line 19) \$ 188,171 \$ 596,938 \$ 785,109 \$ 119,239 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ##### \$ 378,264 ###### \$ 378,264 ###### \$ 378,264 ###### \$ 378,264 ###### \$ 378,264 ####################################	_	1,033		4,310	SERVICE.		3,277	4,310
Less: Total Payments (From Line 17) \$ 161,424 \$ 508,326 \$ 669,750 \$ 115,359 \$ 161,424 #### \$ 508,326 #### \$ 508,326 Reconciliation Amount Due Clinic (State) (L 20 - L 21) \$ 26,747 \$ 88,612 \$ (42,185) \$ (42,185) ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ##### \$ 508,326 ###### \$ 508,326 ##### \$ 508,326 ###### \$ 508,326 ###### \$ 508,326 ###### \$ 508,326 ###### \$ 508,326 ####### \$ 508,326 ####################################			\$ 596,938		119,239	8		
Reconciliation Amount Due Clinic (State) (L 20 - L 21) \$ 26,747 \$ 88,612 \$ 115,359 \$ (42,185) ####################################	_		\$ 508,326					
Less: Medi-Ca Billing Review Results Imminimized with the control of th			\$					
Total Amount Due Clinic (State) (L 22 - L 23) \$ 26,747 \$ 88,612 \$ 115,359 \$ (42,185) \$ (130,062) \$		THE NAME OF THE PARTY OF THE PA	NAME OF TAXABLE PARTY.	N'A				
	_		\$	\$ 115,359				

Department of Health Care Services

s	443	Dage
A. Adjus	200 CO	à
Increase (Decrease)	(\$66.73)	
As Reported	\$182.16	
Explanation of Audit Adjustments MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	
Reconciliation Review Request Schedule Line Worksheet Line	1	
	Request Request Worksheet Line Explanation of Audit Adjustments Reported MEMORANDUM ADJUSTMENTS	Request As Increase Morksheet Line Explanation of Audit Adjustments Reported (Decrease)

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Women's Health and Wellness Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: WOMENS'S HEALTH AND WELLNESS CENTER NATIONAL PROVIDER IDENTIFIER: 1568747137 FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$364,826, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1568747137

FISCAL PERIOD FROM: JULY 1: 2015

FISCAL PERIOD TO: JUNE 30, 2016

VISITS		REPORITED PERIOD 2	A O		ફે 2	AUDITED PERIOD 2	38	TOTAL	Application of the control of the co
1 Managed Care - Code 18		3,801	5,044	1,243		3,808	3		5,051
2 Capitated MAP - Code 20	-					,			,
	•		J	•		•			-
4 Total Visits	1,243	3,801	5,044	1,243		3,808			5,051
5 Less: Duplicate and Unallowable Visits				•		-			
6 Payable Visits	1,243	3,801	5,044	1,243		3,808			5,051
									П
PAYMENTS	PERIOD	REPORTED PERIOD 2	TOTAL	PERIOD.	ADJ.	AUDITED	₫9	TOTAL	
Code 18. Managed Care									
7 Medi-Cai Managed Care Plan Payments	\$ 46,304	\$ 93,814	\$ 140,118	\$ 46,304		\$ 93,814		\$ 14	140,118
8 Medicare and MAP Payments	\$ 430	\$ 60	\$ 490	\$ 870	5	\$ 3,942	9	s.	4,812
9 Code 18 Payments	\$ 158,610	\$ 485,248	\$ 643,858	\$ 158,610		\$ 485,854	4	\$ 64	644,464
10 3rd Party Pavers	69	-	- \$	€9		- \$		\$	-
Code 20: Medicare Managed Care Advantage Plans	The filter and the same of the	man and a second a	and a supplementary of the sup	I Approximate the second property					
11 Capitated MAP Plan Payments	-	•		· •Э				ક્ક	,
12 Code 20 Payments	· 69	·	٠ ج	· ·				ક	,
13 3rd Party Payers	\$,		· 67		,		69	·
Code 02: Medi-Cal Non-Managed Care Crossover	The second of th	STATE OF THE PARTY							
14 Medicare Payments for Crossovers	\$, 65-		59				€>	·
15 Code 02 Payments		\$	8	·		· •		69	-
16 3rd Party Payers	\$	\$		· •		٠		\$	$\overline{\cdot}$
17 Total Payments	\$ 205,345	\$ 579,122	\$ 784,466	\$ 205,784		\$ 583,610		\$ 78	789,394
SETTLEMENT		ORIED RECONCILIA	ON TOTAL	PERIODA		MEDRECONCILIAY MERICODZ	(e) (e)	<u> 1017</u>	
18 PPS Rate	\$ 185.00	\$ 185.00		\$ 227.26	-	\$ 229.08	2		
19 Total Medi-Cal Visits (From Line 6)	1,243	3,801	5,044	1,243		3,808			5,051
20 PPS Amount (Line 18 x Line 19)	\$ 229,955	\$ 703,185	\$ 933,140	\$ 282,484		\$ 872,337		\$ 1,15	1,154,821
21 Less: Total Payments (From Line 17)	\$ 205,345	\$ 579,122	\$ 784,466	\$ 205,784		\$ 583,610		\$ 78	789,394
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 24,610	\$ 124,063	\$ 148,674	\$ 76,700		288,			365,427
				\$ 111	7		8		601
	\$ 24,610	\$ 124,063	\$ 148,674	\$ 76,589		\$ 288,237		\$ 36	364,826

S S	Provider Legal Name		Fiscal Period	Provider NPI		Adjustments
SORR	EGO COMMUNITY F	HEALTH FOUNDATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2015 THROUGH JUNE 30, 2016	1568747137		80
	Report References	ferences				
Adj.	Reconciliation Review	Reconciliation Request				
Š	Schedule Line	Work	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			MEMORANDUM ADJUSTMENTS		-	
⊢ 0	1 1 2 8 1 1 4 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$185.00 185.00	\$42.26 44.08	\$227.26 229.08
					,	
						Page 1

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORF	EGO COMMI	UNITY H	EALTH FOUN	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2015 THROUGH JUNE 30, 2016	1568747137		80
	Reg	Report References	rences					
Adj.	Reconciliation Review	iation	Reconciliation Request	iation est		-		
o N	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	ATA		
ო	~	-	-	~	Managed Care - Code 18 Visits (Period 2)	3,801	7	3,808
4	~	တ	-	80	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$485,248	\$606	\$485,854
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2015 through June 30, 2016 Payment Period: July 1, 2015 through June 6, 2019 Run On: June 6, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
								1

Department of Health Care Services

Provi	Provider Legal Name	Vame			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMML	H \TIN	BORREGO COMMUNITY HEALTH FOUNDATION	VATION	JULY 1, 2015 THROUGH JUNE 30, 2016	1568747137		80
	Rep	Report References	rences					
Adj	Reconciliation Review	ation w	Reconciliation Request	ation st				
ģ	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
Ð	~	œ	~	7	Medicare and MAP Payments (Period 1)	\$430	\$440	\$870
ω	~	ω	-	^	Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	09	3,882	3,942
≻∞	₩ ₩	73.3	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(a)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Q •	\$111 480 490	\$111 490
								Page 3

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2622

Edgar Bulloch, CEO Centro Medico Cathedral City P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: CENTRO MEDICO CATHEDRAL CITY NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$2,592,684, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

70212720 0003 0819 4251

FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1619036514

FISCAL PERIOD FROM: JULY 1 2015

FISCAL PERIOD TO: JUNE 30, 2016

Color Colo										2020000000
Medic Cai Namaged Care - Code 18	VISITS		REPORTED				AUDITED			The second supplies of the second sec
Much Call Capitate Managed Care - Code 18		PERIOD	PERIODIZ	TOTAL	REKIODI		PERIODIZ.	ADUNC		
PAYMENTS PAYMENTS	Medi-Cal Managed Care - Code 18	11,263	30,158	41,421	11,263		30,273	ю		41,536
Medi-Cal Nor-Managed Care Crossover - Code 02	Medi-Cal Capitated MAP - Code 20			1	•		1			١
1,337 3,0414 41,751 1,337 3,0414 41,751 1,337 1,337 3,0414 41,751 1,337 1,337 3,0414 41,751 2,556 3,578 3,57	Medi-Cal Non-Managed Care Crossover - Code 02	74	256	330	74		257	4		331
PayMENTS	Total Visits	11,337	30,414	41,751	11,337		30,530			41,867
Payable Visits	less: Duplicate and Unallowable Visits				. 2,358	o	2,930	10		5,288
PAYMENTS PAYMENTS PERIODIS PAYMENTS PAYM	Payable Visits		30,414	41,751	8,979		27,600			36,579
PAYMENTS										
Code 18. Managed Care S 651,677 S 1412,731 S 2,064,408 S 651,677 Medicare and MAP Payments S 1,991,512 S 1,492,731 S 1,991,862 Code 18 Payments S 1,991,512 S 1,991,512 S 1,991,862 Code 20 Payments S 1,991,512 S 2,529,482 S 7,230,996 Code 20 Payments S 1,091,512 S 2,523,482 S 1,991,862 Code 20 Payments S 7,250 S 2,523,482 S 7,250 Medicare Payments S 1,0418 S 2,718,632 S 44,448 S 10,418 Code 02 Payments S 2,718,632 S 2,523,483 S 10,418 SETTLEMENT SETTLEMENT SETTLEMENT SETTLEMENT SETTLEMENT SETTLEMENT S 2,718,632 S 2,523,68	PAYMENTS		REPORTED PERSON		PERGO	ADJ NO	AUDITED PERIODIZ	AĐJING	TOTAL	A CONTROL OF THE PARTY OF THE P
Medicare and MAP Payments S	Code 18: Wanaded Care									
Second S	Medi-Cal Managed Care Plan Payments						\$ 1,412,731		\$ 2,0	2,064,408
Code 18 Payments \$ 1,991,512 \$ 6,239,482 \$ 7,230,995 \$ 1,991,822 Code 2D: North-Managet Gare \$ 1,991,512 \$ 1,991,512 \$ 1,991,822 \$ 1,991,822 Code 2D: Payments \$ 7,250 \$ 2,718,522 \$ 2,718,523 \$ 32,484 \$ 7,250 Code 02 Payments \$ 10,418 \$ 2,718,523 \$ 32,484 \$ 7,250 Code 02 Payments \$ 2,718,523 \$ 34,030 \$ 44,448 \$ 7,250 Code 02 Payments \$ 2,718,632 \$ 8,885,138 \$ 9,576,771 \$ 2,719,002 SETTLEMENT SETTLEMENT PPS Rate SETTLEMENT PPS Rate SETTLEMENT PPS Rate SETTLEMENT PPS Rate SETTLEMENT \$ 2,718,632 \$ 9,576,771 \$ 2,719,002 PPS Rate \$ 9,504,404 \$ 2,719,007 \$ 2,719,007 PPS Rate SECTION CINC (State) (L.17 - L.18) SECTION CINC (State) (L.17 - L.18) SECTION	Medicare and MAP Payments						\$ 146,661		3	204,436
Code 20: Nort-Managed Care S	Code 18 Payments				-	5	\$ 5,254,847	ဖ	\$ 7,2	,246,729
Same college App Plan Payments Same college	Code 20: Non-Managed Care				A STATE OF THE STA					
SETTLEMENT S 7,250 S 25,234 S 32,484 S 7,250 S 7,250 S 25,234 S 32,448 S 7,250 S 7,250 S 25,234 S 32,448 S 7,250 S 7,130 S S 7,130 S S S S S S S S S S S S S S S S S S	Capitated MAP Plan Payments	8	\$	i	· ·		· ·		€9	1
Code 02: Non-Managed Gare Medicare Payments for Crossovers \$ 7,250 \$ 25,234 \$ 44,448 \$ 7,250 Code 02 Payments for Crossovers \$ 2,718,632 \$ 9,576,771 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,718,632 \$ 2,818,138 \$ 2,918,632	Code 20 Payments	•		\$	· &>		٠ -		€9	,
SETTLEMENT S	Code 02: Non-Managed Care	in the second se								
Code 02 Payments \$ 10,418 \$ 34,030 \$ 44,448 \$ 10,418 Total Payments SETTLEMENT PS Rate PPS Rate Total Medi-Cal Visits (From Line 6) \$ 2,718,632 \$ 237.36 ####################################	Medicare Payments for Crossovers		į	ø		1		,	₩ -	32,484
SETTLEMENT \$ 2,718,632 \$ 6,858,138 \$ 9,576,771 \$ 2,719,002 SETTLEMENT PERMODIAL MINIMULATION MINIMULA	Code 02 Payments			6		7	\$ 34,163	ø.		44,581
PS Rate \$ 235.63 \$ 237.36			6	\$			\$ 6,873,636		8	9,592,638
SETTLEMENT PPS Rate \$ 235.63 \$ 237.36										
PPS Rate S 235.63 S 237.36	SETTLEMENT	₩.			(6 (6 (7)	3 S	AUDITED REGONG HAT	VOLUMENT NOT	1202	2
Total Medi-Cal Visits (From Line 6) \$ 2,671,337 \$ 30,414 41,751 8,979 PPS Amount (Line 15 x Line 16) \$ 2,671,337 \$ 2,671,337 \$ 2,719,067 \$ 9,890,404 \$ 2,097,584 Less: Total Payments (From Line 14) \$ 2,718,632 \$ 6,858,138 \$ 9,576,771 \$ 2,719,002 Reconciliation Amount Due Clinic (State) (L 17 - L 18) \$ 47,295) \$ 360,929 \$ 313,634 Less: Med-Cal Billing Review Results \$ (47,295) \$ 360,929 \$ 313,634 Sub Amount Due Clinic (State) (L 19 - L 20) \$ (47,295) \$ 360,929 \$ 313,634 Healthy Families Plans (Schedule 1-A L12) \$ (1,100,207) \$ (1,100,207)			The state of the s			1	\$ 235.48	2		
PPS Armount (Line 15 x Line 16) \$ 2,671,337 \$ 7,219,067 \$ 9,890,404 \$ 2,097,584	Total Madi.Cal Visits (From Line 6)		30,414		8,979		27,600			36,579
Legs: Total Payments (From Line 14) \$ 2,718,632 \$ 6,858,138 \$ 9,576,771 \$ 2,718,002 Reconciliation Amount Due Clinic (State) (L 17 - L 18) \$ (47,295) \$ 360,929 \$ 313,634 \$ (621,418) Less: Medi-Cal Billing Review Results \$ (47,295) \$ 360,929 \$ 313,634 \$ (47,00,207) Sub Amount Due Clinic (State) (L 19 - L20) \$ (47,295) \$ 360,929 \$ 313,634 \$ (1,100,207) Healthy Families Plans (Schedule 1-A L12) \$ (1,100,207) \$ (1,100,207) \$ (1,100,207)	PPS Amount (I ine 15 x Line 16)		7	σ •			\$ 6,499,248		8	8,596,832
Reconciliation Amount Due Clinic (State) (L 17 - L 18) \$ (47,295) \$ 360,929 \$ 313,634 \$ (621,418) Less: Medi-Cal Billing Review Results Milliam millia			9	€9:			S		٥	9,592,638
Less: Medi-Cal Billing Review Results Inhibition in the control of the			ક્ર	ь			છ			(995,806)
Sub Amount Due Clinic (State) (L 19 - L 20) \$ (47,295) \$ 360,929 \$ 313,634 \$ Healthy Families Plans (Schedule 1-A L 12) \$ \$ \$ \$						11,13,15,17	\$ 1,118,089	12,14,16,18	3,5	1,596,878
Healthy Families Plans (Schedule 1-A L12) \$ - \$ \$ - \$			\$	\$			\$ (1,492,477)			(2,592,684)
9 100 000 # 000 000		s	8	- -						
Total Amount Due Clinic (State) (L 21+22) \$ (47,295) \$ 360,929 \$ 313,634 3		\$ (47,295)	\$ 360,929	\$ 313,634	\$ (1,100,207)		\$ (1,492,477)		\$ (2,	(2,592,684)

Department of Health Care Services

Adjustments	2	As Adjusted	\$233.61 235.48	op op
		Increase (Decrease)	(1.88)	
Provider NPI 1619036514		As Reported	\$235.63	
Fiscal Period JULY 1, 2015 THROUGH JUNE 30, 2016		Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	
Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION	ences Reconciliation Request	Worksheet Line	 4 4	
Provider Legal Name BORREGO COMMUNITY HE/	Report References Reconciliation Review	Schedule Line	7	
Provider BORREGO	Adj. Rec		- a	

Adj Reconciliation Review Request Line Worksheet Line Worksheet Line Worksheet Line Worksheet Line Worksheet Line Redical Managed Care - Code 18 Visits (Per 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2015 THROUGH JUNE 30, 2016	1619036514		
Norksheet Line AD.				18
Worksheet Line AD. 1 14 Me 1 18 Me 1 12 Me 1 12 Me				
7	Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	As Reported	Increase (Decrease)	As Adjusted
7 1 1 8 8 M M M M M M M M M M M M M M M M	Medi-Cal Managed Care - Code 18 Visits (Period 2) Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)	30,158 256	115	30,273 257
To adju Fiscal It Ru Pa, Sei Sei Sei CMS Pt	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Period 1) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	\$1,991,512 5,239,482 10,418 34,030	\$370 15,365 0 133	\$1,991,882 5,254,847 10,418 34,163
	To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: June 6, 2019 Rayment Period: July 1, 2015 through June 6, 2019 Service Period: July 1, 2015 through June 30, 2016 Service Period: July 1, 2015 through June 30, 2016 A2 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			•
1				
				Page 2

Department of Health Care Services

Provi	Provider Legal Name	Name			Fiscal Period	Provider NP		Adjustments	to.
BORR	EGO COMML	H YTING	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1,	NOITAC	JULY 1, 2015 THROUGH JUNE 30, 2016	1619036514		18	
	Rep	Report References	rences						
Adj.	Reconciliation Review	ר Review	Reconciliation Request	ation					
Ö	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	<u>.</u>
					ADJUSTMENTS TO OTHER MATTERS				
ი 6		വവ	Not Reported Not Reported		Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2)	0 0	2,358 2,930	2,358 2,930	
					To eliminate non-allowable visits paid to the provider due to the misbilling of visits				
					22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J				
1 2		2 8	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)	0\$	\$1,884 5,697	\$1,884 * 5,697 *	
		÷			To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.		··		
					42 CFR 413.20 CMS Pub. 15-1, section 2409.2				
					CCR, Title 22, section 51458.1 W&I Code, section 14132.100				****
6.4		20 50	Not Reported	,	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)	* \$1,884 * 5,697	\$498 5.504	\$2,382 *	
<u> </u>	-	2			To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code				
			٠		475) and 10th through the 12th month (RAD Code 476) after the month of services respectively				
					42 ST 713.20 and 447.45(d)(1)				
					CCK, Title ZZ, section 51008 CMS Pub. 15-1, sections 2300 and 2304				
					-				
			,					,	
			•		*Balance carried forward from prior/to subsequent adjustments			Page	ო

Pro	Provider Legal Name	Name			Fiscal Period	Provider NPI	ır NPI		Adjustments
BORF	ZEGO COMML	₹ YTINU	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1	NOLLAC	JULY 1, 2015 THROUGH JUNE 30, 2016	1619036514	3514		18
	Rep	ort Ref	Report References			-			
Adj	Reconciliation Review	n Revie	Reconciliation W Request	ation st			•		
2	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	pg.	Increase (Decrease)	As Adjusted
			-] '	ADJUSTMENTS TO OTHER MATTERS		-	,	
ν	F F	20	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate non-allowable visits paid to the provider due to the misbilling of visits 42 CFR 419.4 22 CCR Section 51458.1 VV&I Code 14043.15, 14110, and 14132.100 (i)(1)(i) SPA Attachment 4.19B, Section J	* *	\$2,382 11,201	\$397,282 810,418	\$399,664 * 821,619 *
7. 8		50 50	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* * \$3.99	\$399,664 821,619	\$79,125 296,470	
					balance carried torward from prior/to subsequent adjustments				าลยูก

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



State of California—Health and Human Services Agency

Department of Health Care Services



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico, Coachella P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO, COACHELLA

NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$29,027, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2622

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY

FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1730249947

FISCAL PERIOD FROM: July 1 2015

FISCAL PERIOD TO: June 30, 2016

VISITS		REPORTED			108 108	AUDITED	0.5	A second	A company of the comp
1 Modi-Cal Managed Care - Code 18	1.354	3.273	4.627	1,354	≣—	3,354	2		4,708
						-			,
	-	_	,	•		•			·
	1,354	3,273	4,627	1,354		3,354	_		4,708
	NA	N.A.	N.A.	'		-			,
_	1,354	3,273	4,627	1,354		3,354			4,708
PAYMENTS	PERIODIT	REPORTED PERIOD 2	TOILAL	YOONES	ABU	AUDITED PERIOD 2	ADJ. No	TOTAL	The second of th
Code 18:									10,
7 Medi-Cal Managed Care Plan Payments	\$ 162,678	\$ 196,447	\$ 359,125	\$ 162,678		\$ 196,447	-		359,125
8 Medicare and MAP Payments	\$ 7,703	\$ 17,774	\$ 25,477	\$ 7,703		\$ 17,774	-	\$ 2	25,477
	\$ 107,109	\$ 256,584	\$ 363,693	\$ 89,827	3	\$ 278,472	4	36,	368,299
Code 20:							ŀ		11417
10 Capitated MAP Plan Payments	69	·	٠.	٠.				69	·
	9	·	· •	s				s	
code .02:	the state of the s	A11-3211.	The state of the s	or through the same of the sam		A COLUMN TO THE			
12 Medicare Payments for Crossovers	69	\$		٠ ج		\$		\$	·
13 Code 02 Payments	-	\$	-	49				\$	٠,
14 Total Payments	\$ 277,490	\$ 470,805	\$ 748,295	\$ 260,208		\$ 492,693		\$ 75	752,901
SETTLEMENT		PORTED RECONCILA	ALON	7 <u>40</u> <u>85 </u>		ITED REGONGLIMION AD PERIODS		79-10-1	
15 DDS Date	\$ 171.50	\$ 172.88	Z Z	171.51	1	\$ 172.88			
			4,627	1,354		3,354			4,708
	\$ 232,211	\$ 565,836	\$ 798,047	\$ 232,225		\$ 579,840		\$ 81	812,065
	\$ 277,490	\$ 470,805	\$ 748,295	\$ 260,208		\$ 492,693		\$ 75	752,901
	\$ (45,279)	\$ 95,031	\$ 49,752	\$ (27,983)		\$ 87,147			59,164
	ZN.	A NATIONAL DESIGNATION OF THE PARTY OF THE P		\$ 11,375	5,7	\$ 18,762	8,9	3	30,137
	\$ (45,279)	\$ 95,031	\$ 49,752	\$ (39,358)		\$ 68,385			29,027
	6	\$	٠	ا چ					-
23 Total Amount Due Clinic (State) (L 21+22)	(45,279)	\$ 95,031	\$ 49,752	\$ (39,358)		\$ 68,385		\$	29,027

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Prov	Provider Legal Name		Fiscal Period	Provider NPI		Adjustments
BORR	BORREGO COMMUNITY HEALTH FOUNDATION	LTH FOUNDATION	July 1, 2015 THROUGH June 30, 2016	1730249947		- ∞
Adi	Reconciliation Review F	Reconciliation				
Š	Schedule Line	Work		As Reported	Increase (Decrease)	As Adjusted
			MEMORANDUM ADJUSTMENT			
	ر د		PPS Rate (Period 1) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	\$171.50	\$0.01	\$171.51
<u> </u>						
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		÷				•
						Cocc
						7 aye

Provi	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORRE	EGO COMMU	NITY HEAL	BORREGO COMMUNITY HEALTH FOUNDATION	N.	July 1, 2015 THROUGH June 30, 2016	1730249947		8
	Reconciliation Review	Report References Recieved	rences Reconciliation Reculest	tilon				
į Š	Schedule	Line	Work	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
7	~	-	-	~	Medi-Cal Managed Care - Code 18 Visits (Period 2)	3,273	81	3,354
ω4		တတ	~ ~	ထထ	Medi-Cal Managed Care - Code 18 Payments (Penod 1) Medi-Cal Managed Care - Code 18 Payments (Penod 2)	\$107,109 256,584	(\$17,282) 21,888	\$89,827 278,472
					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: June 6, 2019 Payment Period: July 1, 2015 through June 6, 2019 Service Period: July 1, 2015 through June 30, 2016 42 CFR 413.20, 413.50, 413.53, 413.60, and 413.64 CMS Pub. 15-1, Sections 2304 and 2408			
								Page 2

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Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORRE	EGO COMMUN	VITY HEA	BORREGO COMMUNITY HEALTH FOUNDATION	NO	July 1, 2015 THROUGH June 30, 2016	1730249947		8
Adi	Reconciliation Review	Report References Recipion Review	erences Reconciliation Reconciliation	ation				
S O	Schedule	Line	Work	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
ю	-	20	Not Reported		Medi-Cal Billing Review Results (Period 1) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	O	\$89	* 98\$
φ	~	20	Not Reported		Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Q	\$531	\$
~ ∞	← ←	733	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	\$ \$ \$ \$ \$ 3.1	\$11,289 18,231	\$11,375 18,762
								Page 3

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Eastside Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: EASTSIDE HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$112,690, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2622

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1790075315

FISCAL PERIOD FROM: JULY 11 2015

FISCAL PERIOD TO: JUNE 30, 2016.

VISITS	PERIOD	REPORTED PERIOD 2	TOTAL	/ 400 NE d	3 2	AUDITED PERIOD 2	즿형	-W101	
Managed Care - Code 18	2,252	8,140	10,392	2,252	-	8.214	-		10 466
2 Capitated MAP - Code 20	•	,	-						,
3 Crossovers - Code 02				, •					
	2,252	8,140	10,392	2,252		8,214			10,466
5 Less: Duplicate and Unallowable Visits						•			'
6 Payable Visits	2,252	8,140	10,392	2,252		8,214			10,466
PAYMENTS		REPORTED			9	AUDITED	3		Control of the community of the communit
Code 18: Managed Care							2	5	
7 Medi-Cal Managed Care Plan Payments	\$ 101,097	\$ 368,253	\$ 469,350	\$ 101,097		\$ 368,253		69	469,350
8 Medicare and MAP Payments	\$ 622	\$ 2,764	\$ 3,387	\$ 2,611	3	\$ 10,699	4	€	13,310
9 Code 18 Payments	\$ 438,394	1,599,171	\$ 2,037,564	\$ 438,394		\$ 1,608,877	2	\$	2,047,271
10 3rd Party Payers	*		8	€9		\$			
		ι •••••	· ·	₩ (· ·		s ·	'
	·		,	59				\$	'
13 3rd Party Payers	9	8	49	• · · · · · · · · · · · · · · · · · · ·	The same of the sa	•		69	'
							- -		
14 Medicare Payments for Crossovers	<u>.</u>	60	· ·	↔		, Ф		69	'
15 Code 02 Payments	69	69	49	φ.		٠ ج		69	ı
									1
17 Total Payments	\$ 540,114	\$ 1,970,188	\$ 2,510,301	\$ 542,102		\$ 1,987,829		\$ 2,	2,529,931
		REPORTEDIRECONGILA	He Very		Ago	TED RECOING	NATIONAL DISTRIBUTION OF THE PARTY OF THE PA		
SELICEMENT	PERIO	9=R(00/2	7.07.4	PER 00 4	(O)	SER OD 2	(a) (c)) O	
18 PPS Rate	\$ 230.92	\$ 232.77		\$ 230.92		\$ 232.77			
19 Total Medi-Cal Visits (From Line 6)	2,252	8,140	10,392	2,252		8,214			10,466
20 PPS Amount (Line 18 x Line 19)	\$ 520,032	\$ 1,894,748	\$ 2,414,780	\$ 520,032		\$ 1,911,973		\$ 2,	2,432,005
21 Less: Total Payments (From Line 17)	\$ 540,114	\$ 1,970,188	\$ 2,510,301	\$ 542,102		\$ 1,987,829		\$ 2,	2,529,931
_	\$ (20,082)	\$ (75,440)	\$ (95,522)	\$ (22,070)	華			S	(97,926)
				\$	5,7,9		6,8,10		14,764
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (20,082)	\$ (75,440)	\$ (95,522)	\$ (23,322)		\$ (89,368)) \$	(112,690)

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI	_	Adjustments
BORR	EGO COMMI	T L	BORREGO COMMUNITY HEALTH FOUNDATION	DATION	JULY 1, 2015 THROUGH JUNE 30, 2016	1790075315		10
ä	Reconciliation	Report References	Prences Reconciliation	lation				
S S	Keview		Reduest	lses!	- A section of the se	As	Increase	As
	orieddie	ב ב	AVOINSTIBLE		ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DA	ATA	(Decrease)	Adjusted
-	-	~	~	, -	Managed Care - Code 18 Visits (Period 2) 🐇	8,140	47	8,214
2	~	თ	-	©	Medi-Cal Managed Care - Code 18 Payments (Penod 2)	\$1,599,171	\$9,706	\$1,608,877
			· :		To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2015 through June 30, 2016 Payment Period: July 1, 2015 through June 6, 2019 Run On: June 6, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
			,					rage

	1								
Adjustments 10			As Adjusted		\$2,611 10,699		\$231 831 * *	* * 600 300 300 300 300 300 300 300 300 300	Page 2
			Increase (Decrease)		\$1,989 7,935		\$231 931	\$438 4,464	
Provider NPI 1790075315			As Reported		\$622 2,764		0	\$231 931	
Fiscal Period	,		Explanation of Audit Adjustment	ADJUSTMENTS TO OTHER MATTERS	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal	managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&l Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	*Balance carried forward from prior/to subsequent adjustments
NOITA⊓I		liation lest	Line		- -		ਹ ਹ		
Provider Legal Name	rences	Reconciliation Request	Worksheet		~ ~		Not Reported Not Reported	Not Reported	
Vame INITY H	Report References	ation //	Line	,	ထထ		73 73	73 3	
Provider Legal Name	Rep	Reconciliation Review	Schedule				· ·	← ←	
rovi		Adj.	No.		დ 4		က ထ	№ 80	

Prov	Provider Legal Name	Jame			Fiscal Period	ľ	Provider NPI		Adjustments
BORF	REGO COMML	H YTINI	EALTH FOUND	ATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2015 THROUGH JUNE 30, 2016	-	1790075315		1
Adj	Report R Reconciliation Review	ort Refe ation *	Report References and Reconciliation review Request	ation					•
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments		As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS				
σ C	← ←	23 33	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* *	\$669	\$583	\$1,252 13,512
						4			
W1811 1									
							· .		
		-							
					*Balance carried forward from prior/to subsequent adjustments				Page 3

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED JUNE 30, 2016

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2622

Edgar Bulloch, CEO Anza Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ANZA COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED: JUNE 30, 2016

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$376,461, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2522

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2522

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2015

NPI: 1942623657

FISCAL PERIOD TO: JUNE 30, 2016

VISITS	(2 QO) <u>\$1.8</u>	REPORTED			व <u>्</u> र	AUDITED. PERIOD?	ĝ⊊		
1 Medi-Cal Managed Care - Code 18	509	1,752	2.261	509		1,780	3	5	2.289
	•		-						,
3 Medi-Cal Non-Managed Care Crossover - Code 02	1		-	-					-
4 Total Visits	510	1,752	2,262	510		1,780			2.290
Less: Duplicate and Unallowable Visits									,
6 Payable Visits	510	1,752	2,262	510		1,780			2,290
	u se		22 SEAL AND PROPERTY OF THE ITEMS SERVICES			2000			
PAYMENTS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PER 00 1	2 8	AUDITED PERIODIZ	₹9	\$ 6	Annual Control of the
Code 18: Managed Care									
7 Medi-Cal Managed Care Plan Payments	\$ 23,606	\$ 81,079	\$ 104,685	\$ 23,606		\$ 81,079		es	104,685
8 Medicare and MAP Payments	\$ 170	\$ 948	\$ 1,117	\$ 2,662	2	\$ 6,194	ဖ	€9	8,856
9 Code 18 Payments	\$ 33,345	\$ 114,745	\$ 148,089	\$ 33,345		\$ 116,149	4	€	149,494
Code 20: Non-Managed Care	S. Compellation	and the second s	The state of the s		M				Valulation
_	٠	·	٠.	·		,		\$	
11 Code 20 Payments	٠ د	٠.	, 69	· ·		- 8		\$	-
Code 02: Non-Managed Care					Auditoria :		III III III III III III III III III II		
12 Medicare Payments for Crossovers	\$ 98	·	\$ 98	\$				€9	98
13 Code 02 Payments	\$ 26	•	\$ 26	\$ 26		- *		\$	26
14 Total Payments	\$ 57,244	\$ 196,771	\$ 254,015	\$ 59,737		\$ 203,422		မာ	263,159
SETTLEMENT	REP	OK ED RECOLORS	T.O.A.	1 0 0 E E		TED REGENCILIAT	3 S S	<u>9101</u>	Y
15 PPS Rate	\$ 129.02	\$ 129.02		\$ 278.22	1	\$ 280.45	2		
16 Total Medi-Cal Visits (From Line 6)	510	1,752	2,262	510		1,780			2,290
17 PPS Amount (Line 15 x Line 16)	\$ 65,800	\$ 226,043	\$ 291,843	\$ 141,892		\$ 499,201		છ	641,093
18 Less: Total Payments (From Line 14)	\$ 57,244	\$ 196,771	\$ 254,015	\$ 59,737		\$ 203,422		*	263,159
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 8,556	\$ 29,272	\$ 37,828	\$ 82,155		\$ 295,779		\$	377,934
20 Less: Medi-Cal Billing Review Results				, €÷		\$ 1,473	7,8	₩.	1,473
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 8,556	\$ 29,272	\$ 37,828	\$ 82,155		\$ 294,306		8	376,461
22 Healthy Families Plans (Schedule 1-A L12)	- 8		€	€9	-	- 8		8	-
Total Amount Due Clinic (State) (L 21+22)	\$ 8,556	\$ 29,272	\$ 37,828	\$ 82,155		\$ 294,306		\$	376,461

Adjustments	80		As Adjusted	\$278.22 280.45					О 60 60
			Increase (Decrease)	\$149.20 151.43					
Provider NPI	1942623657		As Reported	\$129.02 129.02					
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2015 THROUGH JUNE 30, 2016 Report References		Explanation of Audit Adjustments	MEMORANDOM ADJUSTMENTS PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.	42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304				
	DATION	iation est	Line	<u>4</u>					
	ALTH FOUN	Reconciliation Request	Worksheet						
Name	MMUNITY HEALTH F Report References	ation w	Line	ជ ជ					
Provider Legal Name	GO COMMI Rep	Reconciliation Review	Schedule						
Provi	BORRE	Adj	o Z	- 0					

Provi	Provider Legal Name	Name			Period	Provider NPI		Adjustments
BORR	EGO COMML	JNITY	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1,	ATION	JULY 1, 2015 THROUGH JUNE 30, 2016	1942623657		œ
	Report R Reconciliation	ort Ref	Report References	tion				
Adj.	Review	W. Line	Request	Line	- Explanation of Audit Adiustments	As	Increase (Decrease)	As Adiusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	۱.,	,	
ო	٢	-	-	~	Medi-Cal Managed Care - Code 18 Visits (Period 2)	1,752	28	1,780
4	۲-	თ	~	œ	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$114,745	\$1,404	\$116,149
					To adjust Medi-Cal reconciliation data to agree with the following: Fiscal Intermediary Payment Data: Run On: July.1, 2019 Payment Period: July 1, 2015 through July 1, 2019 Service Period: July 1, 2015 through June 30, 2016 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304 and 2408			
								Page 2

Ferences Norksheet Line Explanation of Audit Adjustments	Provi	Provider Legal Name	Jame			Fiscal Period	Provider NPI		Adjustments
Record Reference As Record Reference As Reported Line Record Reference As Reported Line Record Reference As Record Reference As Record Reference As Record Reference Application Reported Continued Continue	BORR	EGO COMMU	INITY H	EALTH FOUND	NOTTAC	HROUGH JUNE 30,	1942623657		8
Schedule Line Worksheet Line Abs Abstract Line Abstract Charles and MAP Payments (Period 1) S170 S2,492 S2,662		Reconcilis	ort Refe	erences Reconcilia	ation				
1 8	No J	Schedule		Keque	Line	Explanation of Audit Adiustments	As Reported	Increase (Decrease)	As Adjusted
1						ADJUSTMENTS TO OTHER MATTERS			
1 8 1 7 Medicare and MAP Payments (Period 2) 948 5,246 6,194 To adjust MAP & Medicare payments received for Med-Cai managed care petition 234 QMS Pub. 154, section 234 WMS Code, section 1413.24 CMS Pub. 154, section 234 WMS Code section 1413.2.100 (h) 1 20 Not Reported Med-Cai Billing Review Results (Period 2) To adjust Med-Cai payments for fiscal cutacks of 25% and 50% for claims submitted during the 7th through 8th month (RAD Code 475) after the month of services respectively. 4.2 CPR R413.20 and 414.45(a)(1) CCR, Title 22, section 51008 CMS Pub. 154, section 2409 and 2304 WMS Code, section 1413.200 Med-Cai Unerpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 4.2 CPR R413.20 CMS Pub. 154, section 2409 2 and 2304 CMS Pub. 154, section 2409 2 and 2304 CMS Pub. 154, section 2409 2 and 2304 CMS Pub. 154, section 2409 2 and 2504 CMS Pub. 154, section 2409 CMS Pub. 154, section 2409 CMS Pub. 154, section 2409 CMS Pub. 155, section 2409 CMS Pub. 154, section 2409 CMS Pub. 154, section 2409 CMS Pub. 154, section 2409 CMS Pub. 155, section 2409 CMS Pub. 155, section 2409 CMS Pub. 154, section 2409 CMS Pub. 155, section	ഹ	-	œ	-	7	Medicare and MAP Payments (Period 1)	\$170	\$2,492	\$2,662
1 20 Not Reported Medi-Cal Billing Review Results (Perlod 2) To adjust Medi-Cal appraments for fixed cuttacks of 25% and 50% for claims submitted during the 7th function fRAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.44(gl(1) CCR. Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 Wall Code, section 14116 To recover Medi-Cal overpeyments for services that should have been billied to the managed care plan, and due to lack of cocumentation. 42 CFR 413.20 CMS Title 22, section 51005 and 51488.1 Wall Code 14132.100 State Plan Amendment 4.19-B Page 6D. **Page** **Pa	σ	-	ω	۴	^	Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	948 8	5,246	6,194
1 23 Not Reported Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 Wal Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D. "Balance carried forward from prior/to subsequent adjustments" \$1,336 \$137 \$1,473		₹	50	Not Reported		Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Q ∯	\$1,336	
carried forward from prior/to subsequent adjustments	ω .	~		Not Reported		services that should blan, and due to lack of 04 8.1 19-B Page 6D.		\$137	\$1,473
						*Balance carried forward from prior/to subsequent adjustments			

REVISED REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1780038042

FISCAL PERIOD ENDED JUNE 30, 2017

FQHC/RHC Section
Financial Review – Outpatient and Behavioral
Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA

Audit Supervisor: Pasia Gutierrez

Auditor: Bradley Miler



Michelle Baass | Director

DEC 18 2023

Rose MacIsaac, CEO D Street Medical Center P.O. Box 2369 Borrego Springs, CA 92004-2369

REVISION TO RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: D STREET MEDICAL CENTER

NATIONAL PROVIDER IDENTIFIER (NPI): 1780038042

FISCAL PERIOD ENDED: JUNE 30, 2017

We have revised the Borrego Community Health Foundation's Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review for the above-referenced fiscal period. The Rate Setting Audit Report dated September 14, 2022, for the fiscal year end June 30, 2018, established the audited Prospective Payment System (PPS) rate. This revision is necessary to incorporate the audited PPS rate in the above stated reconciliation review.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

As presented in Schedule 1, the revised settlement due the State in the amount of \$72,944, represents a proper determination in accordance with the reimbursement principles of the Medi-Cal program.

This report includes the following schedule:

- 1. Revised Reconciliation Review Report (Schedule 1)
- 2. Revised Adjustment Schedule

The revised settlement will be incorporated into a Statement of Account Status, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.



Rose MacIsaac Page 2

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

If you have questions regarding this report, you may call the FQHC/RHC Section— Sacramento at (916) 322-1681.

DocuSigned by:

allison Clinton

90DADBFE0A74438... Allison Clinton, CPA

FQHC/RHC Section Chief

Financial Review - Outpatient and Behavioral Health Division

Certified

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STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF HEALTH CARE SERVICES

SCHEDULE 1 Revised Medi-Cal Settlement

REVISED RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1780038042

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

SIISIA		₹	AUDITED				REVISED		
VISIO	PERIOD 1	PE	PERIOD 2	TOTAL	PERIOD 1		PERIOD 2	TC	TOTAL
Medi-Cal Managed Care - Code 18	•		224	224			224		224
Medi-Cal Capitated MAP - Code 20	•			ı			1		1
Medi-Cal Non-Managed Care Crossover - Code 02	1		1			,	1		
Total Visits	•		224	224			224		224
Less: Duplicate and Unallowable Visits	•		1	ı		,			
Payable Visits	1		224	224		-	224		224
		A	AUDITED				REVISED		
PAYMENTS	PERIOD 1	2	PERIOD 2	TOTAL	PERIOD 1		PERIOD 2	2	TOTAL
Code 18: Managed care	-								
Medi-Cal Managed Care Plan Payments	*	↔	105,297 \$	105,297	↔	٠	105,297	s	105,297
Medicare and MAP Payments	- \$	\$	1,777 \$	1,777	\$	\$ -	1,777	↔	1,777
Code 18 Payments	*	\$	22,396 \$	22,396	\$	-	, 22,396	\$	22,396
Code 20: Medicare Advantage Plans									
Capitated MAP Plan Payments	₽	\$	\$		↔	·	1	&	-
Code 20 Payments	\$	8	-	1	\$	\$ -	ı	s	
Code 02: Medi-Cal Non-Managed Care Crossover									
Medicare Payments for Crossovers	- ج	မှ	٠	1	ક	٠	1	æ	1
Code 02 Payments	*	&	-	1	\$	·			,
Total Payments	- \$	\$	129,470 \$	129,470	\$	\$	129,470	s	129,470
		DITEDR	AUDITED RECONCILIATION			REVISE	REVISED RECONCILIATION		
						REV	REV		
	PERIOD 1	Jd	PERIOD 2	TOTAL	PERIOD 1	NO.	PERIOD 2	2	TOTAL
PPS Rate	٠ ده	s	163.49	N/A	٠ ھ	\$	252.35 1	4	N/A
Total Medi-Cal Visits (From Line 6)	1		224	224	•		224		224
PPS Amount (Line 15 x Line 16)	-	ઝ	36,622 \$	36,622	ı د	\$			56,526
18 Less: Total Payments (From Line 14)	*	\$	129,470 \$	129,470	۱ ج	↔	129,470	s	129,470
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	-	\$	(92,848)	(92,848)	•	\$	(72,944)	€9	(72,944)
20 Less: Medi-Cal Billing Review Results	- \$	\$	٠	1	۰ پ	↔		S	
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$	\$	(92,848) \$	(92,848)	· \$	\$	(72,944)	\$	(72,944
22 Healthy Families Plans (Schedule 1-A L12)	*	\$		-	۰ \$	\$		\$	1
Total & Die Clinie (Ctota) // 0/1-00)	¥	¥	\$ \878 C6/	(878 60/	4	4	(17 QAA)	¥	170 077

State of California

Department of Health Care Services

BORREGO COMMUNITY HEALTH FOUNDATION		רואכמו רמווסמ		_	Kevision
	IEAL I H	JULY 1, 2016 THROUGH JUNE 30, 2017	1780038042		τ-
Report References	nces				•
Revised Reconciliation	Reconciliation Review				
_O	Schedule Line	Explanation of Revisions	As Audited	Increase (Decrease)	As Revised
	-	MEMORANDUM REVISION			
7 2	- Γ	PPS Rate (Period 2) To revise the provider's audited rate setting PPS Rate(s) to agree with the PPS rate(s) in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	\$163.49	\$8 88 88	\$ 252.35
					0
					Page

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



State of California—Health and Human Services Agency

Department of Health Care Services



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico Escondido P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO ESCONDIDO

NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$357,093, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief

Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1023349883

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS		REPORTED			2	AUDITED	9		
	PERIOD 1	PERIOD	TOTAL	PERIOD	2	PERIOD 2	2		TOTAL
Managed Care - Code 18	4,145	13,522	17,667	4,144	3	13,6	13,667 4		17,811
Capitated MAP - Code 20	1	-	•	•			,		1
Crossovers - Code 02	2	33	35		2		34 5	_	36
Total Visits	4,147	13,555	5 17,702	4,146	9	13.			17.847
Less: Duplicate and Unallowable Visits								<u> </u>	
Payable Visits	4,147	13,555	5 17,702	4,146	9	13,	13,701	-	17,847
PAYMENTS		REPORTED			A	AUDITED	VD.		
Code 18: Managed Care	PER CO	KERIOD 2	I O AE	REKIODI	SO	PERIOD2	2		TOTAL
Medi-Cal Managed Care Plan Payments	\$ 179,166	\$ 611,273	3 \$ 790,439	\$ 179,166	9	\$ 611.273	273	69	790 439
Medicare and MAP Payments	\$ 15,386	\$ 46,476	\$ \$ 61,862	\$ 21,646	6		79,159 10	┢	100,805
Code 18 Payments	\$ 613,330	\$ 2,359,998	3 \$ 2,973,328	\$ 613,182		2,3	L		2,991,345
3rd Party Payers	\$	•	€7	69		69	_	es	,
Code 20: Medicare Managed Care Advantage Plans		The state of the s				1997			
Capitated MAP Plan Payments		٠ ج	9	49	_	ક	_	69	•
Code 20 Payments	မာ	٠ ده	8	69		€9:	_	49	
3rd Party Payers	69	\$	-	٠ 4		es.		ь	•
Code uz: Imedi-cal Non-Inariaged Care Crossover					1		-		
Medicare Payments for Crossovers		i	60	į	11		Ì	+	4,856
Code 02 Payments	200	3,304	-	\$ 200			3,404 8	+	3,604
Sto Party Payers			£9 €			١	- [မှာ (
Total Payments	9 908,266	\$ 3,024,195	3,832,461	\$ 814,459		3,076,590	080	€	3,891,049
	REPOR	ORITED REGONOLL	ATTON		¥	AUDITEDIRECONCILIATION	LATION		
SETTLEMENT	PERIODIA	PERIODZ	TOTAL	PERIOD	No.	PERIOD 2	ğ 2	,	TOTAL
PPS Rate	\$ 235.31	\$ 237.90		\$ 238.88	1	\$ 241.51	\vdash		
Total Medi-Cal Visits (From Line 6)	4,147	13,555	17,702	4,146	9	13,701	701		17,847
PPS Amount (Line 18 x Line 19)	\$ 975,831	\$ 3,224,735	5 \$ 4,200,565	\$ 890,396	9	\$ 3,308,929	958	8	4,299,325
Less: Total Payments (From Line 17)	\$ 808,266	\$ 3,024,195	භ භ	\$ 814,459	6	\$ 3,076,590	280	8	3,891,049
Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 167,564	œ	- 12	-	ے اللہ اللہ اللہ	7	339	5	408,276
Less: Medi-Cal Billing Review Results				\$ 12,92	12,923 13,15,17 \$		38,259 14,16,18 \$	3,18 \$	51,183
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 167,564	\$ 200,539	368,104	\$ 163,014	4	\$ 194,080	080	s,	357,093

Adjustments	2		As Adjusted		\$238.88
			Increase (Decrease)		\$3.57 3.61
1023349883			As Reported		\$235.31
JULY 1, 2016 THROUGH JUNE 30, 2017			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304
TH FOUNDATION	ces	Reconciliation Request	Worksheet Line		£ £ 4
BORREGO COMMUNITY HEALTH FOUNDATION	Report References	Review	Schedule Line W		-
BORREG		Adj.	ė į		+ a

rovi	Provider Legal Name	lame		, i	Perio	Provider NPI		Adjustments
X X	Repo	ort Refe	BORKEGO COMMUNITY HEALTH FOUNDATION JULY 1, Report References	NA ION	JULY 1, 2016 I HROUGH JUNE 30, 2017	1023349883		9
Adj	Reconciliation Review	ation	Reconciliation Request	ation				
ġ.	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT D	DATA		
e 4	~ ~	~ ~	~ ~	~ ~	Managed Care - Code 18 Visits (Period 1)	4,145	£	4,144
r LO	- -	- ო	- ~	- 4	Manageu cale - Code To visits (Period 2) Crossovers - Code 02 Visits (Period 2)	13,522 33	24. C	13,667 34
9 /	-	ന മ	 -	σο σ	Medi-Cal Managed Care - Code 18 Payments (Period 1)	\$613,330	(\$148)	\$613,182
- m	- ~	5	- ~	² ²	Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	3,304	18,165 100	2,378,163 3,404
					To adjust Medi-Cal recondiliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through August 6, 2019 Run On: August 7, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
								Page 2

Provi	Provider Legal Name	lame			Fiscal Period	Provider NP		Adjustments
BORRI	EGO COMMU	NITYH	EALTH FOUNI	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1023349883		18
Adi	Report R Reconciliation Review	Report References inciliation Re eview	rences Reconciliation Request	ation				
, o	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted
o C		ω ω		<u> </u>	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$15,386 46,476	\$6,260 32,683	\$21,646 79,159
2 5		4 4		2 2	Medicare Payments for Crossovers (Period 1) Medicare Payments for Crossovers (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$184 3,144	\$81 1,447	\$265 4,591
£ 4		23 23	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	O O	\$478 966	\$478 966 * *
					*Balance carried forward from prior/to subsequent adjustments			Page 3

Prov	Provider Legal Name	Vame			Fiscal Period	Provider NPI	le	Adjustments
BORR	EGO COMMI	JNITYH	EALTH FOUNI	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1023349883		18
	Rep	Report References	rences					
Adj.	Reconciliation Review	ation w	Reconciliation Request	ation				
No.	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
2	~ ~	23 23	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month	\$478	\$596 7,071	\$1,074 * 8,037 *
					of services, respectively. 42 CFR 413.20, 413.24, 413.60, 413.64, and 433.139 CMS Pub. 15-1, sections 2304, 2404, and 2408 CCR, Title 22, section 51541 W&I Code, section 14115			
L 18	~ ~	333	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D. *Balance carried forward from prior/to subsequent adjustments	\$1,074 8,037	\$11,849	\$12,923 38,259 Page 4

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Borrego Medical Clinic Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: BORREGO MEDICAL CLINIC FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165 FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$453,754, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS	PERIOD 1		REPORTED PERIOD 2	IOIA	Per 8	A second	4 9	AUDITED PERIODIZ	ą o		
1 Managed Care - Code 18		1,085	2,719	L		085		2.811	-		3.896
2 Capitated MAP - Code 20		'				,		'			,
3 Crossovers - Code 02		13	17	30		13		17	L		30
4 Total Visits		1,098	2,736	3,834		1,098	_	2,828	_		3,926
5 Less: Duplicate and Unallowable Visits						424	က	259	4,5		683
6 Payable Visits		1,098	2,736	3,834		674		2,569		ŀ	3,243
	Comments of the comments of th					Control of the contro	STATE OF THE PARTY		Service Servic	20 mm 1 mm 2 mm 2 mm 2 mm 2 mm 2 mm 2 mm	
PAYMENTS			PERIOD 2	TOTAL	9 9 1 1 1 1 1	The first party of the control of th	₹2	DERIOD 2	₹ 9	defende on the second of the s	
Code 18: Managed Care		THE STREET			2141122111222						
7 Medi-Cal Managed Care Plan Payments	ь	79,415	\$ 214,221	\$ 293,636	s	68,815	φ	\$ 207,771	_	es	276,586
8 Medicare and MAP Payments	69	6,093	\$ 25,277	\$ 31,370	\$	6,900	80	\$ 38,791	6	€9	45,691
9 Code 18 Payments	\$	194,641	\$ 491,796	\$ 686,437	\$	194,641		\$ 502,734	2	€9	697,375
10 3rd Party Payers	\$	-	\$		63	,	-	69		643	,
Code 20: Medicare Managed Care Advantage Plans	. Inc.		The state of the s								
11 Capitated MAP Plan Payments	မာ	,		69	es.	•		\$		€9	-
12 Code 20 Payments	ь	'	8	8	es	•	-	\$		49	-
13 3rd Party Payers	\$	-		\$	ક			*		69	
Code 02: Medi-Cal Non-Managed Care Crossover											
14 Medicare Payments for Crossovers	↔	1,187	\$ 1,599	\$ 2,786	€9	1,723	9	\$ 2,259	11	€9	3,982
15 Code 02 Payments	6 9	1,937	\$ 2,485	\$ 4,422	ь	1,937	-	\$ 2,485		\$	4,422
16 3rd Party Payers	\$	-		\$	69	-	-	•		\$	-
17 Total Payments	\$ 2	283,273	\$ 735,379	\$ 1,018,652	\$ 2	274,016		\$ 754,040		\$	1,028,056
	DIDES REPURSANTAL DESCRIPTION OF THE PROPERTY	Participant of the Participant o	no se de la companya								
SETTLEMENT			REPORTED RECORDINATION	TOTAL		Ţ		TEDIRECONCLUMITON AD PERSONAL AD	3 8 8)	
18 PPS Rate		3.04	\$ 255.82		\$	253.04	i	\$ 255.82	<u>. </u>		
19 Total Medi-Cal Visits (From Line 6)		1,098	2,736	3,834		674		2,569			3,243
20 PPS Amount (Line 18 x Line 19)	\$ 2	277,838	\$ 699,924	\$ 977,761	*	170,549		\$ 657,202		49	827,751
21 Less: Total Payments (From Line 17)	\$	283,273	\$ 735,379	\$ 1,018,652	\$ 2	274,016		\$ 754,040		\$	1,028,056
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	ь	(5,435)	\$ (35,455)	(40,890)	\$ (1)	(103,467)		\$ (96,838)		€9	(200,305)
23 Less: Medi-Cal Billing Review Results					G	78,286	12,14,	\$ 175,164	13,15, 17,19	€9	253,449
	\$	(5,435)	\$ (35,455)	(40,890)	€9	(181,753)	Ë	\$ (272,002)		s	(453,754)
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Provi	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adiustments
BORR	EGO COMMI	UNITYH	EALTH FOUN	DATIO	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1134144165		200
	Report References	ort Refe	rences					2
Adj.	Reconciliat	lation W	Reconciliation Request	ation				
o O	Schedule	Line	Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	ا سا		
~	~	_	-	<u>~</u>	Managed Care - Code 18 Visits (Period 2)	2,719	92	2,811
2	-	თ	~	œ	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$491,796	\$10,938	\$502,734
	•				To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through August 6, 2019 Run On: August 6, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
						•		
						. •		
								·
							,	
						-		Page 1

Provi	Provider Legal Name	lame	j.		Fiscal Period	Provider NP	īd	Adjustments
BORR	EGO COMML	NITY H	BORREGO COMMUNITY HEALTH FOUNDATION JULY	DATION	JULY 1, 2016 THROUGH JUNE 30, 2017	1134144165		19
	Repo	ort Refe	Report References					
Adi	Reconciliation Review	ation	Reconciliation Request	ation	•			
8	Schedule	Line	Worksheet	Line	– Explanation of Audit Adiustments	As	Increase (Decrease)	Adiusted
					ADJUSTMENTS TO OTHER MATTERS		(2000)	Popular in the second
က	-	2	Not Reported	_				424
4	← '	υ	Not Reported	.	Medi-Cal Billing Review Visits (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4	0	258	. 258 *
	·				22 CCR section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(i) State Plan Amendment Attachment 4.19B, section J			
rά		ro.	Not Reported		Duplicate and Unallowable Visits (Period 2) To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	* 258		259
					CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
9 /		7	~ ~	99	Medi-Cal Managed Care Plan Payments (Period 1) Medi-Cal Managed Care Plan Payments (Period 2) To call 14 Modi Cal managed Care Plan Payments (Period 2)	\$79,415 214,221	(\$10,600)	\$68,815 207,771
					with the settlement agreement. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)			
ထတ		ω ω	- -	^ ^	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal	\$6,093 25,277	\$807 13,514	\$6,900 38,791
					managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304			
					VV&I COUE, SECUOI 14 132. 100 (11)			
					*Balance carried forward from prior/to subsequent adjustments			Page 2

Provi	Provider Legal Name	lame			Fiscal Period	Provider NP	16	Adjustments
BORR	EGO COMMU	1 YTINI	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1,	DATION	JULY 1, 2016 THROUGH JUNE 30, 2017	1134144165		19
	Repo	ort Refe	Report References		:			
Adj.	Reconciliation Review	ation *	Reconciliation Reguest	ation st				
No.	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	÷			-	ADJUSTMENTS TO OTHER MATTERS		.,	
9	-	4	-	7	Medicare Payments for Crossovers (Period 1)	\$1,187	\$536	\$1,723
E	~ ,.	4	-		Medicare Payments for Crossovers (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	1,599	099	2,259
5 6		20 20	Not Reported Not Reported		Medi-Cal Payments Review (Period 1) Medi-Cal Payments Review (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	Q , 0	\$75,959 168,744	\$75,959 * 168,744 *
4 τ.	· ·	23 23	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	* \$75,959 * 168,744	\$253 128	\$76,212 * 168,872 *
			٠.			·		
					*Balance carried forward from prior/to subsequent adjustments			Page 3

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI	lc	Adjustments
BORF	EGO COMMI	Y TINS	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016	DATION	JULY 1, 2016 THROUGH JUNE 30, 2017	1134144165		19
Adj	Reconciliation Review	ation w	Report References and Reconciliation Request eview	ation		51/F 17		
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted
	· ·	23 3	Not Reported	• .	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* \$76,212 * 168,872	\$228	\$76,440 * 171,614 *
<u>6</u> 0 0	~~	33 33	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* \$76,440 * 171,614	\$1,846 3,550	\$78,286 175,164
				·	*Balance carried forward from prior/to subsequent adjustments			Page 4

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico El Cajon Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: CENTRO MEDICO EL CAJON FOUNDATION

NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$2,809,850, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1154480069

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS	Y		REPORTED PERIOD 2	TOTAL		PERIOD	₽	NUDITED PERIOD 2	Q 9	The state of the s	
1 Managed Care - Code 18		13,923	42,932	56,855		13,923		43,568	-	_	57,491
2 Capitated MAP - Code 20				,				•	_		
3 Crossovers - Code 02		46	118	164		46		121	-		167
4 Total Visits		13,969	43,050	57,019		13,969		43,689	_		57,658
5 Less: Duplicate and Unallowable Visits						1,703	5,7	6,781	6,8		8,484
6 Payable Visits		13,969	43,050	57,019		12,266	Н	36,908			49,174
	Carlo	HIBERRES SING	SCH Sheheste Seder Charles		200	100			100	2 min (1) min	
PAYMENTS	PERIODI		REPORTED PERIOD 2	TOTAL	The second secon	PERIOD.1	₹9	AUDITED PERIOD 2	₹2	The state of the s	Ē
Medi-Cal Managed Care (Formerly Code 18):											
7 Medi-Cal Managed Care Plan Payments	\$ 2,9	2,913,159 \$	9,072,594	\$ 11,985,754	↔	2,913,159	49	9,157,990	4	s	12,071,149
8 Medicare and MAP Payments	\$	610,843 \$	1,836,294	\$ 2,447,137	\$	610,843	₩	1,836,294	_	€	2,447,137
9 Code 18 Payments	\$	44,740 \$	104,450	\$ 149,190	\$	64,487	8 6	222,747	10	8	287,234
10 3rd Party Payers	€	\$	•	₽	€₽		\$,		es-	
Code 20: Medicare Managed Care Advantage Plans			and the second								
11 Capitated MAP Plan Payments	ક	€ Э	,		69		49	'		cs.	-
12 Code 20 Payments	ω		,	ı S	છ		49	'	_	69	•
13 3rd Party Payers	es	٠	•		ь	•	69			€	
Code 02: Medi-Cal Non-Managed Care Crossover											
14 Medicare Payments for Crossovers	49	6,871 \$	17,784	\$ 24,654	\$	6,871	€	18,233	n	69	25,104
15 Code 02 Payments	ક્ક	4,418 \$	11,321	\$ 15,739	49	13,157	11	11,099	12	↔	24,256
16 3rd Party Payers	\$	59	-		ક	'	€>	•		υ	•
17 Total Payments	\$ 3,5	3,580,031 \$	11,042,443	\$ 14,622,474	69	3,608,517	\$	11,246,363		Ф	14,854,880
			PARTICIPATION OF THE PARTICIPA		The second secon				211,000,000,000		
SETTLEMENT	PERIOD 1	9	RIED RECONCLIATION PERIOD 2	TOTAL	S L	PERIODÍ	A. C.	AUDITED RECONCHIATION OUT PERIOD 2 NO	NO N		GLAL
18 PPS Rate	\$	253.40 \$	256.19		€	253.40	\$	256.19			
19 Total Medi-Cal Visits (From Line 6)		13,969	43,050	57,019		12,266		36,908			49,174
20 PPS Amount (Line 18 x Line 19)	\$ 3,5	3,539,745 \$	11,028,980	\$ 14,568,724	69	3,108,204	8	9,455,461		69	12,563,665
21 Less: Total Payments (From Line 17)	\$ 3,5	3,580,031 \$	11,042,443	\$ 14,622,474	69	3,608,517	\$	11,246,363		69	14,854,880
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$	40,287) \$	(13,463)	\$ (53,750)	69	(500,313)	\$	(1,790,902)		49	(2,291,215)
23 Less: Medi-Cal Billing Review Results					₩	62,065	13,15, 17,19 \$	456,570	14,16, 18,20	69 (6) D	518,635
	(5)	(40.287) \$	(13,463) \$	\$ (53,750)	=	(562,378)	€9	(2.247.472)		69	(2,809,850)

Provider Legal Name	jai Nam)e		Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION	NUMMO	ІТҮ НЕАLTН		JULY 1, 2016 THROUGH JUNE 30, 2017	1154480069		20
Report Report Reconciliation Adj.	Report References onciliation Reco	erences Reconciliation Request	Lo		•		
No. Schedule	le Line	Worksheet	Line	Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	As Reported	(Decrease)	As Adjusted
- 2	დ ←		4 ←	Crossovers - Code 02 Visits (Period 2) Managed Care - Code 18 Visits (Period 2)	118 42,932	3 636	121 43,568
w 4 	9 9	←.←	2 8	Code 02 Payments (Period 2) Code 18 Payments (Period 2)	\$17,784 9,072,594	\$449 85,396	\$18,233 9,157,990
				To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through October 26, 2021 Run On: October 26, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			•
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Provider NPI Adjustments	1154480069 20		t Adjustments As Increase As Reported (Decrease) Adjusted	THER MALTERS	0 3 3 * * * 4 * 4 * * 4 * * 4 * 4 * * 4 * 4 * * 4 * 4 * 4 * * 4 * 4 * * 4 * 4 * * 4 * 4 * * 4 * 4 * * 4 * 4 * * 4 * 4 * * 4 * 4 * * 4 * 4 * * 4	* 3 1,700 1,703 * 4 6,777 6,781	\$44,740 \$19,747 \$64,487 104,450 118,297 222,747	\$4,418 \$8,739 \$13,157 11,321 (222) 11,099
Fiscal Period	JULY 1, 2016 THROUGH JUNE 30, 2017		Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MALTERS	Duplicate and Unallowable Visits (Period 1) Duplicate and Unallowable Visits (Period 2) To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate visits for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, section J	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medicare Payments for Crossovers (Period 1) Medicare Payments for Crossovers (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Formerly Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&l Code, section 14132.100 (h)
,		ion	Line				V V	4 4 8 8
)e	BORREGO COMMUNITY HEALTH FOUNDATION	Report References onciliation Reconciliation Review Request	Worksheet		Not Reported Not Reported	Not Reported	· · · ·	~ ~
l Nam	N N N N N N N N N N N N N N N N N N N	ort Refe ation	Line		വവ	ന ന	∞ ω	4 4
Provider Legal Name	BORREGO CON FOUNDATION	Report Re Reconciliation Review	Schedule Line		F F			
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Prov	Provider Legal Name	l Nan	ne	Fiscal Period	Provider NPI		Adjustments
BOR	REGO CON	MMU	BORREGO COMMUNITY HEALTH				
FOU	FOUNDATION	100	ON Boront Boforgroom	JULY 1, 2016 THROUGH JUNE 30, 2017	1154480069		20
Adj	Reconciliation Review	ation ~	Reconciliation Request	•			
Š	Schedule Line	Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adiusted
				ADJUSTMENTS TO OTHER MATTERS			
£ 4	~ ~	73 33	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	g, o	\$253 1,537	\$253 * 1,537 *
5 9		23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and To adjust wedi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* \$253 * 1,537	\$8,945 32,205	\$9,198 * 33,742 *
7 2 9	₩ F	23 3	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* \$9,198	\$31,328 86,451	\$40,526 * 120,193 *
				*Balance carried forward from prior/to subsequent adjustments			Page 3

	1 1 1 1					
Provider	Provider Legai Name BORREGO COMMINIT	Provider Legal Name BORREGO COMMINITY HEALTH	riscal Period	Provider NPI		Adjustments
FOUNDATION	NOL		JULY 1, 2016 THROUGH JUNE 30, 2017	1154480069		50
	Reconciliation Recon	ferences Reconciliation				
No.	Review	Rednest			Increase	As
50		vvorksneet Line	ADJUSTMENTS TO OTHER MATTERS	Reported (Dec	(Decrease)	Adjusted
9 0 0 0	<i>C C</i>	Not Reported Not Reported	Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate payments paid to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(i) State Plan Amendment Attachment 4.19B, section J	* \$40,526 * 120,193	\$21,539 336,377	\$62,065 456,570
			*Balance carried forward from prior/to subsequent adjustments			Page 4

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO
Desert Hot Springs Health Foundation
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: DESERT HOT SPRINGS HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088 FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$12,594, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Combined Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC

Edgar Bulloch Page 2

JUN 2 8 2022

Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1184065088

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIOD 1	ACCEPTED AS FILED PERIOD 2	i i i i i i i i i i i i i i i i i i i	
1 Managed Care - Code 18	123		602 725	123	8 602	2	725
2 Capitated MAP - Code 20	-		-	E	-		1
3 Crossover - Code 02	•		-	1	-		1
4 Total Visits	123		602 725	123	3 602	2	725
5 Less: Duplicate and Unallowable Visits		N/A		•	•		
6 Payable Visits	123	,	602 725	123	3 602	2	725
					Accepted AS FILED		2
PAYMENTS	C C C C C C C C C C C C C C C C C C C	PERIODIZ	\ \L\0\L	PERIOD	PERIOD2	D	
Code 18: Wanaged Care	TO THE PERSON OF						
7 Medi-Cal Managed Care Plan Payments	\$ 1,359	\$ 2,	2,804 \$ 4,163	1,359	3 \$ 2,804	4 \$	4,163
8 Medicare and MAP Payments	- \$	\$	- 8	49	\$	49	1
9 Code 18 Payments	\$ 16,507	\$ 80,	80,587 \$ 97,094	\$ 16,507	7 \$ 80,587	\$ 2	97,094
10 3rd Party Payers		\$	· \$ 9	€	€	க	٠
Code 20: Managed Care Advantage Plans	- MINE HIRETON PROPERTY.			The state of the s			
11 Capitated MAP Plan Payments	- У	↔	- &	4	9	89	
12 Code 20 Payments	€	()	, \$	89	€	s	•
13 3rd Party Payers	-	\$	\$	· \$	\$	ь	ı
Code 02: Medi-Cal Non-Managed Care Crossover							
14 Medicare Payments for Crossovers	- &	69	ر ص	٠ ج	49	ь	•
15 Code 02 Payments	۱ ده	\$	• •	ر چ	€	\$	
16 3rd Party Payers	ا ج	s	6)	. 69	€	↔	
17 Total Payments	\$ 17,866	ક	83,391 \$ 101,257	\$ 17,866	3 \$ 83,391	- 8	101,257
F 20 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REPOR	ш					
SELICEMENT	PERIODIT	FERIODIZ		NO THE BEST OF THE STATE OF THE	ENGOZE E		
18 PPS Rate	\$ 179.51	\$ 179	179.51	\$ 121.19 1	\$ 122.52 2	NA ST	
19 Total Medi-Cal Visits (From Line 6)	123		602 725	123	602		725
20 PPS Amount (Line 18 x Line 19)	\$ 22,080	æ	108,065 \$ 130,145	\$ 14,906	\$ 73,757	8	88,663
21 Less: Total Payments (From Line 17)	\$.17,866	\$ 83,	83,391 \$ 101,257	€9		8	101,257
22 Reconciliation Amount Due Clinic (State) (L. 20 - L. 21)	\$ 4,214	\$ 24,	24,674 \$ 28,888		(9,634)	8	(12,594)
23 Less: Medi-Cal Billing Review Results		NA NA		₽		₩	,
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 4,214	€9	24,674 \$ 28,888	(2,960)	(9,634)	છ	(12,594)

Adjustments	2		As Adjusted	\$121.19 122.52					Page 1
			(Decrease)	(\$58.32) (56.99)					
Provider NPI	1184065088		As Reported	\$179.51 179.51					
Fiscal Period	JULY 1, 2016 THROUGH JUNE 30, 2017		Explanation of Audit Adjustments	PPS Rate (Period 1) PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET. 42 CFR 413.20 and 413.24	CMS Pub. 15-1, Section 2304				
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	Reconciliation Review Request	Schedule Line Worksheet Line	1 18 1 14 1 14 1					
Provi	BORRE	Adj.	o o	- 0		 	 ····		

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1255490819

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC Financial Audits Branch Audits and Investigations Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico Oasis P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

CENTRO MEDICO OASIS

DBA: CENTRO MEDICO OASIS

NATIONAL PROVIDER IDENTIFIER: 1255490819

FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$116,001, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

Schedule 1—Computation of Combined Medi-Cal Settlement

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Edgar Bulloch Page 2 JUN 2 8 2022

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1255490819

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

OHON		0=386428			GENES V GELGEOXY	
	PERIOD 1	PERIOD2	TOTAL	PERIOD	PERIOD 2	TOTAL
1 Managed Care - Code 18	1,709	5,705	7,414	1,709	5,705	7,414
2 Capitated MAP - Code 20	1	1	•	1	-	•
	24	83	107	24	83	107
4 Total Visits	1,733	5,788	7,521	1,733	5,788	7,521
	N.A.	NA III	NA	•	•	•
6 Payable Visits	1,733	5,788	7,521	1,733	5,788	7,521
PAYMENTS) (OD	PERIOD 2		PERIOD 1	PERIOD 2	1014
Code 18: Managed Care						
7 Medi-Cal Managed Care Plan Payments	\$ 119,060	\$ 406,361	\$ 525,421	\$ 119,060	\$ 406,361	\$ 525,421
8 Medicare and MAP Payments	\$ 2,934	\$ 14,011	\$ 16,945	\$ 2,934	14,011	\$ 16,945
9 Code 18 Payments	16	\$ 556,500	\$ 721,553	\$ 165,053	\$ 556,500	\$ 721,553
10 3rd Party Payers	\$	€9	- \$	₩.	- \$	-
Code 20: Managed Care Advantage Plans		and the control of th				
11 Capitated MAP Plan Payments	٠ ده	ι ()	- 8	θ	-	
12 Code 20 Payments	•	69	-	69	-	- \$
13 3rd Party Payers	ι \$	69	·	€	-	•
Code 02: Medi-Cal Non-Managed Care Crossover						
14 Medicare Payments for Crossovers	\$ 2,293	\$ 7,891			e s	
15 Code 02 Payments	\$ 1,184	\$ 4,142	_	\$ 1,184		\$ 5,326
16 3rd Party Payers	- 8	\$	-		\$	
17 Total Payments	\$ 290,525	\$ 988,904	\$ 1,279,429	\$ 290,524	\$ 988,905	\$ 1,279,429
		2			E	
		REPORTED RECONDILATION	No.		ED AS FILED RECONGLIATION	Z
SETTLEMENT	PERIOD 1	PERIODIZ	Toral Toral	PERIODA	PERIOD 2 NO	TOTAL
18 PPS Rate	\$ 153.39	\$ 155.08		\$ 153.39		
19 Total Medi-Cal Visits (From Line 6)	1,733	5,788	7,521	_	5,788	7,521
20 PPS Amount (Line 18 x Line 19)	\$ 265,825	\$ 897,603	မှာ	265,825	\$ 897,603	
21 Less: Total Payments (From Line 17)	\$ 290,525	\$ 988,904	\$	290,524	\$ 988,905	
	OBSORBE	(24,700) \$ (91,301)	\$	\$ (24,699)	\$ (91,302)	\$ (116,001)
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (24,700)	(91,301)	(116,001)	(24,699)	(SUZ)(S)	(116,001)

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Desert Hot Springs Community Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT HOT SPRINGS COMMUNITY FOUNDATION

NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$16,700, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1275849283

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS		REPORTED			2	AUDITED	ą.	The second secon	The same of the sa
1 Managed Care - Code 18	4.807	14.849	19,656	4.807		15.352	<u>س</u>		20 159
2 Capitated MAP - Code 20				-					,
3 Crossovers - Code 02	•		,	,	_				
4 Total Visits	4,807	14,849	19,656	4,807		15,352			20,159
				-					
6 Payable Visits	4,807	14,849	19,656	4,807		15,352			20,159
STUDMY		REPORTED			Debt of Arthur Services (Arthur Services) (Arthu	Avolteb	The state of the s	The state of the s	
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	NO.	PERIOD 2	ğġ	TOTAL	
Code 18: Managed Care									
7 Medi-Cal Managed Care Plan Payments	\$ 196,140	\$ 640,080	\$ 836,220	\$ 196,140	G	640,080		€	836,220
8 Medicare and MAP Payments	\$ 24,089	\$ 76,837	\$ 100,925	\$ 30,711	5	118,448	6	€	149,159
9 Code 18 Payments	\$ 916,843	\$ 3,487,993	\$ 4,404,836	\$ 916,843	49	3,569,682	4	\$	4,486,525
10 3rd Party Payers	\$ -	\$,	· +	49	•		€	1
Code 20: Medicare Managed Care Advantage Plans	- independent	- The Japanining Care							
11 Capitated MAP Plan Payments				· \$	€>	•		S	1
12 Code 20 Payments	8	· ·	•	- 9	4	'		es	•
13 3rd Party Payers	٠ چ	٠		- ب	69	1		€9	,
Code 02: Medi-Cal Non-Managed Care Crossover									
14 Medicare Payments for Crossovers	-		69		49	,		€	'
15 Code 02 Payments		- \$	- 69	· es	\$	•		€9	-
16 3rd Party Payers	\$.	- *	·	\$	€>	•		()	, !
17 Total Payments	1,137,071	\$ 4,204,910	\$ 5,341,981	\$ 1,143,694	\$	4,328,210		€9	5,471,904
SETTLEMENT	KEPOKI	ORTED RECONCILATION	TOTAL	PERIOD		ED RECONCTIATION PERIOD 2 NO	g g g	19	TOTAL
18 PPS Rate	\$ 269.65	\$ 272.62		\$ 273.48	1 \$	276.49	2		
19 Total Medi-Cal Visits (From Line 6)	4,807	14,849	19,656	4,807		15,352			20,159
20 PPS Amount (Line 18 x Line 19)	\$ 1,296,208	\$ 4,048,134	\$ 5,344,342	\$ 1,314,618	\$	4,244,674		s)	5,559,292
21 Less: Total Payments (From Line 17)	\$ 1,137,071	\$ 4,204,910	\$ 5,341,981	\$ 1,143,694	8	4,328,210		69	5,471,904
1	\$ 159,137	(156,776)	\$ 2,361	-	_	(83,536)			87,388
23 Less: Medi-Cal Billing Review Results					7,9,11 \$	91,083	8,10,12	₩	104,088
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 159,137	\$ (156,776)	\$ 2,361	\$ 157,919	69	(174,619)		\$	(16,700)

ιņ						 				 ٠
Adjustments	71		As Adjusted	\$273.48 276.49						Ċ
			Increase (Decrease)	\$3.83 3.87						
Provider NPI	12/3049203		As Reported	\$269.65 272.62						
Fiscal Period	SOLI I, SOLO TINOCOLI SONE SO, SOLI		Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS PPS Rate (Period 1) PPS Rate (Period 2)	To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304					
Provider Legal Name BORREGO COMMINITY HEALTH FOLINDATION	SS	Reconciliation Request	Worksheet Line	1						
iame NITV HEA! TE	Report References		Line Wor	8 8						
Provider Legai Name BORREGO COMMINITY I	Repo	Reconciliation Review	Schedule							
FOVIC 30RRF		Adj.	O	- 2						

Prov	Provider Legal Name	Name			Fiscal Period	Provider NP		Adjustments
BORR	REGO COMMI	UNITY H	EALTH FOUN	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1275849283		12
	Rep	Report References	rences					
Adj.	Reconciliation Review	ation w	Reconciliation Request	ation				
No.	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	٠		
ო	~	~	~	٢	Managed Care - Code 18 Visits (Period 2)	14,849	503	15,352
4	~	თ	~	ω	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$3,487,993	\$81,689	\$3,569,682
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through August 7, 2019 Run On: August 7, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
								Page 2

Prov	Provider Legal Name	Jame			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMMU	NITY F	JEALTH FOUN!	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1275849283		12
Adj	Report R Reconciliation Review	ort Refeation	Report References onciliation Reconciliation eview Request	ation st				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					<u>ADJUSTMENTS TO OTHER MATTERS</u>			
மும	- -	ω ω	~ ~	^ ^ .	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$24,089 76,837	\$6,622 41,611	\$30,711 118,448
~ ∞	~ ~	23	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	O O	\$273 5,619	\$273 * 5,619 *
o. <u>0</u>		3 3 3	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) 22 CCR, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* \$273 * 5,619	\$1,283 40,996	\$1,556 * 46,615 *
					*Balance carried forward from prior/to subsequent adjustments			Page 3

Department of Health Care Services

121 30492.03 As Increase Adj ER MATTERS	Prov	Provider Legal Name	Vame		l G	Fiscal Period	Provider NPI		Adjustments
Reconciliation Reco	2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	EGO COMINIC Rep	ort Refe	FALLH FOUND	DALICIN	JOET 1, ZUIO INROUGH JUINE SO, ZUI!	12/3849283		71
Schedule Line Worksheel Line Explanation of Audit Adjustments Reported Coccresses Adjusted 2.3 Not Reported Maci-Cal Billing Perview Results (Period 1) Structure Structur	Adj	Reconcilis	ation	Reconcilia Reques	ation				
1 23 Not Reported Med-Cal Billing Review Results (Period 1) 1 23 Not Reported Med-Cal Billing Review Results (Period 1) 1 1 23 Not Reported Med-Cal Billing Review Results (Period 1) 1 1 20 Not Reported Med-Cal Billing Review Results (Period 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o N	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
1 23 Not Reported Med-Call Billing Review Results (Period 1) 23 Not Reported Med-Call Billing Review Results (Period 2) 3 Not Reported Med-Call Overpayments for services triat should Call Billing Review Results (Period 2) 44,686 91,083 AC STR 413.2 AC						ADJUSTMENTS TO OTHER MATTERS			
Page		~ ~	533	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* * 49,556	\$11,449 44,468	\$13,005
						*Balance carried forward from prior/to subsequent adjustments			

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch,CEO Arlanza Family Health Center Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: ARLANZA FAMILY HEALTH CENTER FOUNDATION

NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$639,503, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2

JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1306131545

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS	P	REPORTED PERIOD 2	a - c	10 P	9 8 8 8 9 9		₹9	AUDITED PERIOD 2	<u> </u>	TOTAL	
Managed Care - Code 18	3,535		10,377	13,912		3,532	1	10,507	2		14,039
Capitated MAP - Code 20	-		-			,					,
Crossovers - Code 02	•		•	-		-		3	3		3
Total Visits	3,535		10,377	13,912		3,532		10,510		:	14,042
Less: Duplicate and Unallowable Visits				Table 1		•		•			1
Payable Visits	3,535		10,377	13,912		3,532		10,510			14,042
PAYMENTS		REPORIED	ρ () () () () () () () () () (and construction (* * * * * * * * * * * * * * * * * *		AUDITED		per la company de la company d	The second secon
Code 18: Wanaged Care	RERIODA	PERIODZ	Či.	TOTAL	PERIOD		Q Z	PERIOD 2	ADJ NO.	TOTAL	¥
Medi-Cal Managed Care Plan Payments	\$ 251,801	49	701,213 \$	953,013	\$	251,801	8	701,213		69	953,014
Medicare and MAP Payments	\$ 8,432	\$	22,401 \$	30,833	ક	11,906	2 \$	43,572	8	ક	55,478
Code 18 Payments	\$ 537,032	89	1,593,383 \$	2,130,416	\$	536,576	4	1,605,343	5	\$ 2	2,141,919
10 3rd Party Payers	٠ نه	છ	\$		()	-	65	•		69	'
	. ↔	မ	↔		છ	- 	69	•		€	1
	€9	s,	φ.	1	69	<u> </u>	8	-		\$	-
13 3rd Party Payers	φ	8	€	-	69	•	છ			es	1
	_	*						101	ſ		
14 Iwedicare Payments for Crossovers	e o	A U	. θ		A U	'	A U	405	» «	A 4	248
	9 65	€6	•	,	÷ 49		9 49	CE-2	,	· ·	
	\$ 797,265	မာ	2,316,997 \$	3,114,262		800,283	€9	2,350,781			3,151,064
SETTLEMENT	RET OF THE	REPORTED RECONCILIA PERIODIZ	NG EIATON	TOTAL	9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	97.F.	Q Q Q	AUDITED RECONCILIATION J	0 80 9 10 NG	TOT.	4
18 PPS Rate	\$ 185.70	\$	187.74		49	185.70	69	187.74			
19 Total Medi-Cal Visits (From Line 6)	3,535		10,377	13,912		3,532		10,510			14,042
20 PPS Amount (Line 18 x Line 19)	\$ 656,450	ь	1,948,178 \$	2,604,627	မ	655,892	S E	1,973,147		\$ 2	2,629,039
21 Less: Total Payments (From Line 17)	\$ 797,265	69	2,316,997 \$	3,114,262	€	800,283	S	2,350,781		8	3,151,064
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (140,816)	G	368,819) \$	(509,635)	\$ (1	(144,391)	8	(377,634)			(522,025)
23 Less: Medi-Cal Billing Review Results					6	21,341 1	10,12,14 \$	96,137	11,13,15	ક	117,478
24 Total Amount Due Clinic (State) (L 22 - L 23)	(140,816)	w	(368,819) \$	(509,635)		(165,732)	9	(473,771)		·	(639,503)

Adjustments	15		As Adjusted	3,532 10,507 3	\$536,576 1,605,343 248		ì	Page 1
			Increase (Decrease)	(3) 130 3	(\$456) 11,960 248			
Provider NPI	1306131545		As Reported	3,535 10,377 0	\$537,032 1,593,383 0			
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017		ments	e - Code 18 Visits (Period 1) e - Code 18 Visits (Period 2) Code 02 Visits (Period 2)	Medi-Cal Managed Care - Code 18 Payments (Period 1) Medi-Cal Managed Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through August 2, 2019 Run On: August 2, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4		
	DATION	ation	Line	4 d	200			
	SALTH FOUN	Reconciliation Request	Worksheet	~ ~ ~				
Name	JNITY HE	Nepolt Neielelices Incilation Re teview	Line	~ ← ∞	ဝစင်း			
Provider Legal Name	EGO COMMI	Reconciliation Review	Schedule	-	~~ ~		•	
Provid	BORRE	Adj.	o 2	− 0 m	4 rv ro			

Department of Health Care Services

Provi BORR	Provider Legal Name BORREGO COMMUNITY	Name	Provider Legal Name Fiscal BORREGO COMMUNITY HEALTH FOUNDATION JULY 1	NOITAC	Fiscal Period	Provider NPI	_	Adjustments
	Reconciliation	ort Ref	Report References	ition				2
Adj.	Review	3	Request	St - - - - -	Evalenation of Audit Adjustments	As	Increase	As
					ADJUSTMENTS TO OTHER MATTERS	pallodavi	(Declease)	Adjusted
► ∞		ω ω		~ ~	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$8,432 22,401	\$3,474 21,171	\$11,906 43,572
თ	7-	4	£ .	5	Medicare Payments for Crossovers (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	O\$	\$405	\$405
61	~ ~	23	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Q C	\$186 3,567	\$186 * 3,567 *
<u>ζ</u> 6		73 73	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) 22 CCR, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* * * 3,567	\$383 2,217	* *
					"Balance carried forward from priorito subsequent adjustments			Page 2

5	Provider Legal Name	\ame			Fiscal Period	Prov	Provider NPI		Adjustments
BOR	REGO COMMI	JNITY H	EALTH FOUNI	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1306131545	31545		15
Adi	Report R Reconciliation Review	Report References onciliation References	rences Reconciliation Request	ation					
S	Sche	Line	Worksheet	Line	Explanation of Audit Adjustments	Rep	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS				
4 μ		3333	Not Reported		Medi-Cal Billing Review Results (Period 2) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* *	\$569 5,784	\$20,772 90,353	\$21,341 96,137
			-		*Balance carried forward from prior/to subsequent adjustments				Page 3

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Desert Oasis Womens Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT OASIS WOMENS HEALTH

NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$215,101, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Combined Medi-Cal Settlement
- Adjustments Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the

Edgar Bulloch Page 2 JUN 2 8 7022

impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

1386069995

FISCAL PERIOD FROM: JUNEY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS		REPORTED PERSON		, , , , , , , , , , , , , , , , , , ,	ACCEPTED AS FILED	
1 Managed Care - Code 18	1,667	4,818	6,485	1.667		6 485
2 Capitated MAP - Code 20		,				1
3 Crossover - Code 02	-	•		,	-	
4 Total Visits	1,667	4,818	6,485	1,667	4.818	6.485
5 Less: Duplicate and Unallowable Visits		NA				
6 Payable Visits	1,667	4,818	6,485	1,667	4,818	6,485
!		REPORTED			ACCEPTED ASIFILED	
PAYMENTS	PERIOD 1	PERIOD 2	TOTAL	PERIODA	PERIOD 2	TOTAL
Code 18: Managed Care						
7 Medi-Cal Managed Care Plan Payments	8	\$ 10,306	\$ 10,306		\$ 10,306	\$ 10,306
8 Medicare and MAP Payments	1,314	\$ 7,945	\$ 9,259	1,314	€	\$ 9,259
9 Code 18 Payments	\$ 244,356	\$ 705,863	\$ 950,219	\$ 244,356	\$ 705,863	\$ 950,219
10 3rd Party Payers	*	- \$	•	69	4	
		477.65	2011		**************************************	
11 Capitated MAP Plan Payments	٠ ده	٠ ج			- +	
12 Code 20 Payments	69	69		€9	9	\$
13 3rd Party Payers	ا چ	- -	- \$	es	-	- 9
Code 02: Medi-Cal Non-Managed Care Crossover					(4)	At an additional design of the control of the contr
14 Medicare Payments for Crossovers	69	-		\$	8	•
15 Code 02 Payments	- 5		\$	\$	\$	6
16 3rd Party Payers		\$	- \$	\$	\$	·
17 Total Payments	\$ 245,670	\$ 724,114	\$ 969,784	\$ 245,670	\$ 724,114	\$ 969,784
	Đ.	REPORTED RECONCILIATION	TICK	HSVGEDIGEODY	DNOSE CONC	Xe
SETTLEMENT	YESTOPI	955002	TOTAL	PEROD: NO	39 2003 2003 2003 2003 2003 2003 2003 20	TOTAL
18 PPS Rate	\$ 182.16	\$ 182.16	N. S.	\$ 115.43 1	\$ 116.70 2	
19 Total Medi-Cal Visits (From Line 6)	1,667	4,818	6,485	1,667	4,818	6,485
20 PPS Amount (Line 18 x Line 19)	\$ 303,661	\$ 877,647	\$ 1,181,308	\$ 192,422	\$. 562,261	\$ 754,683
21 Less: Total Payments (From Line 17)	\$ 245,670	\$ 724,114	\$ 969,784	\$ 245,670	\$ 724,114	\$ 969,784
		\$ 153,533	\$ 211,524	\$ (53,248)	\$ (161,853)	\$ (215,101)
23 Less: Medi-Cal Billing Review Results	NA	2				
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 57,991	\$ 153,533	\$ 211,524	\$ (53,248)	(161,853)	\$ (215,101)

Adjustments	2		As Adjusted		\$115.43 116.70	rage 1
A			Increase (Decrease)		(\$66.73)	
Provider NPI	1386069995		As Reported		\$182.16	
Fiscal Period	JLY 1, 2016 THROUGH JUNE 30, 2017		Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304	
Provider Legal Name Fi	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	Reconciliation Review Request	Work		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Prov	BORF	Adj.	Š		F 70	

REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC Financial Audits Branch Audits and Investigations Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Women's Health and Wellness Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: WOMENS'S HEALTH AND WELLNESS CENTER NATIONAL PROVIDER IDENTIFIER: 1568747137 FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$474,906, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1568747137

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS	PEROD 1	REPORTED III	TOTAL	PERIOD 1	şş	AUDITED PERIOD 2	₹9	TOTAL	The second secon
1 Managed Care - Code 18	1,555	3,717	5,272	1,555		3,734	ო		5,289
2 Capitated MAP - Code 20	-	-	•	1		•			
3 Crossovers - Code 02	-	-	-	•		,			,
4 Total Visits	1,555	3,717	5,272	1,555		3,734			5,289
5 Less: Duplicate and Unallowable Visits				1		-			,
6 Payable Visits	1,555	3,717	5,272	1,555		3,734			5,289
	·								
PAYMENTS	FEROD (REPORTED PERIODI2	TOTAL	PERIOD 1	92	AUDITED PERIOD 2	Ş Ş	TOTAL	
Code 18; Managed Care									
7 Medi-Cal Managed Care Plan Payments	\$ 18,011	\$ 47,234	\$ 65,245	\$ 18,011		\$ 47,234		69	65,245
8 Medicare and MAP Payments	\$ 697	\$ 2,409	\$ 3,106	\$ 947	5	\$ 4,381	9	\$	5,328
9 Code 18 Payments	\$ 198,510	\$ 474,140	\$ 672,650	\$ 198,510		\$ 475,416	4	છ	673,926
10 3rd Party Payers	•	- 69		69		- \$		s	-
Code 20: Medicare Managed Care Advantage Plans	The state of the s			Parent Halland W. Arter					and the state of t
11 Capitated MAP Plan Payments	\$	-		€		\$		€	,
12 Code 20 Payments	-	€	*	. ↔		\$		€>	
13 3rd Party Payers	-	-	-	· 49				€\$	
Code 02: Medi-Cal Non-Managed Care Crossover		· · · · · · · · · · · · · · · · · · ·							
14 Medicare Payments for Crossovers	- \$	٠		· &		- *		es	-
15 Code 02 Payments		,	· ·	· •		٠	_	છ	
16 3rd Party Payers	\$.	٠		59		- \$	_	8	
17 Total Payments	\$ 217,218	\$ 523,783	\$ 741,001	\$ 217,468		\$ 527,031	-	ક	744,499
SETTLEMENT	V COMBAG	REPORTED RECONCIDENT	NO.	9838		TEDRECONCLATION	2 (c) (c)	i i	
18 PPS Rate		ક		\$ 229.08		\$ 231.60	2		
19 Total Medi-Cal Visits (From Line 6)	1,555	3,717	5,272	1,555		3,734			5,289
20 PPS Amount (Line 18 x Line 19)	\$ 287,675	\$ 687,645	\$ 975,320	\$ 356,219		\$ 864,794		æ	1,221,013
21 Less: Total Payments (From Line 17)	\$ 217,218	\$ 523,783	\$ 741,001	\$ 217,468		\$ 527,031		es.	744,499
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 70,457	\$ 163,862	\$ 234,319	\$ 138,751		\$ 337,763		ь	476,514
23 Less: Medi-Cal Billing Review Results				\$ 20	7	\$ 1,588	8,9	€	1,608
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 70,457	\$ 163,862 \$	\$ 234,319	\$ 138,731		\$ 336,175		s	474,906

Adjustments	n e	<	Adjusted	\$229.08			Page 1
			(Decrease)	\$44.08 46.60			
Provider NPI	1300/4/13/	Ç.	Reported	\$185.00 185.00			
Provider Legal Name Fiscal Period Fiscal Period	30E1 1, 2010 TINOOGH 30ME 30, 2017		Explanation of Audit Adjustments MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304			
NOITA CINI IOR HT I	inces	Reconciliation Request	Worksheet Line	 4 4			
Provider Legal Name	Report References	Reconciliation Review	Schedule Line	1 18			
Provid	DONNE.	Adj.		⊢ 0		 	

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Provi	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMMI	UNITY H	EALTH FOUN	IDATIO	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1568747137		<b>о</b>
	Report References	ort Refe	erences Decorption	10110				
Adj.	Review	₩.	Request	est est				
O	Schedule	Line	Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	١		
ო	-	~	-	~	Managed Care - Code 18 Visits (Period 2)	3,717	17	3,734
4	~	o	~	ω	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$474,140	\$1,276	\$475,416
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through August 7, 2019 Run On: August 8, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
						ļ		Page 2

Adj.			•		riscal Period	Provider NPI		Adjustments
Adj. No.	GO COMMI	UNITY	HEALTH FOUN	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1568747137		6
Adj. No.	Report R	ort Ref	Report References	office Control				
o Z	Review	₩ M	Request	st				
	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	-				ADJUSTMENTS TO OTHER MATTERS			
5	-	œ	-	7	Medicare and MAP Payments (Period 1)	\$697	\$250	\$947
φ	<del>-</del>	00	<b>~</b>	<b>~</b>	Medicare and MAP Payments (Period 2)  To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	2,409	1,972	4,381
<b>№</b>	~ <del>~</del>	23 23	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) 22 CCR, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	O	\$20 1,551	\$20 1,551 *
თ	<del>-</del>	83	Not Reported		Medi-Cal Billing Review Results (Period 2)  To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* \$1,55	\$3.74	\$1,588
					*Balance carried forward from prior/to subsequent adjustments			Page 3

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico Cathedral City P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: CENTRO MEDICO CATHEDRAL CITY NATIONAL PROVIDER IDENTIFIER: 1619036514 FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$568,642, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1619036514 PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY	JULY 1, 2016				FISCAL PERIOD	.010	FISCAL PERIOD TO: JUNE 30, 2017			
VISITS		REPORTED		See a	CORE	₹9	AUDITED	39	The second of details of the second of the s	
1 Managed Care - Code 18	9,108	29.013		38 121	9 108		29 573	-	olegenden in	28.681
2 Capitated MAP - Code 20	,									3
3 Crossovers - Code 02	85	192	2	277	85		194	7		279
4 Total Visits	9,193	29,205		38,398	9,193		29.767	L		38.960
_							2	ı,		2
6 Payable Visits	9,193	29,205		38,398	9,193		29,765			38,958
	433,243,000,000,000,000,000,000,000,000,000,0			I Memoria	And the last time to the Control of					
PAYMENTS	9 8 9 1	REPORTED PERIOD 2	TOTAL	And the state of t	PERSON	겉 9	AUDITED PERIOD 2	<b>₫</b>	The second secon	V C
Code 18: Managed Care	THE RESERVE THE PARTY OF THE PA		Bearing and a second se		in anomalian series				Trighten and the	
7 Medi-Cal Managed Care Plan Payments	\$ 460,980	\$ 1,521,288	8 \$ 1,982,268	_	\$ 460,980		\$ 1,521,288		<del>6</del>	1,982,268
8 Medicare and MAP Payments	\$ 36,879	\$ 126,984	49	163,864	\$ 47,487	ဖ		7	€9	234,710
9 Code 18 Payments	1,580,399	\$ 5,080,044	_		\$ 1,580,399		ທີ	m	es	6,726,494
10 3rd Party Payers	s	· s	. \$	'	-				€	_
				1					Tall?	
11 Capitated MAP Plan Payments	€		69	<u> </u>	6		•		s	_
12 Code 20 Payments	. I	5	69	**	\$		-		€	-
13 3rd Party Payers	-	\$	æ	-			-		€	-
Code 02: Medi-Cal Non-Managed Care Crossover	and the second s									
14 Medicare Payments for Crossovers	\$ 8,129	\$ 18,259	€9	26,389	\$ 11,269	ω.	\$ 25,971	6	69	37,240
15 Code 02 Payments	\$ 11,166	\$ 25,685	₩	36,850	\$ 11,166		\$ 25,947	4	€	37,113
16 3rd Party Payers	\$		₩	-	\$	_	8		<del>69</del>	
17 Total Payments	\$ 2,097,553	\$ 6,772,259	9 \$ 8,869,813		\$ 2,111,301		\$ 6,906,524		€	9,017,825
							,			
SETTLEMENT	REPION REPI	REPORTED RECONCIL	ATION TOTAL		PEROD		THED RECONCILIATION AD PERIODIZ NO	8 <u>8</u> 8		0.TAL
18 PPS Rate	\$ 237.36	\$ 239.97			\$ 237.36		\$ 239.97			
19 Total Medi-Cal Visits (From Line 6)	9,193	29,205		38,398	9,193		29,765			38,958
20 PPS Amount (Line 18 x Line 19)	\$ 2,182,050	\$ 7,008,324	4 \$ 9,190,374		\$ 2,182,050		\$ 7,142,707		€	9,324,757
21 Less: Total Payments (From Line 17)	\$ 2,097,553	\$ 6,772,259	9 \$ 8,869,813	=	\$ 2,111,301		\$ 6,906,524		ь	9,017,825
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 84,497	\$ 236,065	₩	320,563	\$ 70,749		\$ 236,183		ક	306,932
23 Less: Medi-Cal Billing Review Results					378,087	10,12, 14,16	\$ 497,488	11,13, 15,17	69	875,574
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 84,497	\$ 236,065	\$	320,563	\$ (307,338)		\$ (261,305)		\$	(568,642)

Regular   Regular   Recommission	Provi	Provider Legal Name	Vame		:	Fiscal Period	Provider NPI		Adjustments
Reconciliation   Reco	BORR	EGO COMMI	JNITY HE	ALTH FOUNI	DATION		1619036514		.17
Schedule   Line   Worksheet   Line   Agus   Explanation of Audit Adjustments   Reported   (Decresse)   Adjusted   Adjustments   Agus   Adjusted   Adjustments   Adjustme		Reconcilia	ort Refer	rences	tion				
Schedule   Line	Adj	Revie		Redue	st		,		
ADJUSTMENTS TO REPORTED MEDI-CAL, SETTLEMENT DATA  Advanged Care - Code 18 Visite (Period 2)  Managed Care - Code 18 Payments (Period 2)  Managed Care - Code 18 Payments (Period 2)  Managed Care - Code 18 Payments (Period 2)  Managed Care - Code 20 Payments (Period 2)  Managed Care - Code 20 Payments (Period 2)  Managed Care - Code 20 Payments (Period 2)  Fiscal Intermediary Payment Data  Service Preiori, July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 1, 2016 through July 2, 2019  Payment Period: July 2, 2019  Paymen	o Z	Schedule	Line	Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted
1   1   1   Managed Care - Code 18 Vaits (Period 2)   194   195   195   194   195   194   195   194   195   194   195   194   195   194   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195   195						TS TO REPORTED MEDI-CAL SETT	<u>∀</u>		
1 8 Medi-Cal Managed Care - Code 18 Payments (Period 2) 25,085 262 25,947  10 Addi-Cal Managed Care - Code 10 Payments (Period 2) 25,685 265,146,085  To adjust Medi-Cal reconcilation day with the following Fiscal Internetiation Payment Data: Payment Data: Seavice Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through June 30, 2017  Payment Period: July 1, 2016 through August 6, 2019  A C R A 132.0, 133.0, and 413.6  A C R A 132.0, 133.0, and 413.6  CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	- 0	<del></del>	~ ო	<del>-</del> -	<b>←</b> 4	Managed Care - Code 18 Visits (Period 2) Crossovers - Code 02 Visits (Period 2)	29,013 192	560	29,573 194
	w 4	<b>← ←</b>	φ <del>τ</del>	F F	2 w	Medi-Cal Managed Care - Code 18 Payments (Period 2) Medi-Cal Non-Managed Care - Code 02 Payments (Period 2) To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through August 6, 2019 Run On: August 6, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	\$5,080,044	\$66,051	\$5,146,095 25,947

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Provi	Provider Legal Name	lame			Fiscal Period	Provider NP		Adjustments
BORR	EGO COMMU	H YTINI	BORREGO COMMUNITY HEALTH FOUNDATION JULY	DATION	JULY 1, 2016 THROUGH JUNE 30, 2017	1619036514		17
	Report R Reconciliation	ort Refe ation	Report References	tion				
S S	Review	> -	Request	St.	Explanation of Audit Adiustments	As	Increase (Decrease)	As
	200			1	ADJUSTMENTS TO OTHER MATTERS		(papa baa)	Popular III
ro		က	Not Reported		Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0	~	0
9 \	~ ~	ω ω	F F	<b>^ ^</b>	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$36,879 126,984	\$10,608 60,239	\$47,487 187,223
<b>ω</b> σ	~ ~	<del>4</del> <del>4</del>	<del></del>	7 7	Medicare Payments for Crossovers (Period 1) Medicare Payments for Crossovers (Period 2) To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$8,129 18,259	\$3,140 7,712	\$11,269 25,971
2 7	<b>← ←</b>	23	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	O <del>g</del> O	\$2,374	\$2,374 * 14,700 *
					*Balance carried forward from prior/to subsequent adjustments			Page 2

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Provi	Provider Legal Name	Vame			Fiscal Period	Provider NP		Adjustments
BORR	EGO COMML	∤ ≻TINI	<b>JEALTH FOUN</b>	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1619036514		- 17
	Rep	ort Ref	Report References					
Adj.	Reconciliation Review	ation w	Reconciliation Request	ation sst				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
2 6		73 3	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) 22 CCR, section 51008	* \$2,374 * 14,700	20,894	\$3,971 * 35,594 *
					CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115			
4 t		00	20 Not Reported 20 Not Reported	מס	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To recover non-allowable payments to the provider due to the misbilling of visits 42 CFR 419.4  22 CCR section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	* \$3,971 * 35,594	\$236,826 47,514	\$240,797 * 83,108 *
16	<del></del>	0.0	20 Not Reported 20 Not Reported	. מ מ	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* \$240,797 * 83,108	\$137,290 414,380	\$378,087 497,488
					*Balance carried forward from prior/to subsequent adjustments			Page

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



#### JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico, Coachella P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO, COACHELLA

NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the Clinic in the amount of \$141,682, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

1. Schedule 1—Computation of Combined Medi-Cal Settlement

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Edgar Bulloch Page 2

#### JUN 2 8 2022

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1730249947

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

		COHOCCU				SECTION OF THE PROPERTY OF THE
VISITS	952000			PERIOD (	Account EDAN HILED	<u> </u>
1 Managed Care - Code 18	1,053		4,920	1,053	3,867	4,920
2 Capitated MAP - Code 20	1		1		•	
3 Crossover - Code 02	•	-	,			•
4 Total Visits	1,053	3,867	4,920	1,053	3,867	4,920
5 Less: Duplicate and Unallowable Visits	N/A	N.A.	NA NA			1
6 Payable Visits	1,053	3,867	4,920	1,053	3,867	4,920
PAYMENTS		REPORITED		primaries in the primaries and the primaries of the prima	ACCEPTED AS FILED	
Code 18: Managed Care	PERIODIA	PERIODZ	TOTAL	PERIOD	PERIODIZ	TOTAL
7 Medi-Cal Managed Care Plan Payments	\$ 76,028	\$ 223,019	\$ 299,047	\$ 76,028	\$ 223,019	\$ 299.047
	\$ 4,928	\$ 24,401	\$ 29,328	\$ 4,928	€9	\$ 29,329
	\$ 82,340	\$ 305,519	\$ 387,859	\$ 82,340	9	\$ 387,859
10 3rd Party Payers	- ₩	- \$	- \$	θ.	•	\$
Code 20: Managed Care Advantage Plans	The second secon		181118 31361111 1	s min to district the trade to the total of		
11 Capitated MAP Plan Payments	· \$	€9	S	€	٠ •	, \$
12 Code 20 Payments	ا د	٠ چ	· •	· <del>59</del>	· &	' УЭ
13 3rd Party Payers	·	٠ ج	٠ ج	<del>У</del>	€	٠ <del>ن</del>
	· •	٠ د	٠ د	•	· ·	-
15 Code 02 Payments	· \$	€	- چ		·	-
16 3rd Party Payers			٠-	\$		\$
17 Total Payments	\$ 163,295	\$ 552,939	\$ 716,234	\$ 163,296	\$ 552,939	\$ 716,235
LNEWE LITTERS	W W		NO B		ACCEPTED AS FUED RECCONCILIATION	
	HEKE	FIRE	IC AL		ことろうなど	
18 PPS Rate	\$ 172.88	\$ 174.78		\$ 172.88	\$ 174.78	
19 Total Medi-Cal Visits (From Line 6)	1,053	3,867	4,920	1,053	3,867	4,920
20 PPS Amount (Line 18 x Line 19)	\$ 182,043	\$ 675,874	\$ 857,917	\$ 182,043		\$ 857,917
21 Less: Total Payments (From Line 17)	\$ 163,295			163,296	\$ 552,939	\$ 716,235
-	\$ 18,748	\$ 122,935	\$ 141,683	\$ 18,747	_	\$ 141,682
	NA	NA NA	NA	- \$		
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 18,748	\$ 122,935	\$ 141,683	\$ 18,747	\$ 122,935	\$ 141,682

*Corrected rounding error

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



#### JUN 2 8 2022

Edgar Bulloch, CEO Eastside Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: EASTSIDE HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$117,601, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1790075315

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

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SIISIA	PERIO	200 1	PERIOD/2	TOTAL	PERIOD:	<b>주</b>	PERIOD 2	<b>§</b> ∞		<b>Z</b> 0
1 Managed Care - Code 18		3,053	8,987	12,040	3,053		260'6	1 1		12,150
2 Capitated MAP - Code 20		-	•		•		•			1
3 Crossovers - Code 02		•	•	•	•		17	7 2		17
4 Total Visits		3,053	8,987	12,040	3,053		9,114	- 4		12,167
5 Less: Duplicate and Unallowable Visits					1		-			-
6 Payable Visits		3,053	8,987	12,040	3,053		9,114	4		12,167
PAYMENTS	PERIO	1, GOD	REPORTED PERIOD 2	TOTAL	PERIOD	₹2	AUDITED PERIOD 2	₹2		TOTAL
Code 18: Managed Care										
7 Medi-Cai Managed Care Plan Payments	*	71,487 \$	210,646	\$ 282,133	\$ 71,487		\$ 210,646	9	₩.	282,133
8 Medicare and MAP Payments	₩	4,492	22,885	\$ 27,377	\$ 5,953	5	\$ 35,927	9 /	↔	41,880
9 Code 18 Payments	\$	599,355 \$	1,781,969	\$ 2,381,324	\$ 599,355		\$ 1,791,805	3	€9	2,391,160
10 3rd Party Payers	\$	-	-	- \$	€9		- \$		₩.	•
Code 20: Medicare Managed Care Advantage Plans										
11 Capitated MAP Plan Payments	₩	t <del>S)</del>	1	- 8	ر ج		۱ چ		↔	1
12 Code 20 Payments	o l	-	ŀ	\$	· •		٠ <del>ئ</del>		₩	1
13 3rd Party Payers	s	·	1	8	•		٠ د		€9	'
Code 02: Medi-Cal Non-Managed Care Crossover	-					-				
14 Medicare Payments for Crossovers	€9	<del>69</del>		-	69		\$ 2,297	7	ь	2,297
15 Code 02 Payments	\$	٠	1	ı چ	€9		\$ 2,212	2 4	<del>()</del>	2,212
16 3rd Party Payers	₩	٠	'	\$	•		•		<del>()</del>	•
17 Total Payments	€	675,334 \$	2,015,500	\$ 2,690,834	\$ 676,795		\$ 2,042,887	7	မာ	2,719,682
SETTLEMENT			REPORTED RECONCILIAT	NOL		Q (	AUDITED RECONSULA	6 0 °		
PDS Rate	S	232.77   \$			\$ 232.77		\$ 235.33	≣		
_		3.053	8.987	12,040	3,053		9,114	4		12,167
	s ₂	710,647 \$	2,11	\$ 2,825,558	\$ 710,647		\$ 2,144,798	8	8	2,855,445
	€	675,334 \$	2,015,500	\$ 2,690,834	\$ 676,795		\$ 2,042,887	<u> </u>	s,	2,719,682
_	\$	35,312 \$	99,411	\$ 134,724	.,	#	1			135,763
23 Less: Medi-Cal Billing Review Results				臺		9,11		3 8,10,12		18,162
24 Total Amount Due Clinic (State) (L 22 - L 23)	₩.	35,312 \$	99,411	\$ 134,724	\$ 31,686		\$ 85,915	2	49	117,601

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State
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Adjustments	12		As Adjusted	760'6	17	2,212		Page 1
Ac			Increase (Decrease)	110	17			
Provider NPI	1790075315		As Reported	86,8	\$1.781.969	0		
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017 Report References		Explanation of Audit Adjustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA Managed Care - Code 18 Visits (Period 2)	Crossovers - Code 02 Visits (Period 2) Medi-Cal Managed Care - Code 18 Pavments (Period 2)	Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through August 7, 2019 Run On: August 7, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
	FOUNDATION	Reconciliation Request	Line	1	4 %			
ne	MMUNITY HEALTH Report References	5	Line Work	← (				
Provider Legal Name	GO COMMUNI Report	Reconciliation Review	Schedule L			<del>-</del>		
Provid	BORRE	Adj	ó Z	- (	N 60	4		

# Department of Health Care Services

## State of California

Provi	Provider Legal Name	lame			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMMU	JNITY H	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1	DATION	N JULY 1, 2016 THROUGH JUNE 30, 2017	1790075315		12
įσ	Report R Reconciliation Review	ort Refe ation	Report References onciliation Reconciliation Reconciliation	ation				
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
က ဖ	<del></del>	<b>ω</b> ω	F F	<b>~ ~</b>	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2) To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1. section 2304	\$4,492 22,885	\$1,461 13,042	\$5,953 35,927
	,	;	,	;	W&I Code, section 14132.100 (h)	,	;	
<u> </u>	• •	4	<del>.</del>	-	Medicare Payments for Crossovers (Period 2)  To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (h)	<b>9</b>	\$2,297	\$2,297
ω	<del></del>	53	Not Reported		Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>Q</b>	\$235	* \$232
o C	~ ~	73 73	Not Reported		Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1)  22 CCR, section 51008  CMS Pub. 15-1, sections 2300 and 2304  W&I Code, section 14115	\$232	\$355 10,420	\$355 * 10,655 *
					*Balance carried forward from prior/to subsequent adjustments			Page 2

# Department of Health Care Services

## State of California

Provi	Provider Legal Name	Vame			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMMI	JNITYH	EALTH FOUND	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1790075315		12
	Rep	Report References	rences					
Adj.	Reconciliation Review	ation w	Reconciliation Request	ation st				•
o Z	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
<del>+ + + + + + + + + + + + + + + + + + + </del>		73 3	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100	* * *	\$1,811 5,341	\$2,166 15,996
					*Balance carried forward from prior/to subsequent adjustments			Page 3

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED JUNE 30, 2017

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



#### JUN 2 8 2022

Edgar Bulloch, CEO Anza Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: ANZA COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657 FISCAL PERIOD ENDED: JUNE 30, 2017

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$376,066, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

#### Edgar Bulloch Page 2

#### JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

#### JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

MOTACINIOT LT 1430 VTIMINIMO COODDOOD

PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1942623657

FISCAL PERIOD FROM: JULY 1, 2016

FISCAL PERIOD TO: JUNE 30, 2017

VISITS	PERIOD	REPORTED PERIOD 2	TOTAL	L CONTRACTOR CONTRACTO	₹9	AUDITED	98	2	1 <b>V.</b> 01
1 Managed Care - Code 18	299	1,727	2,394	987	⊢	1,762	8		2.429
2 Capitated MAP - Code 20		٠							-
3 Crossovers - Code 02		,	•	1		•	_		
4 Total Visits	299	1,727	2,394	667		1.762			2.429
5 Less: Duplicate and Unallowable Visits									
6 Payable Visits	667	1,727	2,394	299		1,762	21	L	2,429
PAYMENTS	O C	REPORITED	V.		The state of the s	AUDITED	2		
Code 18: Managed Care			Mark Company of the C		<b>X</b>			2	100
7 Medi-Cal Managed Care Plan Payments	\$ 31,244	\$ 94,381	\$ 125,625	\$ 31,244		\$ 94,381		69	125,625
8 Medicare and MAP Payments	\$ 5,200	\$ 11,475	\$ 16,675	\$ 6,494	5	\$ 16,165	ဖ	69	22,659
9 Code 18 Payments	\$ 43,384	\$ 111,940	\$ 155,324	\$ 43,384		\$ 113,545	4	€	156,929
10 3rd Party Payers		- 4	-	•		\$		es	
Code 20: Medicare Managed Care Advantage Plans		Transport of the state of the s		The state of the s					Invaliant Control of the Control of
11 Capitated MAP Plan Payments	· \$9		٠ ج	<b>.</b>		- \$		ક્ક	
12 Code 20 Payments	•	· •	-	69				ક	-
13 3rd Party Payers	8	٠.		<b>6</b>		\$		<del>49</del>	,
14 Medicare Payments for Crossovers	- 69	-	1	69		•		<del>69</del>	•
15 Code 02 Payments	· •	· ·		φ				€>	•
16 3rd Party Payers	9	· 69	\$	\$		\$		\$	-
17 Total Payments	\$ 79,828	\$ 217,796	\$ 297,624	\$ 81,122		\$ 224,091		\$	305,213
SETTLEMENT	PER 00 1	REPORTED RECONCILIATION PERIOD 2	70N		<del>a</del> 72 9	AUDITED RECONCILATION OF THE PROPERTY OF THE PERSONS	N GO NO E	<u>0</u> 1	10.14T
18 PPS Rate	\$ 129.02	\$ 129.02		\$ 280.45	1	\$ 283.53	2		
19 Total Medi-Cal Visits (From Line 6)	667	1,727	2,394	299		1,762			2,429
20 PPS Amount (Line 18 x Line 19)	\$ 86,056	\$ 222,818	\$ 308,874	\$ 187,060		\$ 499,580		es	686,640
21 Less: Total Payments (From Line 17)	\$ 79,828	\$ 217,796	\$ 297,624	\$ 81,122		\$ 224,091		es	305,213
	\$ 6,228	\$ 5,022	\$ 11,250	105,		27	謹.	es.	381,427
				\$ 813	7		80	ss.	5,361
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 6,228	\$ 5,022	\$ 11,250	\$ 105,125		\$ 270,941		ss.	376,066

## State of California

Prov	Provider Legal Name	Name			Fiscal Period	Provider NP		Adjustments
BORR	EGO COMMI	H YTING	EALTH FOUN	DATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1942623657		80
	Reconciliation Reconciliation	ation	Perconciliation Reconciliation	ation				
No Agi	Review	M.	Rednest	est		As	Increase	As
	Schedule	Line	Worksheet	Liae	Explanation of Audit Adjustments  MEMORANDUM ADJUSTMENTS	Reported	(Decrease)	Adjusted
- 2		∞ ∞	<del>-</del> -	<del>4 4</del>	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$129.02 129.02	\$151.43	\$280.45 283.53
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Pro	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
BORF	REGO COMM	UNITY	JEALTH FOUN	IDATIO	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1942623657		ω,
	Rec	Report References	erences					
Adj.	Reconciliat Review	lation w	Reconciliation Request	ation est				
ġ	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			,	!	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	ATA		
ო	~	~	-	~	Managed Care - Code 18 Visits (Period 2)	1,727	35	1,762
4.	-	თ	<del>-</del>	œ	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$111,940	\$1,605	\$113,545
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2016 through June 30, 2017 Payment Period: July 1, 2016 through August 6, 2019 Run On: August 6, 2019 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
								rage 2

# Department of Health Care Services

## State of California

Provi	Provider Legal Name	lame			Fiscal Period	Provider NPI		Adjustments
BORR	EGO COMML	H YTIN	EALTH FOUND	ATION	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2016 THROUGH JUNE 30, 2017	1942623657		œ
	Repo	Report References	rences					
Adj.	Reconciliation Review	ation //	Reconciliation Request	t	,		·	
o S	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
ന (	~ ~	<b>ω</b> 0	~ ~	۲ م	Medicare and MAP Payments (Period 1)	\$5,200	0,	\$6,494
Φ	-	00	-	_	Medicare and MAP Prayments (Period 2)  To adjust MAP & Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (h)		086,	18, 185 185
<b>ν</b> α	÷÷	23	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)	<u>\$</u>	\$813 4 548	\$813
0	-	3					ot T	
								1

### REVISED REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1780038042

FISCAL PERIOD ENDED JUNE 30, 2018

FQHC/RHC Section
Financial Review - Outpatient and Behavioral
Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA

**Audit Supervisor: Pasia Gutierrez** 

**Auditor: Bradley Miler** 



Michelle Baass | Director

DEC 1 8 2023

Rose MacIsaac, CEO D Street Medical Center P.O. Box 2369 Borrego Springs, CA 92004-2369

REVISION TO RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: D STREET MEDICAL CENTER

NATIONAL PROVIDER IDENTIFIER (NPI): 1780038042

FISCAL PERIOD ENDED: JUNE 30, 2018

We have revised the Borrego Community Health Foundation's Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review for the above-referenced fiscal period. The Rate Setting Audit Report dated September 14, 2022, for the fiscal year end June 30, 2018, established the audited Prospective Payment System (PPS) rate. This revision is necessary to incorporate the audited PPS rate in the above stated reconciliation review.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

As presented in Schedule 1, the revised settlement due the Clinic in the amount of \$358,360, represents a proper determination in accordance with the reimbursement principles of the Medi-Cal program.

This report includes the following schedule:

- 1. Revised Reconciliation Review Report (Schedule 1)
- 2. Revised Adjustment Schedule

The revised settlement will be incorporated into a Statement of Account Status, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of





Rose MacIsaac Page 2

Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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DEPARTMENT OF HEALTH CARE SERVICES

STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY

# REVISED RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1780038042

SCHEDULE 1 Revised Medi-Cal Settlement

FISCAL PERIOD FROM: JULY 1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

		AUDITED		100 mg/s		REVISED		
VISITS	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PE	PERIOD 2		TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	t	-					-	1
2 Medi-Cal Managed Care (Formerly Code 18)	889	4,117	4,805		688	4	4,117	4,805
_	1						-	_
_	889	4,117	4,805		889	4	4,117	4,805
_							-	_
6 Payable Visits	889	4,117	4,805		889	4	4,117	4,805
STNHW/VG		AUDITED				REVISED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	BEI	PERIOD 2		TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):								
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	\$	- \$	ક્ક	€		- \$	-
_	\$	· \$	· \$	\$	\$		÷ -	-
	\$	- \$	- \$	€	€		÷ -	-
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 66,462	\$ 405,369	\$ 471,831	\$ 66,	66,462 \$	405	405,369 \$	471,831
11 Medi-Cal Managed Care Plans - TOTAL	\$ 51,844	\$ 304,441	\$ 356,285	\$ 51,	51,844 \$	304	304,441 \$	356,285
	\$ 2,153	\$ 11,665	\$ 13,818	\$	2,153 \$	11	11,665 \$	13,818
	•	•	, - \$	€9	₽.		<b>₽</b>	•
	/ Code 20):						ŀ	
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	- \$	÷	- \$	€9	€		€	•
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	- \$	- \$	- \$	₩.	€		<b>↔</b>	•
16 3rd Party Payers	- \$	- \$	÷ - \$	\$	€		<b>⇔</b> -	-
17 Total Payments	\$ 120,459	\$ 721,475	\$ 841,934	\$ 120,	120,459 \$	721	721,475 \$	841,934
	W. Comments	AUDITED RECONCILIATION	NC		REVISED	REVISED RECONCILIATION	NO.	
SETTLEMENT							REV	
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	NO.	PERIOD 2	S	TOTAL
18 PPS Rate	\$ 163.49	\$ 163.49	N/A	\$ 252.35	1 \$	252.35	2	ΝΆ
19 Total Medi-Cal Visits (From Line 6)	889	4,117	4,805	889		4,117		4,805
20 PPS Amount (Line 18 x Line 19)	\$ 112,481	\$ 673,088	\$ 785,569	\$ 173,617		1,038,925	\$	1,212,542
21 Less: Total Payments (From Line 17)	\$ 120,459	\$ 721,475	\$ 841,934	\$ 120,459	\$	721,475	•	841,934
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (7,978)	(48,387)			\$	317,450	\$	370,608
	\$ 6,635	\$	\$ 12,248	\$ 6,635	\$	5,613	\$	12,248
	(14,613)	\$ (54,000)	\$ (68,613)	\$ 46,523	€	311,837	8	358,360

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### State of California

Department of Health Care Services

Prov	Provider Legal Name	Vame			Fiscal Period	Provider NPI		Revisions	Г
BORF	BORREGO COMMUNITY HEALTH	<b>1UNITY H</b>	IEALTH						
FOU	FOUNDATION				JULY 1, 2017 THROUGH JUNE 30, 2018	1780038042		2	
	Reg	Report References	rences	;					
Rev.	Revised Reconciliation	ied liation	Reconciliation Review	lation	,				
è S	Schedule	Line	Schedule	Line	Explanation of Revisions	As Audited	Increase (Decrease)	As Revised	
					MEMORANDUM REVISIONS				1
<b>←</b> (	<del>-</del> ,	<del>6</del> 4	τ,	<del>6</del> 4	PPS Rate (Period 1)	\$163.49	\$88.86	\$252.35	
Ν	_	<u>x</u>	<del></del>	20	PPS Kate (Period 2)  To revise the provider's audited rate setting PPS Rate(s) to agree with the PPS rate(s) in ACSNET.	163.49	88.88 88.86	252.35	
					42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304				
									-
								Page	

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



#### JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico Escondido P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO ESCONDIDO

NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$3,536, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

#### JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

#### Edgar Bulloch Page 3

#### JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI 1023349883

FISCAL PERIOD FROM: JULY 1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

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VISITS		REPORTED PERSONS		00 NEG	<b>2</b> 2	AUDITED PERIOD 2	<b>ૄૄ</b> 9	TOTAL
Non Monard One Organism (Formark Code 02)	S S S S S S S S S S S S S S S S S S S		00	8		-		8
_	4 734	12 189	16 903	4.734		12.242	m	16,976
2 Integl-Cal Managed Care (Politicity Code 19) 3 Non-Managed Care Crossover with Canitated MAP (Formerly Code 20)		1		•			_	
	4.742	12.169	16,911	4,742		12,242		16,984
	Figure 1					1	9	1
-	4,742	12,169	16,911	4,742		12,241		16,983
PAYMENTS		REPORTED PERIOD 2	TOTAL	PERIODA	Ş.	AUDITED PERIOD 2	ADJ. NG.	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):							•	
7 Medi.Cal Fiscal Infermediary for Non-Managed Care Crossovers	\$ 778		\$ 778	\$ 801	4 \$	•	မာ	801
_	\$ 801	1	\$ 801	1,080	2 \$		¢A	1,080
	69	€	٠ چ		₩	•	\$	-
_	W. Company	man de la companya de	Approximation of the second	1000				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 870,047	\$ 2,261,552	\$ 3,131,599	\$ 870,047	↔	2,272,006	5	3,142,053
		\$ 650,225	\$ 897,631	\$ 247,406	\$	650,225	<del>ሪን</del>	897,631
12 Medicare PPS/1JPL/FFS FFS/CAP MAP. Code 519 & Part D Totaled	\$ 18,384	\$ 21,788	\$ 40,172	\$ 28,304	ω	35,698	<b>в</b>	64,002
	69	8		•	\$		49	1
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 2	v Code 20):	The second secon	A	Variation 1	dichain.			
44 Medi-Cal Fiscal Intermediary for Non-Mod Care Crossovers with Cap MAP	\$		\$	· •	€9		€>	-
	69	8	\$	+	မာ	-	₩	1
		\$	\$	•	₩	-	69	1
	\$ 1,137,416	\$ 2,933,565	\$ 4,070,980	\$ 1,147,638	\$	2,957,929	49	4,105,567
	ij.	REPORTED RECONCILIATION			1000	AUDITED RECONCILIATION	3 9	
	PERIODIT	PERIOD 2	TOTAL	PERIODA	ON	PERIODIZ	ON.	TOTAL
18 PPS Rate	\$ 237.90	\$ 240.75		\$ 241.51	1	244.41	2	
	4,742	12,169	16,911	4,742		12,241		16,983
	\$ 1,128,122	\$ 2,929,687	\$ 4,057,809	\$ 1,145,240	\$	2,991,823	S	4,137,063
	\$ 1,137,416	\$ 2,933,565	\$ 4,070,980	\$ 1,147,638	\$	2,957,929	2	4,105,567
_	\$ (9,294)	(3,878)	\$ (13,171)	\$ (2,398)		33,894		31,496
				\$ 14,120	10,12,14	20,912	11,13,15	35,032
	\$ (9,294)	(3,878)	\$ (13,171)	\$ (16,518)	\$	12,982	\$	(3,536)
10tal Alliount East Councy (Care)								

# Department of Health Care Services

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Provider Legal Name		Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDAT JULY 1, 2017 TI	HEALTH FOUNDAT.	JULY 1, 2017 THROUGH JUNE 30, 2018	1023349883		13
Reconciliation Red Review	Reconciliation Request		<b>V</b>	<u>.</u>	( <b>x</b>
No. Schedule Line	Worksheet Line	Explanation of Audit Adjustments  MEMORANDUM ADJUSTMENTS	As Reported	(Decrease)	Adjusted
1 18 18 18	6 6 8 7	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$237.90 240.75	\$3.61 3.66	\$241.51 244.41
•					
			•		
					Page 1

Provider Legal Name	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2017 THROUGH JUNE 30, 2018	1023349883		. 51
Report References Reconciliation Review Request				
Schedule Line Worksheet Line	Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	As Reported	Increase (Decrease)	As Adjusted
2 . 1	Medi-Cal Managed Care Visits (Period 2)	12,169	73	12,242
1 10 1 8	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	\$778 2,261,552	\$23 10,454	\$801 2,272,006
	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 15, 2021 Run On: September 15, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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				Page 2

0	Provider   egal Name	ame	Fiscal Dariod	Drovider NDI		Adinetmonfe
	nder Legal im	PODDEO COMMINENTALITY				enilenien (a
	BORREGO COMINICE FOLINDATION	ONI I DEALID		1023349883		٠ ټ
5	Report R	Report References				2
Adj	Reconciliation Review	n Reconciliation Request				
Š.	Schedule Line	Worksheet	Line Explanation of Audit Adjustments	As Incr Reported (Dec	Increase (Decrease)	As Adjusted
	-	_[	ADJUSTMENTS TO OTHER MATTERS	- - -		,
ω	- 5	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	0	-	<del>-</del>
			42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			•
7	<b>←</b>	<del>-</del> .	12 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Payments (Period 1) To adjust Medicare payments received for the Medi-Cal	\$801	\$279	\$1,080
			crossover (Formerly Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)			
<b>ω</b> σ	1 12 12	£ £	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care</li> </ul>	\$18,384 21,788	\$9,920 13,910	\$28,304 35,698
			patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)			,
						Page 3

Prov	Provider Legal Name	I Nan	le l	Fiscal Period	Provider NP		Adjustments
FOUN	BORREGO CON FOUNDATION	MMUN	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2017 THROUGH JUNE 30, 2018	1023349883		15
Adj	Reconciliation Review	ort Rei ation	Report References onciliation Reconciliation Review Request		-		
Š	Schedule Line	Line	Worksheet Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	increase (Decrease)	As Adjusted
77	<del></del>	73 33	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	© O	\$98 68 99	\$968 4 89 * *
27 62	· · · · · · · · · · · · · · · · · · ·	23 23	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$1,574 7,838	\$2,540 * 8,327 *
<b>4</b> π.	· · · · · · · · · · · · · · · · · · ·	73 73	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* \$2,540 8,327	\$11,580	\$14,120 20,912
				*Balance carried forward from prior/to subsequent adjustments			Page 4

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC Financial Audits Branch Audits and Investigations Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Borrego Medical Clinic Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: BORREGO MEDICAL CLINIC FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$42,714, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

REPORT COMPUTATION OF MEI

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD TO: UUNE 30, 2018 FISCAL PERIOD FROM: UULY 1, 2017

						100000000000000000000000000000000000000	30000121222010101010101		
VISITS	PER OD 1	REPORTED PERIOD 2	TOTAL	PERIODA	ADJ	AUDITED PERIODIZ	AD. NO	TOTAL	A control of the cont
2 Medi-Cal Managed Care - Code 18	905	2,293	3,198	905	5	2,297	7 1		3,202
	-		a	1		1	_		
1 Medi-Cal Crossovers - Code 02	3		3		ю	•			က
4 Total Visits	806	2,293	3,201	806	8	2,297	7		3,205
5 Less: Duplicate and Unallowable Visits				1		•			•
6 Payable Visits	806	3 2,293	3,201	806	8	2,297	7		3,205
		1932 AMERICAN COMPANIES AND AN ARCHITECTURE OF THE PROPERTY OF	NEW MILES NEW YORK OF THE PROPERTY OF THE PROP	CT 1220 CALCAR PERSON PROPERTY SEED.	Charles and Charles	25771111 (47714,338622) 48 H5 11 12 12 12 12 12 12 12 12 12 12 12 12	STREET GENERAL STREET		ALM DE COMME
PAYMENTS		REPORTED PERIOD:2		PER 0	₹2	AUDITED PERIOD:2	₹2	Š	The second of th
Medi-Cal Wananed Care (Formerly Gode 18):		(1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4							
11 Medi-Cal Managed Care Plans	\$ 45,763	3 \$ 117,426	\$ 163,189	\$ 45,763	3,	\$ 117,428	g	69	163,189
12 Medicare & MAP for Code 18	\$ 7,031	15,150	\$ 22,181	\$ 10,234	4 3	\$ 22,594	4	69	32,828
	\$ 162,183	3 \$ 419,275	\$ 581,458	\$ 162,183	3	\$ 420,186	2 2	\$	582,369
	€	\$	· \$	\$		\$		es	ı
	rly Gode 20):			The state of the s		and the state of t			
15 Capitated Medicare Advantage Plans	49	- •	\$	69		\$		6	1
14 Medi-Cal for Code 20	\$	<b>₩</b>	- ↔	\$		€	-	\$	
16 3rd Party Payers	٠.	υ 69		€		€		69	-
		⊢			-			١	Ļ
8 Medicare for Code 02	\$ 297	· ·	\$ 297		2	\$		99	502
7 Medi-Cal for Code 02	\$ 452	- \$	\$ 452	\$ 452	2	€9		ь	452
9 3rd Party Payers	8	- 8	٠ ج				1		·
17 Total Payments	\$ 215,725	5 \$ 551,851	\$ 767,576	\$ 219,037	1.5	\$ 560,206	စ္ခ	2	779,243
		NOTALITATION SECONDITION	20		2	OFFER SECONOLLY	6 1		
SETTLEMENT	PERIOD	PERIOD 2	1072	758.00	3 o	PERIOD 2	ė g	10 10 14	
18 PPS Rate	\$ 255.82	43		\$ 255.82	12	\$ 258.89	62		
	806	2,293	3,201	96	806	2,297	)7 <b>IIIIIIII</b>		3,205
	\$ 232,285	5 \$ 593,635	\$ 825,919	\$ 232,285	35 <b>M</b>	\$ 594,670	0	80 \$	826,955
	\$ 215,725	5 \$ 551,851	\$ 767,576	\$ 219,037	77 <b>IIIIIIIIIII</b>	\$ 560,206	92	\$ 7	779,243
_	\$ 16,559	9 \$ 41,784	\$ 58,343	\$ 13,248	8		<del></del> -	ь	47,712
23 Less: Medi-Cal Billing Review Results					7,9		38 6,8,10	\$	4,998
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 16,559	9 \$ 41,784	\$ 58,343	\$ 11,048	82	\$ 31,666	90	\$	42,714

Provider Legal Name	ате	Fiscal Period	Provider NPI	Adjustments	ents
BORREGO COMMUNITY HEALTH	UNITY HEALTH				
FOUNDATION	NOIN Bosont Bosonson	JULY 1, 2017 THROUGH JUNE 30, 2018	1134144165	10	
Red	Reconciliation Request				
No. Schedule Line	e Worksheet Line	Explanation of Audit Adjustments	As increase (Decrease)	se As	Ď
		ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
F .	-	Managed Care - Code 18 Visits (Period 2)	2,293	4 2,297	
2 . 4	£ 8	Code 18 Payments (Period 2)	\$419,275	\$911 \$420,186	45
		To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 28, 2021 Run On: September 28, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
•					
-					
-					
	•				
				О. О.	~
				263	

Adjustments	10		As Adjusted	\$10,234 22,594	. \$405	* \$259	\$1,537 1,779 *	Page 2
			Increase (Decrease)	\$3,203 7,444	\$108	\$259	\$1,537 1,520	
Provider NPI	1134144165		As Reported	\$7,031 15,150	\$297	9	\$0 559	
Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018		Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	Medicare and MAP Payments (Period 1) Medicare and MAP Payments (Period 2)  To adjust Medicare payments received for Medi-Cal managed care patients.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (h)	Medicare Payments for Crossovers (Period 1)  To adjust Medicare payments received for the Medi-Cal crossover (Formerly Code 02) visits.  42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	*Palance carried forward from prior/to subsequent adjustments
ie 1771 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 - 1741 -		erences Reconciliation Request	Worksheet Line		£	Not Reported	Not Reported	•
Provider Legal Name	BORREGO COMMUNILY HEALTH FOUNDATION	Report References Reconciliation Reco	Schedule Line	~ ~ ω	4		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Provid	FOUR	Adj	o O	w 4	က	φ	<b>► 80</b>	•

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Adjustments	9		As Adjusted	\$2,200 2,798	ന മൂ ര
			Increase (Decrease)	\$663 1,019	
Provider NPI	1134144165		As Reported	\$1,537 1,779	
Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018		Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS  Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2 and 2304  CCR, Title 22, section 51005 and 51458.1  W&I Code 14132.100  State Plan Amendment, Attachment 4.19-B Page 6D.	*Balance carried forward from prior/to subsequent adjustments
me	VITY HEALTH	ferences Reconciliation Request	Wor	Not Reported Not Reported	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Reco	Sch	9 1 23 10 1 23	

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED JUNE 30, 2018

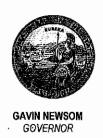
Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



#### JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico El Cajon Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO EL CAJON FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$2,642,831, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

#### Edgar Bulloch Page 3 JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1154480069

FISCAL PERIOD FROM: JULY 1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

VISITS	<u> </u>	PERIODÍ	REPORTED PERIOD 2	3TED 102	TOTAL	PERIODI	100	<b>2</b> 9	AUDITED PERIOD 2	₹2	2	
1 Non-Managed Care Crossovers (Formerly Code 02)		α					80					8
_		15,085		40,448	55,533		15,083	-	40,573	2		55,656
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)				-	•		-		•			•
		15,093		40,448	55,541		15,091	_	40,573			55,664
5 Less: Duplicate and Unallowable Visits							1,400	5, 7	4,184	6,8		5,584
6 Payable Visits	_	15,093		40,448	55,541		13,691	H	36,389			50,080
			William Company									2 (A)
PAYMENTS	La constitution of the con	PERIODIA	REPORTED PERIOD 2	0 6	TOTAL		PERIOD 4	₫ 9	AUDITED PERIOD 2	₹9	2	<b>k</b> 0
Medi-Cai Non-Managed Care Crossovers (Formerly Code 92):					19 19 18 18 18 18 18 18 18 18 18 18 18 18 18							
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	es.	1,208	₩.	- 8	1,208	€>	1,208	↔			\$	1,208
	es.	785	\$		785	€9	1,081	6	-		49	1,081
9 3rd Party Pavers	ь	-	\$	\$ -		69	•	69	•		49	1
Medi Cal Managed Care (Formerly Code 18):					The second secon			i i i				STATISTICS.
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	G	3,178,315	8	8,646,354 \$	11,824,669	69	3,177,891	8	8,676,006	4	٠ ج	11,853,897
	s	791,445		2,180,696	2,972,141	€9	791,445	€9	2,180,696		<b>⇔</b>	2,972,141
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	ક્ર	54,460	69	40,526 \$	94,986	<del>\$</del>	77,672	10 \$	70,780	Ξ	co-	148,452
13 3rd Party Pavers	ь		€9	1	•	€	,	8		_	\$	
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	ly Code 20):											
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	49		\$	,		69		69			ঞ	•
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	69	-	\$	\$		43		↔			ક	•
	ь	-	€9	\$	•	8		8	-		ક	-
	s	4,026,213	\$ 10	10,867,578 \$	14,893,789	છ	4,049,297	₩	10,927,482		. ક	14,976,779
SETTLEMENT	, and the second se	0000		Resonantio	70-20 20-20 20-20	i i	)		20	5 0 S		101 <u>0</u> 1
18 PPS Rate	\$	256.19	\$	259.26		<del>G</del>	256.19	8	259.26			
		15,093		40,448	55,541		13,691		36,389			50,080
20 PPS Amount (Line 18 x Line 19)	€9	3,866,676	\$. 10	10,486,548 \$	14,353,224	ક્ર	3,507,497	\$	9,434,212		69	12,941,709
21 Less: Total Payments (From Line 17)	S	4,026,213	\$ 10	10,867,576 \$	14,893,789	sə	4,049,297	\$	10,927,482		\$	14,976,779
	69	(159,537)	\$	(381,028)	(540,565)	G	(541,800)	THE S	(1,493,270)		<b>₽</b>	(2,035,070)
23 Less Medi.Cal Rilling Review Results						69	186,955	12,14,	420,806	13,15, 17,19	↔	607,761
Co Legal Medical Dining Notice Con Co.	C C	(450 G97)		(207 )28)	(540 565)	¥	(728 755)	₩	(1 914 078)	L	e,	(2 642 831)
24 Total Amount Due Clinic (State) (L 22 - L 23)	A	(158,537)	n			9	(20,107)	<b>*</b>	(1,017,010)		9	(£, ~~, ~, ~, )

Provider NPI Adjustments	1154480069		As increase As Reported (Decrease) Adjusted	15,085 (2) 15,083 40,448 125 40,573	\$3,178,315 (\$424) \$3,177,891 8,646,354 29,652 8,676,006					9260
Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018		Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 1) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 28, 2021 Run On: September 28, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4				
	MMUNITY HEALTH	Report References Reconciliation Reconciliation Review Request	e Line Worksheet Line	2 2	10 10 10 10 10 10 10 10 10 10 10 10 10 1				•	
Provider Legal Name	BORREGO CC FOUNDATION	Rec	No. Schedule	1 7	6 4					.!

Prov	Provider Legal Name	egal N	ame		Fiscal Period	Provider NPI		Adjustments
BOR	BORREGO CO	COMMI	BORREGO COMMUNITY HEALTH			24400000		,
2	בו ביות ביות	Phone R	Renort References		JULY 1, 2017 1TINOUGH JUNE 30, 2010	1104480008		22
Adj	Recoi	Reconciliation Review	Reconciliation Request	uo				
Š	Sched	Schedule Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adiusted
					ADJUSTMENTS TO OTHER MATTERS	-		
က ထ	·	សស	Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.		e € .	w <del>0</del>
					42 CFK 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
<b>№</b> 80	<b>← ∀</b>	ດທ	Not Reported		Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate visits paid to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* *	1,397 4,174	1,400
o	-	∞	<del>-</del>	<del></del>	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Payments (Period 1) To adjust Medicare payments received for the Medi-Cal crossover (Formerly Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, sections 2300 and 2304 W&i Code, sections 14124.2(b) and 14132.100 (h)	\$785	\$296	\$1,081
0.1	<del></del>	7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, sections 14124.2(b) and 14132.100 (h)	\$54,460 40,526	\$23,212 30,254	\$77,672 70,780
					*Balance carried forward from prior/to subsequent adjustments			Page 2

rovide	Provider Legal Name	Nam		Fiscal Period	Provider NPI		Adjustments	<b>10</b>
BORREGO CO FOUNDATION	GO CON	N N N N	HLTH	JULY 1, 2017 THROUGH JUNE 30, 2018	1154480069		19	
Adi	Report R Reconciliation Review	rt Refe	Report References onciliation Reconciliation Review Request				٠	
	Schedule	Line	Worksheet Line		As Reported	Increase (Decrease)	As Adjusted	
				ADJUSTMENTS TO OTHER MALLERS			-	
<del>2</del>	← ←	23 3	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	0	\$2,050 5,444	\$2,050 * 5,444 *	
4 <del>v</del>	<b>← ←</b>	88	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub 15-1, sections 2300 and 2304 W&I Code, section 14115	* * \$2,050 5,444	\$14,440 16,850	\$16,490 * 22,294 *	
116	·	88	Not Reported Not Reported	Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate payments to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* \$16,490 22,294	\$126,302 373,893	\$142,792 * 396,187 *	
				*Balance carried forward from prior/to subsequent adjustments			Page	3

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Adjustments	19	,	Increase As (Decrease) Adjusted	\$44,163 \$186,955 24,618 420,806	Page 4
Provider NPI	1154480069	•	As Reported (	* \$142,792 * 396,187	
Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018			ADJUSTMENTS TO OTHER MATTERS  Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2 and 2304  CCR, Title 22, section 51005 and 51458.1  W&I Code 14132.100  State Plan Amendment, Attachment 4.19-B Page 6D.	*Balance carried forward from prior/to subsequent adjustments
Vame	MONII T HEALI H	Report References onciliation Reconciliation Review Request	ine Worksheet Line	23 Not Reported 23 Not Reported	
Provider Legal Name	FOUNDATION	Rec	No. Schedule Line	<del>60 0</del>	

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



#### State of California—Health and Human Services Agency

#### Department of Health Care Services



#### JUN 2 8 2022

Edgar Bulloch, CEO Desert Hot Springs Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: DESERT HOT SPRINGS HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$4,943, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Combined Medi-Cal Settlement
- Adjustments Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC

#### Edgar Bulloch Page 2

#### JUN 2 8 2022

Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NP]: 1184065088

FISCAL PERIOD FROM: JULY 1, 2017.

FISCAL PERIOD TO: JUNE 30, 2018

VISITS		KEPORTIED			GE    ± \$7, (E1, 4, E2, 9), /,	91ES		per man a series que se que se per conserva de la companya del companya del companya de la companya del com
	PERIOD 1	PERIODIZ		PERIODI		PERIODZ	TOTAL	
1 Non-Managed Care Crossovers (Formerly Code 02)		,	1			j		,
2 Medi-Cai Managed Care (Formerly Code 18)		149	134 283		149	134	4	283
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)					-	-		•
		149	134 283		149	134	4	283
5 Less: Duplicate and Unallowable Visits	NA IIII		NA III			-		-
6 Payable Visits		149   1:	134 283		149	134	4	283
		REPORTED			VCCEPTED AS FILED	S FILED	The second secon	Fig. 1 Sec. 1 Se
PAYMENTS	PERIOD	PEROD 2		PERIOD (	H	PERIOD 2	<b>4</b> 10	
Medi-Cal Non-Managed Care Crossovers (Formerty Code 92);								
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	- 8	\$	€9	€ <del>9</del>	•	€9	•
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	£	- \$	\$	€9	<del>69</del>	)	€9	1
9 3rd Party Pavers	€9	69	\$	€9	\$	-	\$	,
Medi-Cal Managed Care (Formerly Code 18):		i train market						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	19,8	19,929 \$ 17,983	83 <b>\$</b> 37,912	49	19,929 \$	17,983	<del>ся</del>	37,912
11 Medi-Cal Managed Care Plans - TOTAL	<b>€</b>	952 \$ 8	849 \$ 1,801	\$	952 \$	849	-	1,801
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$	- 8	100 \$ 100	49	€	100	\$ 0	9
13 3rd Party Payers	cs.	\$	· •	s,	69	•	8	-
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	v Code 20):							
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	€9	€9	٠ «	€	€9	•	ь	'
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	<del>()</del>	٠ ج		φ.	€>	,:	G	1
16 3rd Party Payers	€>	\$	, 49	69	<del>دی</del> ۱	•	-	'
17 Total Payments	\$ 20,	20,880 \$ 18,932	32 \$ 39,812	\$ 20	20,881 \$	18,932	2 \$	39,813
		REPORTED RECONCIL AT	AION	8	EPTED AS FILED	0 0 0 0 1	HON HON	
SETTLEMENT	PERIOD:	PEROBS	TOTAL	PERIOD 3	NO PERCO	OD 2 NO	101	
18 PPS Rate	\$ 179	179.51 \$ 179.51	21	\$ 122.52	1 8	123.99 2	THE PARTY OF THE P	
19 Total Medi-Cal Visits (From Line 6)		149	134 283					283
20 PPS Amount (Line 18 x Line 19)	\$ 26,	26,747 \$ 24,054	€9	\$ 18,255	8	16,615		34,870
21 Less: Total Payments (From Line 17)	\$ 20,	20,880 \$ 18,932	32 \$ 39,812	\$ 20,881	\$ <b>       </b> 8	18,932	-	39,813
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 5,	867 \$ 5,122	69	\$ (2,626)		(2,317)		(4,943)
_				•	\$	•	↔	7
•	\$ 5,	5,867 \$ 5,1	5,122 \$ 10,989	(2,626)	₩.	(2,317)	\$	(4,943)
				*Corrected rounding error	<b>-</b>			

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Adjustments	As Adjusted		Page 1
	Increase (Decrease)	(\$56.99)	
<b>Provider NPI</b> 1184065088	As Reported	\$179.51 179.51	
Fiscal Period JULY 1, 2017 THROUGH JUNE 30, 2018	Explanation of Audit Adjustments	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
Provider Legal Name  BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2017 THROUGH JUNE 30, 2018	Adj. Reconciliation Review Request No. Schedule Line Worksheet Line	1 18 1 14 F 2 1 14 F 1 18 1 14 F 1 14	

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS NATIONAL PROVIDER IDENTIFIER: 1255490819

> FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



#### JUN 2 8 2022

Edgar Bulloch, CFO Centro Medico Oasis P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO

**MEDICO OASIS** 

DBA: CENTRO MEDICO OASIS

NATIONAL PROVIDER IDENTIFIER: 1255490819

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$54,340, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1. COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1255490819

FISCAL PERIOD TO: JUNE 30, 2018

FISCAL PERIOD FROM: JULY 1, 2017

7,183 TOTAL NO. 5,132 5,132 5,131 PERIOD 2 § 9 2,022 2,051 2,051 PERIOD 1 7,177 7,148 TOTAL 5,126 5,126 5,126 REPORTED PERIOD 2 2,022 2,051 2,051 PERIOD 1 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20) Non-Managed Care Crossovers (Formerly Code 02) Medi-Cal Managed Care (Formerly Code 18) VISITS Less: Duplicate and Unallowable Visits
Payable Visits Total Visits

PAYMENTS	PERIOD 1	REPORTED PERIODIZ		PERIOD 1	ĝ g	AUDITED RERIOD 2	ğğ	TOTAL
Medi-Cal Non-Managed Care Grossovers (Formerly Code 02):								
Medi-Cal Fiscal Intermediant for Non-Managed Care Crossovers	\$ 1,447	\$	\$ 1,447	\$ 1,447			₩	1,447
Medicare PPS/(IPI /FFS FFS MAP Code 519 & Part D Totaled	\$ 2,823	69	\$ 2,823	3,902	4	- 8	€>	3,902
and Daylors	, 9	- 8	·	69		\$	\$	-
	The second secon	A restricted to the second sec						
Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 196,685	\$ 505,911	\$ 702,595	\$ 196,685		\$ 506,921	2	703,606
	\$ 98,030	\$ 249,050	\$ 347,080	\$ 98,030		\$ 249,050	↔	347,080
Medinara DDS/HDI /FES FES/CAP MAP Code 519 & Part D Totaled	\$ 2,336	\$ 4,867	\$ 7,203	\$ 3,426	5	\$ 7,950	8	11,376
2 2rd Dark Daylars	40	-		, \$	-	- 8	*	-
	Code 20):	The state of the s		The state of the s		- International Control of the Contr		
4 Madi-Cal Fiscal Intermedian for Non-Mad Care Crossovers with Cap MAP	69	-	\$			, <del>6</del>	69	1
5 Capitated Medicare Advantage Plans. Code 519 & Part D Totaled	. ↔	8	- \$	\$			Ø	1
6 3rd Party Pavers	ι .	69	-	\$			\$	1
7 Total Payments	\$ 301,320	\$ 759,828	\$ 1,061,148	\$ 303,490		\$ 763,921	€9	1,067,411

		Transfer to the second	HANNI HANNY EMPERATE PROPERTY AND	THE REPORT OF THE PROPERTY OF THE PARTY OF T	инетиционентентиненти ката	dan starous nas			A THE STATE OF THE PARTY OF THE
	SETTLEMENT		ONTEDINE CONCILA	TON TOTAL	FEROIT	60	E KESSING E	3 0 0 5 <b>4</b> 2	TOTAL
٠α	12 DDC Date	\$ 155.08	\$ 156.94		\$ 155.08	<del>69</del>	156.94		
2 6	10 Total Medi Cal Visite (From Line A)	2.051	5,126	7,177	2,051		5,131		7,182
9 6	19 Total Middle Valle (1 1011 Ein 5 7)	\$ 318,069	\$ 804,474	\$ 1,122,543	\$ 318,069	8	805,259		1,123,328
3 5	24 Lose: Total Darmants (From Line 17)	\$ 301,320	€5	\$ 1,061,148	\$ 303,490		763,921		1,067,411.
<u>, 6</u>	22 Beconditation Amount Due Clinic (State) (1.20 - 1.21)	\$ 16,749	\$ 44,647	\$ 61,396	\$ 14,579		41,338	s	55,917
1 %	23 I ess: Medi-Ca' Billing Review Results				\$ . 884	7,9,11	693	8, 10 \$	1,577
2 4	24   Total Amount Due Clinic (State) (L. 22 - L. 23)	\$ 16,749	\$ 44,647	\$ 61,396	\$ 13,695	€>	40,645	S	54,340
7									

Provider Legal Name  Fiscal Period  FOUNDATION  JULY 1, 2017 THROUGH JUNE 30, 2018  FOUNDATION  Agi  Report References  Request  No.  Schedule Line   Worksheet   Line   Worksheet   Line   Worksheet   Line   Worksheet   Line   Madi-Cal Recal Intermediany for Managad Care Interim Payments Payments Payments Period 2)  1 1 2 1 1 Medi-Cal Recal Intermediany for Managad Care Interim Payments Payments Period 2)  To adjust Medi-Cal reconcilation data to agree with the following Fissal Intermediany for Managad Care Interim Payments Payments Period 2)  To adjust Medi-Cal reconcilation data to agree with the following Fissal Intermediany Care Interim Payments Payments Period 2)  To adjust Medi-Cal reconcilation data to agree with the following Fissal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interim Payments Payments Period 2)  To adjust Medi-Cal Recal Intermediany Care Interior 2004 2008 4	Provider NPI Adjustments	1255490819		tments Reported (Decrease As Reported (Decrease) Adjusted	5,126 6 5,132	ts Payments (Period 2) \$505,911 \$1,010 \$506,921	ving 321			
e log	Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018		Explanation of Audit Adjustments	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 16, 2021 Run On: September 16, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
			efere	Line Worksheet	-					

Prov	Provider Legal Name	Nan	ne	<u>E</u>	Fiscal Period	Provider NPI		Adjustments
BORF	REGO CON	MMCN	BORREGO COMMUNITY HEALTH	-				
ב ב	FOUNDALION	rt Rof	ION Report References	5	JULY 1, 2017 I HKOUGH JUNE 30, 2018	1255490819		<del>-</del>
Adj.	Reconciliation Review	ation	Reconciliation Request	_				
Š	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adiusted
	-		1	-	ADJUSTMENTS TO OTHER MATTERS			
ო	<b>~</b>	ις.	Not Reported	Δ	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.		-	-
					CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
4	_	œ	<del>←</del>	. £	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Payments (Period 1) To adjust Medicare payments received for the Medi-Cal	\$2,823	\$1,079	\$3,902
***************************************					crossover (Formerly Code 02) visits. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	* .		
ဟမ	~ ~	5 5	~ ~	Ž V V	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medical managed care	\$2,336 4,867	\$1,090 3,083	\$3,426 7,950
					patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 14132.100 (h)			
<b>~</b> α		8 8	Not Reported	ΣŽ	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)	0	\$116	\$116 *
		<b>.</b>			To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	•		
v					CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1		-	
					W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
					*Balance carried forward from prior/to subsequent adjustments	-		Page 2

Provider Legal Name	egai Na	me	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMINITY HEALTH	OMMINI INI	TY HEALTH				
FOUNDATION	N CENTR	FOUNDATION CENTRO MEDICO DASIS	JULY 1, 2017 THROUGH JUNE 30, 2018	1255490819		7
Adj. Reco	Report Re Reconciliation Review	Report References onciliation Reconciliation Review Request				
Sch	Jule Line	Worksheet	Line Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported (I	Increase (Decrease)	As Adjusted
e <del>6</del>	8 8	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* * 3116	\$719 379	\$835 693
F	73	Not Reported	Medi-Cal Billing Review Results (Period 1)  To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2 and 2304  CCR, Title 22, section 51005 and 51458.1  W&I Code 14132.100  State Plan Amendment, Attachment 4.19-B Page 6D.	\$832	\$\$ 65	\$884
	·	:				
			*Balance carried forward from prior/to subsequent adjustments			Page 3

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



#### JUN 2 8 2022

Edgar Bulloch, CEO
Desert Hot Springs Community Foundation
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT HOT SPRINGS COMMUNITY FOUNDATION

NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$600,886, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

#### JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

#### JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7021 2720 0003 0819 4435

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1275849283

FISCAL PERIOD FROM: JULY ( 2017

FISCAL PERIOD TO: JUNE 30, 2018

VISITS	90 PE	REPORTED PERIODIZ	TOTAL	PERODIT	G ON	AUDITED PERIOD 2	<b>20</b>	TOTAL	
1 Non-Managed Care Crossovers (Formerly Code 02)	1	•	1	ı		1			
2 Medi-Cal Managed Care (Formerly Code 18)	4,966	13,829	18,795	4,966	-	14,821	3	19,787	87
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	ı	•	•	•		•		•	
4 Total Visits	4,966	13,829	18,795	4,966		14,821		19,787	<u>6</u>
5 Less: Duplicate and Unallowable Visits				. 2	5	13	9		15
6 Payable Visits	4,966	13,829	18,795	4,964		14,808		19,772	72
PAYMENTS	GOPER	REPORTED PER OD 2	A O		₽₽	AUDITED PERIOD 2	<b>2</b> 2	TOTAL	Section 19 To Se
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):									П
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	*	- 8	€	\$	-		\$	
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	\$	-	\$	\$	,		\$	
9 3rd Party Pavers	\$	. \$	· ·	69	*	•		69	
Medical Managed Care (Formerly Code 18):			Marie Company		The second second				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 1,243,996	\$ 3,513,824	\$ 4,757,820	\$ 1,243,996	49	3,766,948	4	\$ 5,010,944	4
	\$ 244,544	\$ 700,272	\$ 944,816	\$ 244,544		700,272		\$ 944,816	16
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 28,172	\$ 41,558	\$ 69,730	\$ 39,037	7	63,175	8	\$ 102,212	12
13 3rd Party Payers	\$	φ.	<del>.</del>	Ф	49			ક	
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Gode 20	Code 20):								
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$	φ	8	1 69	€>				П
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$	-	9	· ·	es -	,		69	
	\$	- \$	÷	\$	₩	,		\$	
17 Total Payments	\$ 1,516,712	\$ 4,255,654	\$ 5,772,366	\$ 1,527,577	<del>₽</del>	4,530,395		\$ 6,057,972	2
							÷	-	
SETTLEMENT	1 0 0 X 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REPORTED RECONCEANOR	<u> </u>	) <u>10 2=3</u>		ED RECONCILIA	्र वर्षे (° (°)	TV-1.0-1	
18 PPS Rate	\$ 272.62	\$		\$ 276.49	Ш	279.81	2		
	4,966	13,829	18,795	4,964		14,808		19,772	2
	\$ 1,353,831	\$ 3,815,283	\$ 5,169,114	\$ 1,372,496	\$	4,143,426		\$ 5,515,922	Ŋ
21 Less: Total Payments (From Line 17)	\$ 1,516,712	\$ 4,255,654	\$ 5,772,366	\$ 1,527,577	8	4,530,395		\$ 6,057,972	72
	\$ (162,881)	(440,371)	\$ (603,252)	\$ (155,081)	\$	(386,969)		(5	90
				\$ 31,070	9,11,13 \$	27,766	10,12,14	\$ 58,836	မ္က
	\$ (162,881)	(440,371)	\$ (603,252)	\$ (186,151)	\$	(414,735)		\$ (600,886)	(98

Adjustments 14	As Adjusted	\$276.49 279.81	Page 6
	Increase (Decrease)	. \$3.87 3.92	
<b>Provider NPI</b> 1275849283	As Reported	\$272.62 275.89	
Fiscal Period JULY 1, 2017 THROUGH JUNE 30, 2018	Explanation of Audit Adjustments	PPS Rate (Period 1) PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
TH FOUNDAT	Reconciliation Reconciliation Adj. Review Request No. Schedule Line Worksheet Line	1 18 1 14 14 14 14 14 14 14 14 14 14 14 14 1	

Provider Legal Name	ne Institution Till	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION	III Y HEALI H	JULY 1, 2017 THROUGH JUNE 30, 2018	1275849283		4
Report References Reconciliation Recol	ferences Reconciliation Request				
No. Schedule Line	Worksheet Line	Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	As Reported	Increase (Decrease)	As Adjusted
3 7 2	<b>-</b>	Medi-Cal Managed Care Visits (Period 2)	13,829	992	14,821
1 10		Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	\$3,513,824	\$253,124	\$3,766,948
		To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 16, 2021 Run On: September 16, 2021 Run On: September 16, 2021 A2 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Prov	Provider Legal Name	₁ Nar	ne	Fiscal Period	Period	Provider NP		Adjustments
BORI	BORREGO CON FOUNDATION	MMU	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2	JULY 1, 2017 THROUGH JUNE 30, 2018	1275849283		4
	Reconciliation Reco	ort Reation	ferences Reconciliation					
S Q	Review	<b>&gt;</b>	Rednest			As	Increase	Ş
	Schedule Line	Line	Worksheet Line	ue l	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	Reported	(Decrease)	Adjusted
က်က	·. <del></del>	က က	Not Reported Not Reported	Duplicate  Duplicate  To elir  due to	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	00	<u>ν</u> ε	o 6
				CMS F CCR, 1 W&I C	42 CP 415.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
V 80	<b>←</b> ←	. 27	र र र	7 Medicare PF 7 Medicare PF To adjus Patients. 42 CFR CMS Pul	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$28,172 41,558	\$10,865	\$39,037 63,175
ø <del>6</del>	<b>₹</b> ₹	8 8	Not Reported Not Reported	Medi-Cal Medi-Cal To rec to the 1 42 CFI CMS F CCR, T W&I C	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	O O	\$7,091 9,769	\$7,091 9,769
					*Balance carried forward from prior/to subsequent adjustments			Page 3

Prov	Provider Legal Name	al Nan	ne	Fiscal Period	Provider NPI		Adjustments
BORF	BORREGO COL	MMUN	BORREGO COMMUNITY HEALTH				;
	Rep	ort Ref	Ferences	JULY 1, ZULY INKOUGH JUINE JU, ZUIO	12/5849283		14
Adj	Reconciliat Review	lation	Reconciliation Reconciliation Review Request				
No	Schedule	Line	Worksheet Line	Explanation of Audit Adjustments	As In Reported (De	Increase (Decrease)	As Adjusted
			-	ADJUSTMENTS TO OTHER MATTERS	-		
£ 2	·.	53 73 73	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$7,091 9,769	\$4,784 7,874	\$11,875 * 17,643 *
€ <u>4</u>	· ·	888	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	\$11,875 17,643	\$19,195 10,123	\$31,070 27,766
		-		*Balance carried forward from prior/to subsequent adjustments			О В В
							l

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



JUN 2 8 2022

Edgar Bulloch, CEO Arlanza Family Health Center Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: ARLANZA FAMILY HEALTH CENTER FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$465,207, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

#### JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

#### Edgar Bulloch Page 3

#### JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1306131545

FISCAL PERIOD FROM: UULY 1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

0.101	PERIOD	Š	PERIOD 2		TOTAL	PERIOD		AD. NO	PERIOD 2	<b>8</b> 8	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)		<u>, , , , , , , , , , , , , , , , , , , </u>	•		1		1		-		
Medi-Cal Managed Care (Formerly Code 18)		3,627	10,346	91	13,973		3,627		10,405	<b>,</b>	14,032
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		1	•		1		,		1		
Total Visits		3,628	10,346	91	13,974		3,628		10,405		14,033
Less: Duplicate and Unallowable Visits	THE STATE OF THE S						1			3	
Payable Visits		3,628	10,346	ଥ	13,974		3,628		10,404		14,032
PAYMENTS	00		REPORITED PERIOD 2		TOTAL	PERIOD 1	700	7 <b>0</b> 00 00 00 00 00 00 00 00 00 00 00 00 0	AUDITED PERIODIZ	Ğ.	TOTAL
Medi. Cal Non-Managed Care Grossovers (Formerly Code 02):		-									
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	69	88	69	ક્ક	83	\$	83	€	-		8
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	100	9	ક્ર	100	ક્ક	135	4	1		\$ 135
3rd Party Pavers	69	,	\$	မ	1	છ	•	€	•		\$
Medi-Cal Managed Care (Formerly Code 18):	and the second second	· · · · · · · · · · · · · · · · · · ·						-			
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$	555,235	3 1,606,855	35 \$	2,162,090	<del>6</del>	555,235	€	1,614,868	2	7,
11 Medi-Cal Managed Care Plans - TOTAL	8	210,363	\$ 602,844	\$	813,207	es.	210,363	49	602,844		
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	€ <del>S</del>	16,467	\$ 42,372	\$ 22	58,839	69	23,415	ιςı <del>(Q</del>	64,376	9	\$ 87,791
13 3rd Party Payers	s	'	\$	æ	-	ક	1	€9	1918		s
	y Code 20):							-			
14 Medi-Cai Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	<del>69</del>	'		69	1	€	1	<b>∞</b>	•		89
	S	1	5	es.		€9	'	<del>69</del>	ı	_	€ (
	₩	,	€	சு	1	œ	-	€9	•		
17 Total Payments	s	782,248	\$ 2,252,070	\$ 02	3,034,318	es.	789,231	<del>69</del>	2,282,088		\$ 3,071,319
							2002	egosystema y concern (menga)	***************************************	INIONE SALE	STANSFORM SERVICES
SETTLEMENT	PERCE		REPORTED RECONCLUSTION PERIODS		701.7	G(0) 성물감	900		DI TBRECONG LA RERODIZI	( ) ( )	70101
18 PPS Rate	છ	187.74	\$ 189.99	66		69	187.74	€	189.99	A Principal Prin	
		3,628	10,346	46	13,974		3,628		10,404		14,032
20 PPS Amount (Line 18 x Line 19)	\$	681,121	\$ 1,965,637	37 \$	2,646,757	ક	681,121	\$	1,976,656		
	\$	782,248	\$ 2,252,070	\$ 02	3,034,318	<del>so</del>	789,231		2,282,088		60
_	) \$	(101,128)	\$ (286,433)	33) \$	(387,561)	↔			(305,432	_	٩
						¢\$	_	7,9,11 \$	20,481	8,10,12	\$ 51,665
	s	(101,128)	\$ (286,433)	33) \$	(387,561)	69	(139,295)	€9	(325,913)	_	\$ (465,207)

	,						 	 		 	
Aajustments	. 12	As Adiusted		10,405	\$1,614,868						
		Increase (Decrease)		59	\$8,013						
Provider NP	1306131545	As . Reported		10,346	\$1,606,855						
riscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018	Explanation of Audit Adiustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 16, 2021 Run On: September 16, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4					
' НЕАLТН		Reconciliation Request Worksheet Line		<u>-</u>	1 8					:	
Provider Legai Name BORREGO COMMUNITY HEALTH	TION	Reconciliation Reconces Reconciliation Reconciliation Reconciliation Reconciliation Reconciliation Reconces	-	1 2	1 10						
Provide: BORREG	FOUNDATION	Adj. No.		-	7				:		

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Provi	Provider Legal Name	al Nan	ne		Fiscal Period	Provider NP		Adiustments	l o
BORF	REGO COI	MMUN	BORREGO COMMUNITY HEALTH					•	
FOUN	FOUNDATION	1			JULY 1, 2017 THROUGH JUNE 30, 2018	1306131545		12	
Adj	Reconciliat Review	iation	Reconciliation Reconciliation Review Request	uo			,		
Š.	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusfed	
					ADJUSTMENTS TO OTHER MATTERS		,	,	
m	₹	īO.	Not Reported		Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR. Title 22, section 51458.1	0	-	<del>-</del>	
					W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D				
4 .	<del>-</del>	<b>∞</b> .	· · · · · · · · · · · · · · · · · · ·	<del>/-</del>	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Payments (Period 1)  To adjust Medicare payments received for the Medi-Cal crossover (Formerly Code 02) visits.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (h)	\$100	\$35	\$135	
ი დ	<del></del>	12 12	₹₹ .	~ ~	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$16,467 42,372	\$6,948 22,004	\$23,415 64,376	
<b>~</b> ∞		23 23	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	<u>\$</u> 0	\$2,407 1,140	\$2,407 * 1,140 *	
					*Balance carried forward from prior/to subsequent adjustments			Page	2

Prov	Provider Legal Name	al Nar	ne	Fiscal Period	Provider NPI		Adjustments	
BOR	BORREGO COI	MMUN	BORREGO COMMUNITY HEALTH		1306131545		12	
) }	Rep	ort Rei	Report References		2		1	
Adj.	Reconciliation Review	iation w	Reconciliation Request					
<u>Š</u>	Schedule Line	Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
				ADJUSTMENTS TO OTHER MATTERS				
o <del>C</del>	<b>←</b> ←	88	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$2,407 1,140	\$844 2,476	\$3,251 3,616 *	
<del>1</del> <del>2</del> <del>2</del>	<del>~ ~</del>	33 33	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	\$3,251 3,616	\$27,934 16,865	\$31,185 20,481	
							,	
				*Balance carried forward from prior/to subsequent adjustments			Page 3	_

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



#### JUN 2 & 2022

Edgar Bulloch, CEO Desert Oasis Womens Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT OASIS WOMENS HEALTH

NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$250,216, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Combined Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the

Edgar Bulloch Page 2 JUN 2 8 2022

impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief

Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1386069995

FISCAL PERIOD FROM: UULY 1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

VISITS	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ACCEPTED AS FILED PERIOD 2	TOTAL	And the second s
1 Non-Managed Care Crossovers (Formerly Code 02)	1	-	•	•			,
2 Medi-Cal Managed Care (Formerly Code 18)	1,924	5,113	7,037	1,924	5,113		7,037
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-		•	-	•		٠
4 Total Visits	1,924	5,113	7,037	1,924	5,113		7,037
5 Less: Duplicate and Unallowable Visits		NA		•	•		1
6 Payable Visits	1,924	5,113	7,037	1,924	5,113		7,037
		REPORTED	Control of the contro		ACCEPTED AS FILED		
PAYMENTS	, (6) 2 × 2 × 2	PERIODZ	ToTA	PERIOD	PERIODZ	<u> </u>	
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):							
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	٠ ج	· ·	9	9	5	\$	,
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	- ↔		\$	\$	s,	,
9 3rd Party Payers	•	-		\$	\$	s	
Medi-Cal Managed Care (Forment Code 18)	ap limit	and the second s	and the second s				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 281,458	\$ 748,575	\$ 1,030,033	\$ 281,458	3 \$ 748,575	5 \$ 1,030,033	8
11 Medi-Cal Managed Care Plans - TOTAL	\$ 12,194	\$ 32,496	\$ 44,690	\$ 12,194	\$ 32,496	ь	44,690
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 1,464	\$ 2,405	\$ 3,869	\$ 1,464	1 \$ 2,405	es	3,869
13 3rd Party Payers		69	· ·	٠ ج	9	es.	,
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20)	ly Code 20):						T
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	69	φ.		٠	4	s.	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	S	69	. 69	\$	·	ક	,
16 3rd Party Payers	٠	- \$	, 49	69	· •	es-	٠,
17 Total Payments	\$ 295,116	\$ 783,476	\$ 1,078,592	\$ 295,116	5 \$ 783,476	\$ 1,078,592	,592
		REPORTEDIRECONOLIATION	NO.	8	ASIFILED RECONCI	Non	
SETTLEMENT	PERIOD 1	PERIODS	TOTAL	PERIOD NO	ADA PERIODIZ NO.	TOTAL	
18 PPS Rate	\$ 182.16	\$ 182.16		\$ 116.70 1	\$ 118.10 2		
19 Total Medi-Cal Visits (From Line 6)	1,924	5,113	7,037	1,924 開開間	5,113 開開		7,037
20 PPS Amount (Line 18 x Line 19)	\$ 350,476	\$ 931,384	\$ 1,281,860	\$ 224,531	\$ 603,845	€9	828,376
21 Less: Total Payments (From Line 17)	\$ 295,116	\$ 783,476	\$ 1,078,592	\$ 295,116	\$ 783,476	\$ 1,078,592	,592
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 55,360	€	\$ 203,268	\$ (70,585)	(179,631) 開開		(250,216)
23 Less: Medi-Cal Billing Review Results					· •		7
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 55,360	\$ 147,908	\$ 203,268	\$ (70,585)	(179,631)	\$ (250	(250,216)

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## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



Edgar Bulloch, CEO Women's Health and Wellness Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: WOMENS'S HEALTH AND WELLNESS CENTER NATIONAL PROVIDER IDENTIFIER: 1568747137 FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the Clinic in the amount of \$388,348, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

1. Schedule 1—Computation of Combined Medi-Cal Settlement

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Edgar Bulloch Page 2

#### JUN 2 8 2022

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7021 2720 0003 0819 4428

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD TO: JUNE 30, 2018

NPI: 1568747137

FISCAL PERIOD FROM: JULY 1, 2017

4,404 4,404 4,404 TOTAL 3,327 3,327 3,327 ACCEPTED AS FILET PERIOD 2 1,077 1,077 70,1 PERIOD 1 4,404 4,404 4,404 ď Z 3,327 3,327 3,327 PERIOD 2 REPORTED NA 1,077 ş 1,077 70, PERIOD 1 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20) Non-Managed Care Crossovers (Formerly Code 02) Medi-Cal Managed Care (Formerly Code 18) VISITS ess: Duplicate and Unallowable Visits Payable Visits Total Visits

27,894 607,504 TOTAL છ ₩ 470,791 21,094 3,594 ACCEPTED AS FILED PERIOD 2 1,875 6,800 136,713 PERIOD 1 27,894 5,469 607,504 TOTAL 21,094 3,594 470,791 REPORTED PERIOD 2 136,713 | \$ 6,800 1,875 PERIOD 1 3rd Party Payers Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20) 47 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Capitated Medicare Advantage Plans, Code 519 & Part D Totaled Medi-Cal Non-Managed Care Crossovers (Formerly Code 02): Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled 3rd Party Payers Medit Cat Managed Care (Formerty Code 18): PAYMENTS

Medi-Cal Managed Care Plans - TOTAL

o 9 두  $\Xi$ 5 640,867

495,479 | \$

145,388

640,867

495,479

145,388

3rd Party Payers Total Payments

4 15

388,348 388,348 1,029,215 640,867 RECEPTED AS FILEDINECON CITATION 779,782 495,479 234.38 3,327 284,303 284,303 ↔ 104,045 231.60 249,433 145,388 104,045 1,077 388,350 4,404 1,029,215 388,350 640,867 ۵ 2 7 2 0 REPORTED RECONCILIATION 234.38 779,782 495,479 284,303 284,303 3,327 231.60 104,046 145,388 249,433 104,046 Ø Reconciliation Amount Due Clinic (State) (L 20 - L 21) SETTLEMENT Less: Medi-Cal Billing Review Results Total Amount Due Clinic (State) (L 22 - L 23) ess: Total Payments (From Line 17) Total Medi-Cal Visits (From Line 6) PPS Amount (Line 18 x Line 19) 19 20 2 2 2 <u>∞</u>

*Corrected rounding error

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



#### State of California—Health and Human Services Agency

#### Department of Health Care Services



#### JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico Cathedral City P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO CATHEDRAL CITY

NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$226,193, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

#### Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

#### Edgar Bulloch Page 3

#### JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief

Financial Audits Branch

Certified

7021 2720 0003 0819 4435

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 7619036514

FISCAL PERIOD FROM: JULY 1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

	Comments of the comments of th	REPORTED		Section 19 and 1	The second secon	AUDITED	The second secon	Company of the compan
VISITS	PER(OD 1	PERIODZ	<u>1</u> 0	PERIODA	<b>3</b> 8	PERIOD 2	<b>₹</b> 9	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	15		15	15		. '		15
2 Medi-Cal Managed Care (Formerly Code 18)	9,580	31,432	41,012	9,580		31,476	1	41,056
_	,	•	1					1
4 Total Visits	9,595	31,432	41,027	9,595		31,476		41,071
5 Less: Duplicate and Unallowable Visits				_	.3	9	4	10
6 Payable Visits	9,595	31,432	41,027	9,594		31,467		41,061
PAYMENTS		REPORTED PERIOD 2	1014	PERIOD :	₹9	AUDITED PERIOD 2	₫ 9	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):								
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 2,022	\$	\$ 2,022	\$ 2,022		\$	49	3 2,022
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ 1,470	69	1,470	\$ 2,018	5	\$	မာ	3,018
	69	·	€	· <del>(5)</del>			€	,
Medi-Cal Managed Care (Formerly Code 18):	The second secon	The second management of the second s			initial initia initial initial initial initial initial initial initial initial			in maintail house
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 1,670,110	\$ 5,569,657	\$ 7,239,767	\$ 1,670,110		\$ 5,579,802	2	7,249,912
	\$ 567,793	\$ 1,908,793	\$ 2,476,586	\$ 567,793		\$ 1,908,793	49	3 2,476,586
	\$ 48,701	\$ 87,896	\$ 136,597	\$ 68,925	ပ	\$ 137,001	7	3 205,926
13 3rd Party Payers	\$			69			8	,
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	Code 20):			The second secon			-	
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	- 8	8	·	€		\$	\$	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	· ·	, <del>О</del>	٠ ج	· 69			49	1
16 3rd Party Payers	· •		- *	•		\$	မ	
17 Total Payments	\$ 2,290,095	\$ 7,566,346	\$ 9,856,442	\$ 2,310,868		\$ 7,625,596	€9	9,936,464
		-						
SETTLEMENT		REPORTED REPONDILA.	- 1 (A)	, 00 <u>X</u>	3 49	TEDREPONCIENTON ESTODO	<b>8</b> 99	TOTAL
18 PPS Bate	\$ 239.97	s		\$ 239.97		\$ 242.85	202	
	9,595	31,432	41,027	9,594		31,467		41,061
	\$ 2,302,512	\$ 7,633,261	\$ 9,935,773	\$ 2,302,272		\$ 7,641,761	\$	9,944,033
	\$ 2,290,095	\$ 7,566,346	\$ 9,856,442	\$ 2,310,868	\$	\$ 7,625,596		9,936,464
	\$ 12,417	\$ 66,915	\$ 79,332		(8,596) 開開間 \$			
				\$ 173,428	173,428 8,10,12 \$		9,11,13	
	\$ 12,417	\$ 66,915	\$ 79,332	(182,024)		\$ (44,168)		\$ (226,193)

NPI Adjustments	14 13		Increase As d (Decrease) Adjusted	37 74 84	\$10,145 \$5,5		•			Page 1
Provider NP	1619036514		As Reported	31 432	\$5,569,657					
Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018		Explanation of Audit Adjustments	ADJOSTIMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 16, 2021- Run On: September 16, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4				
ame	-"-	Report References onciliation Reconciliation Review Request	e Worksheet Line	<del>-</del>	1 8					-
Provider Legal Name	FOUNDATION	Reconciliation Adj. Review	Schedule Line		2 1 10	•				

Prov	Provider Legal Name	Nam	9	Fiscal Period	Provider NP		Adjustments	
FOUN	BORREGO COM FOUNDATION	AMCIN MICH MICH MICH MICH MICH MICH MICH MICH	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2017 THROUGH JUNE 30, 2018	1619036514		13	
Adj	Report Reconciliation Review	ort Refe	Report References onciliation Reconciliation Review Request					
o Z	Schedule Line	Line	Worksheet Line		As Reported	Increase (Decrease)	As Adjusted	
				ADJUSTMENIS TO OTHER MATTERS				
w 4	~ ~	വവ	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20	00	<b>-</b> თ	<b>~</b> თ	
	,			CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			<i>:</i>	
ю	-	<b>\omega</b>	-	<ul> <li>Medicare PPS/UPL/FFS, FFS MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>To adjust Medicare payments received for the Medi-Cal crossover (Formerly Code 02) visits.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$1,470	\$548	\$2,018	
9 1	<del></del>	2 7		<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$48,701 87,896	\$20,224 49,105	\$68,925 137,001	
<b>ක</b> ග		23 23	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<u>Q</u> 0	\$5.279 1,639	\$5,279 * 1,639 *	
				*Balance carried forward from prior/to subsequent adjustments			Page 2	_

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Prov	Provider Legal Name	al Nar	пе	Fiscal Period	Provider NP		Adjustments
BOR FOUN	BORREGO CO FOUNDATION	MMU	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2017 THROUGH JUNE 30, 2018	1619036514		13
	Report Re Reconciliation	ort Re	Report References onciliation			i	
Adj.	Review Schedule Line	W -	Request Worksheef Line	Explanation of Audit Adiustments	As Reported	Increase	As Adiusted
		<u>}</u>		AD			
<u> </u>	<del></del>	88	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304: W&I Codé, section 14115	\$5,279 1,639	\$8,537 7,541	\$13,816 *
<u>π</u>	<b>← ←</b>	ឌុឌ	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	\$13,816 9,180	\$159,612 51,153	\$173,428 60,333
· ·							
				*Balance carried forward from prior/to subsequent adjustments			Page

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



#### JUN 2 8 2022

Edgar Bulloch, CEO Centro Medico, Coachella P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO, COACHELLA

NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$153,977, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

#### Edgar Bulloch Page 3

#### JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7021 2720 0003 0819 4428

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1730249947

FISCAL PERIOD FROM: JULY'1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

SISIN	PEROD	, , , , , , , , , , , , , , , , , , ,	REPORTED PERIOD 2	TOTAL	PERIOD	ADJ NO	AUDITED J PERIODIZ		S S	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)		-	1	•		1		-	-	•
2 Medi-Cal Managed Care (Formerly Code 18)		1,457	4,498	5,955		1,457		4,508	-	5,965
_		•	,	•						1
		1,457	4,498	5,955		1,457		4,508		5,965
					A Assess	-				1
-		1 457	4,498	5,955		1,457		4,508	_	5,965
•										
PAYMENTS		RODA	REPORIED PERIODIZ		PERIODA	ON FOR	AUDITED J PERIOD 2	The second secon	<b>2</b> 8	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):										
7 IMedi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	69	1	• ;		G	'	<b>69</b>	-	\$	
	€	*		· Ө	\$	,	\$	,	69	-
	€	4	•		€9	-	ક	'	છ	1
	V dammanana.			The second secon		maken a large		-		
10 Medi-Cal Fiscal Intermediaty for Managed Care Interim Payments	€9	114,967   \$	358,822	\$ 473,789	\$	114,967	s <del>s</del>	359,800	2	474,767
	69	155,582 \$	494,442	\$ 650,024	*	155,582	છ	494,442	€	650,024
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	es.	7,493 \$	10,589	\$ 18,082	<del>69</del>	10,488 3	7	16,897	4	27,385
	G	69	•	*	€9	ı	ь	•	æ	-
	Code 20):		BIRD	man and a second						
14 Medi-Cal Fiscal Intermediary for Non-Mad Care Crossovers with Cap MAP	₩	<i>6</i> ⊋	•	\$	s,	-	\$	•	69	•
	€	٠	•	\$	cs.	-	\$	-	69	,
	€9	-	. 1	£9-	<del>6</del> 7	•	မာ	-	မှ	,
17 Total Payments	<b>€</b> Э	278,042 \$	863,853	1,141,895	€9	281,037	<b>6</b>	871,139	s	1,152,176
							1111 11 11 11 11 11 11 11 11 11 11 11 1	ni lugi biganasakan kan	Separate Control of the Control of t	HINEMAN THE TRANSPORTER THE
SETTLEMENT		Fod all	쁘	S	) (e		2	3	7/16	
		<b>≌</b>  -					6			
18 PPS Rate	\$	174.78 \$			<b>₽</b>	-/ 4./O	9	1,000		
19 Total Medi-Cal Visits (From Line 6)		1,457	4,498		_	1,457		4,508		C96'G
20 PPS Amount (Line 18 x Line 19)	s	254,654 \$		69	_	254,654	\$	797,375	S CONTRACTOR	1,052,029
21 Less: Total Payments (From Line 17)	\$	278,042 \$	863,853	\$ 1,141,895	e9	281,037	\$	871,139	8	1,152,176
	€9	(23,387) \$		) \$ (91,634)	_	==	_	=		(100,147)
						31,142 5,7,9		_	6,8,10 \$	53,830
	\$	(23,387) \$	(68,247)	) \$ (91,634)	4) \$	(57,525)	69	(96,452)	s	(153,977)

Provider NPI · Adjustments	1730249947		As Increase As Reported (Decrease) Adjusted		4,498	\$358,822 \$978 \$359,800						
Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 16, 2021 Run On: September 16, 2021 A2 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4					
to E		rences Reconciliation Request	Worksheet Line	•	<del>-</del>	<b>80</b> .						
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Reco	Schedule Line		<del>/</del>	1 10						
Prov	N S	Adj	ģ		<del>-</del>	7					 	

<b>P</b>	Provider Legal Name	I Nan	ne Yan de Al de	Fiscal Period	po	Provider NP		Adjustments
F O O	BURREGU CUIV FOUNDATION		BORREGO COMMONI I HEALTH FOUNDATION	JULY 1, 2017	JULY 1, 2017 THROUGH JUNE 30, 2018	1730249947		10
Agi	Reconciliation Review	ation v	Report References onciliation Reconciliation Review Request					
Ž	Schedule	Line	Wor		Explanation of Audit Adjustments	As Reported	increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
. ω 4	<del></del>	5 5	L L	Φ Φ <b>X</b>	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$7,493 10,589	\$2,995	\$10,488 16,897
<b>νο ν</b>	جم ک <del>د</del>	3 3	Not Reported Not Reported	Medi-Cal Billing Revedi-Cal Billing Revedi-Cal Billing Revent To recover paym to the provider d 42 CFR 413.20 CMS Pub. 15-1, CCR, Title 22, s W&I Code, sectionia State	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>9</b> 0	\$2,971 177	\$2,971 * 177 *
<b>► 8</b>	~ <del>~</del>	73 73	Not Reported Not Reported	Medi-Cal Billin Medi-Cal Billin To adjust N 50%, for cl 475) and 1 of services 42 CFR 41 CCR, Title CMS Pub.	Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, sections 2300 and 2304  W&I Code, section 14115	\$2,971 177	\$165 934	\$3,136 1,111
								e e
					"balance carried forward from priorito subsequent adjustments			rage 2

As Increase Adj Reported (Decrease) Adj (Decrease) Adj (Decrease) 1,111 21,577 22	Provider Legal Name	egal Nar	ne	Fiscal Period	Provider NPI	-	Adjustments
Reporting   Reporting	BORREGO	COMMUN	UITY HEALTH	JULY 1, 2017 THROUGH JUNE 30, 2018	1730249947		10
Schodule   Line   Worksheet   Line   Explanation of Audit Adjustments   Raported   Obserses     1	Rec	Report Renciliation	ferences Reconciliation			٠	
ADJUSTMENTS TO OTHER MATTERS  1 23 Not Reported Med-Cal Billing Review Results (Period 4) 1 23 Not Reported Med-Cal Billing Review Results (Period 4) 1 To resoone Med-Cal Billing Services that should have been Interface the managed care plan, and due to lask of documentation. 42 CRR 413.0 CMS Put 1-6.1- section 2,003 and 43.04 CCR 718-2.2 section 5,003 and 43.04 Will Cade 14/132.100 State Plan Ameniament Attachment 4/19-B Page 6D.  1 Talestone Medical Company of the		tule Line	4		As Reported	Increase (Decrease)	A <b>s</b> Adjusted
1 23 Not Reported Medi-Cal Billing Review Results (Period 1) 1 25 Not Reported Medi-Cal Seview Results (Period 2) 1 1 11 2 1.577 22 1 11 1 2 1.577 22 1 11 1 2 1.577 22 1 11 1 2 1.577 22 2 Not Reported Medi-Cal overpayments for services that should have been billing deview flower and the billing deview flower and the billing sevies that should have been billing deview and the billing sevies of the managed care plan, and due billing sevies and the billing sevies of the sevies							
	o 5	8 8	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.			\$31,142
				*Balance carried forward from prior/to subsequent adjustments			Page

# REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



### JUN 2 8 2022

Edgar Bulloch, CEO Eastside Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: EASTSIDE HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$233,575, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2

### JUN 28 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

### Chief

Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Edgar Bulloch Page 3

### JUN 28 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7021 2720 0003 0819 4435

# FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1790075315

FISCAL PERIOD FROM: JULY 1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

VISITS		REPORTED PERIOD 2	AT O	PERIODIA	AD. NO.	AUDITED PERIOD 2	AĐ. NO.	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	*	-	<b>—</b>	1		,		7
2 Medi-Cal Managed Care (Formerly Code 18)	2,945	9,322	12,267	2,945		9,390	-	12,335
	•	1	-	•		1		ı
4 Total Visits	2,946	9,322	12,268	2,946		9,390		12,336
						4	m	4
	2,946	9,322	12,268	2,946		9,386		12,332
PAYMENTS		REPORIED PER OD 2		PERIODIT	ApJ No	AWDITED PERIOD 2	ADJ NO	TOTAL
Madi. Call Non-Managed Care Crossovers, (Formery Code 02):	Principal princi						-	
7 Medi-Cal Fiscal Intermedian for Non-Managed Care Crossovers	130	\$	\$ 130	\$ 130	€>	•	69	130
	55	€	8 99	\$ 135	4	ı	€₽	135
	£	69		φ.	€9	,	\$	•
TOTAL TOTAL TOTAL STREET STREE	To a park to the same of the s	make a second	Add to the secondary	A CONTRACTOR OF THE CONTRACTOR		- hearing a second		
Medical Made Cale of C	\$ 579,918	\$ 1,864,246	\$ 2,444,164	\$ 579,918	€	1,874,584	2	2,454,502
	\$ 148,494	\$ 466,867	\$ 615,361	\$ 148,494	\$	466,867	€9	615,361
12 Medicare PPS/(ID) /FS FFS/CAP MAP. Code 519 & Part D Totaled	6/9'6	\$ 36,642	\$ 46,320	\$ 14,696	5	56,901	မာ	71,597
42 Sri Darty Davers	69	\$	·	- 69	\$	1	49	
Manitral Non-Managed Care Crossovers with Capitated MAP (Formerly Code	V Code 20):						-	
14 Medi-Cal Fiscal Intermediary for Non-Mdd Care Crossovers with Cap MAP	69	· ·		69	\$	-	63	
15 Canitated Medicare Advantage Plans, Code 519 & Part D Totaled	€9	\$	-		643		€9	
	69		\$	\$		1	\$	·
	\$ 738,320	\$ 2,367,754	\$ 3,106,074	\$ 743,373	€>	2,398,352	မှာ	3,141,725
SETTLEMENT		REPORT ED RECONCILIANTON			0	(1) (0) (0) (1)		
	THE EXISTRAL	MININER ODIZINI	T TON WE					
18 PPS Rate	\$ 235.33	3 \$ 238.15		\$ 235.33	\$ 1000	238.15		
	2,946	3 9,322	12,268	2,946		9,386		12,332
	\$ 693,282	2,220,034	\$ 2,913,316	\$ 693,282		2,235,276	8	2,928,558
	\$ 738,320	2,367,754	\$ 3,106,074	\$ 743,373		2,398,352	8	3,141,725
_	\$ (45,038)	3) \$ (147,720)	\$ (192,757)	*		(163,076)		(213,167)
_					7,9,11	12,292	8,10,12	20,408
<u> </u>	(45,038)	3) \$ (147,720)	\$ (192,757)	\$ (58,208)	\$	(175,368)	*	(233,575)
24 Horal Amount Due Omno (Oraco) to an a a a a							İ	

Adjustments	12		As Adjusted	9,390	\$1,874,584						Page 1
_			Increase (Decrease)	. 89	\$10,338						
Provider NPI	1790075315		As Reported	9,322	\$1,864,246			. •			
Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018		Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTI EMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 16, 2021 Run On: September 16, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4					
6	ТҮ НЕАLТН	rences Reconciliation Request	Worksheet Line		4						
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Reco	Schedule Line	1 2	1 10						
Provi	BORR	Adj	o Z		7			 	_		

Adinetmonfe	callellienta	12	Å	Adjusted	4	\$135	\$14,696 56,901	\$633 * 2,307 *	Page 2
			0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	(Decrease)	4	<b>9</b> 29	\$5,017 20,259	\$633 2,307	
Provider NPI		1790075315	As	Reported	0	66\$	\$9,679 36,642	0	
Fiscal Period		JULY 1, 2017 THROUGH JUNE 30, 2018		Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Payments (Period 1)  To adjust Medicare payments received for the Medi-Cal crossover (Formerly Code 02) visits.  42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	*Balance carried forward from prior/to subsequent adjustments
Je	ІТУ НЕАСТН		erences Reconciliation Request	Worksheet Line	Not Reported	£	L L	Not Reported Not Reported	
Provider Legal Name	BORREGO COMMUNITY HEALTH	FOUNDATION	Reconciliation Reco	Schedule Line	ro.		 2 2	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Provic	BORRI	FOUN	Adj.		м	4	wФ	r 60	

Adjustments	12		Adjusted	\$4,425 * 11,643 *	\$8,117 12,292	Page 3
Ad		, social	(Decrease)	\$3,792 9,336	\$3,692 649	
Provider NPI	1790075315	V	 0	\$633	\$4,425 11,643	
<u>a</u>	12			* *	* *	
Fiscal Period	JULY 1, 2017 THROUGH JUNE 30, 2018		Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	*Balance carried forward from prior/to subsequent adjustments
9	ITY HEALTH	Reconciliation Request	Worksheet Line	Not Reported Not Reported	Not Reported Not Reported	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Reco	Schedule Line	1 53	. 5333	
Provider	BORREGO CO FOUNDATION	Adj.		<b>ω</b> (2	<del>- 2</del>	

# REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED JUNE 30, 2018

Audits Section—FQHC/RHC
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



### JUN 28 2022

Edgar Bulloch, CEO Anza Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ANZA COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED: JUNE 30, 2018

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$275,697, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Edgar Bulloch Page 2 JUN 2 8 2022

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. The Statement of Account Status will include instructions regarding payment. The total of the Statement of Account Status equals the total settlement amount on Schedule 1 of this report.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

The Welfare and Institutions Code, Section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, Title 22, Section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

### Edgar Bulloch Page 3

### JUN 2 8 2022

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1942623657

FISCAL PERIOD FROM: JULY 1, 2017

FISCAL PERIOD TO: JUNE 30, 2018

VISITS	PERIODIA	REPORIED PERIOD[2	TOTAL	PERIODA	AD. NO.	AUBITED PERIODIZ	ADJ NO:	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	,	•	•	•		1		
2 Medi-Cal Managed Care (Formerly Code 18)	643	2,081	2,724	643		2,087	1	2,730
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	,		•		,		•
4 Total Visits	643	2,081	2,724	643		2,087		2,730
5 Less: Duplicate and Unallowable Visits				•		1	3	1
6 Payable Visits	643	2,081	2,724	643		2,086	_	2,729
PAYMENTS		REPORTED				AUDITED		
Medi-Cal Nort-Managed Care Crossovers (Formerly Code 02):				A STATE OF S		S. S		
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	5		٠ <del>د</del>	. ↔	3	\$		·
	9	- \$	-	\$				\$
9 3rd Party Payers	8	43	-	·	-	,		
	TKK	THE DELIVERY OF THE PERSON OF	The Particular and the Particula			WWW.Wichighton		
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 41,861	\$ 277,404	\$ 319,265	\$ 41,861		\$ 277,838	2	\$ 319,699
11 Medi-Cai Managed Care Plans - TOTAL	\$ 36,821	\$ 127,564	\$ 164,385	\$ 36,821		\$ 127,564		\$ 164,385
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 6,538	\$ 8,123	\$ 14,660	\$ 8,436	4	\$ 11,099	S	\$ 19,535
13 3rd Party Payers	\$	69	· ·	· \$		· ·		·
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):	/ Code 20):	and the state of						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	69:	€	-	ا د	<u> </u>			49
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	٠ ج	69-		· •	"	•		\$
16 3rd Party Payers				\$		8		
17 Total Payments	\$ 85,219	\$ 413,091	\$ 498,310	\$ 87,118		\$ 416,501		\$ 503,619
SETTLEMENT		REPORTED RECONCILIAN	TOTAL	PERODA	9 9 29	AUDITED RECONCILIA NI PERIODIZ		TOTAL
18 PPS Rate	\$ 283.53	\$ 286.93		\$ 283.53		\$ 286.93		
19 Total Medi-Cal Visits (From Line 6)	643	2,081	2,724	643		2,086		2,729
20 PPS Amount (Line 18 x Line 19)	\$ 182,310	\$ 597,101	\$ 779,411	\$ 182,310		\$ 598,536		\$ 780,846
21 Less: Total Payments (From Line 17)	\$ 85,219	\$ 413,091	\$ 498,310	\$ 87,118		\$ 416,501	\$	\$ 503,619
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 97,091	Hinshill	THE STATE OF THE S	96		18		27
23 Less: Medi-Cal Billing Review Results					9			
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 97,091	\$ 184,010	\$ 281,101	\$ 94,775		\$ 180,922		\$ 275,697

Pro	Provider Legal Name	Name	Fiscal Period	pol	Provider NPI	Ic	Adjustments
8 O O	BORREGO COMI FOUNDATION	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 20	JULY 1, 2017 THROUGH JUNE 30, 2018	1942623657	·	7
Adj	Rec	Report References onciliation Reconciliation Review Request	L.				
Š	Schedule		Line	xplanation of Audit Adjustr	As Reported	Increase (Decrease)	As Adjusted
<u></u>			7	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
	<del>-</del>	1	1 Medi-Cal Ma	Medi-Cai Managed Care Visits (Period 2)	2,081	ŷ	2,087
7	₩.	10 1	8 Medi-Cal Fis	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	\$277,404	\$434	\$277,838
			To adjus Fiscal IT Sen Pay Run 42 CFR CMS Put	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Service Period: July 1, 2017 through June 30, 2018 Payment Period: July 1, 2017 through September 28, 2021 Run On: September 28, 2021 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4		·	
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Prov	Provider Legal Name	al Na	me	Fiscal Period	poi	Provider NP		Adjustments
BOR	REGO CC	NMMC	BORREGO COMMUNITY HEALTH					, ,
<u> </u>	FOUNDATION	_   c		JULY 1, 201	JULY 1, 2017 THROUGH JUNE 30, 2018	1942623657		7
Adj	Reconciliation Review	Mation ew	Report References onciliation Reconciliation Review Request					
o N	Schedule Line	) Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
_					ADJUSTMENTS TO OTHER MATTERS.			
м		ഗ	Not Reported	Duplicate and Unall To eliminate nor due to duplicate 42 CFR 413.20 CMS Pub. 15-1, CCR. Titte 22. s	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR. Title 22, section 51458.1		4	-
				W&I Code California	W&I Code, section 14132 100 California State Plan Amendment, Attachment 4.19-B, Page 6D		•	
4 ທ	Am. Am.	5 7 7	<b>←</b> ←	7 Medicare PP: 7 Medicare PP: To adjust patients. 42 CFR 4 CMS Pub W&I Code	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$6,538 8,123	\$1,898 2,976	\$8,436 11,099
9 \	<b></b>	23	Not Reported Not Reported	Medi-Cal Billi Medi-Cal Billi To adjust 50%, for c 475) and of service 42 CFR 4 CCR, Title CMS Pub	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	<b>Q</b> •	\$417.113	\$417 1,113
							4	
		·						Page 2

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Allison Benton** 



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



### FEB 1 0 2023

Rose MacIsaac, CFO Anza Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA ANZA COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER (NPI) 1942623657 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$8,524, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2

### FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3

FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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# FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1942623657

FISCAL PERIOD FROM: JULY 1, 2018

FISCAL PERIOD TO: JUNE 30, 2019

VISITS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PER OD 1	39	AUDITED PERIOD 2	AD.	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	•	•		4		,		1
2 Medi-Cal Managed Care (Formerly Code 18)	1,374	5,344	6,718	1,374	_	5,431	1	508'9
	•	-	1	4		•		1
4 Total Visits	1,374	5,344	6,718	1,374		5,431		6,805
_				1	3	4	4	5
6 Payable Visits	1,374	5,344	6,718	1,373	3	5,427		6,800
PAYMENTS	The state of the s	REPORTED PERIOD 2	TOTAL	PERIOD1	38	Audited PERIOD 2	₹9	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):								
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	\$		69		\$		
	€9		-	\$		•		
9 3rd Party Payers	<del>9</del>	·	-	, 69		,		- 8
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 302,846	\$ 1,207,058	\$ 1,509,904	\$ 302,846	-	\$ 1,217,593	7	
11 Medi-Cal Managed Care Plans - TOTAL	\$ 77,524	\$ 303,034	\$ 380,558	\$ 77,524	_	\$ 303,034		\$ 380,558
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 6,650	\$ 23,373	\$ 30,024	\$ 10,969	5	\$ 39,503	ဖ	\$ 50,472
13 3rd Party Payers	\$	- \$	· +	, <del>СЭ</del>		-		-
	ly Code 20):							
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		\$	,	₩		-		
	\$	\$	-	•		· •		٠ چ
	*	- 8	·	. ↔		-		٠ ج
17 Total Payments	\$ 387,020	\$ 1,533,465	\$ 1,920,486	\$ 391,339		\$ 1,560,130		\$ 1,951,469
	į							
SETTLEMENT			ATON		3 79	AUDITED RECONCIENTION	3 9 S	
		290 95		\$ 286 83	≣—	\$ 290.95		
			6.718	:				6.800
19 Julia Medical Visits (From Line 3)	\$ 394.242	\$ 1.55	\$ 1,949,079	\$ 393,955		\$ 1,578,986		1,972,941
		\$ 1,533,465	\$ 1,920,486	\$ 391,339		\$ 1,560,130		\$ 1,951,469
	\$ 7,221	\$ 21,372	\$ 28,593	\$ 2,616		\$ 18,856		\$ 21,472
_				\$ 2,627	7	\$ 10,321	æ	\$ 12,948
	\$ 7,221	\$ 21,372	\$ 28,593	\$ (11)	<u>)</u> .	\$ 8,535		\$ 8,524

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Adjustments	80		As Adjusted		5,431	\$1,217,593		
		,	Increase (Decrease)		87	\$10,535		
Provider NPI	1942623657	,	As Reported		5,344	\$1,207,058		
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019		Explanation of Audit Adjustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
		nces Reconciliation Request	Worksheet Line		1 2 N	± 88 №		
Name	H YHNOW	efere	Line Work		73	10		
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report Re Reconciliation Review	Schedule 1			<del></del>		
Provi	BORR	Adj.	o N		-	7		

str										7
Adjustments	œ			As Adjusted		<b>← 4</b>		\$10,969 39,503	\$2,627 10,321	Page
				Increase (Decrease)		± 4		\$4,319 16,130	\$2,627 10,321	
Provider NPI	1942623657			As Reported		00		\$6,650	<b>0</b>	
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019			Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W.R.I Code section 14132.100	California State Plan Amendment, Attachment 4.19-B, Page 6D	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	
	BORREGO COMMUNITY HEALTH FOUNDATION	secue	Reconciliation Request	Worksheet Line		Not Reported	-	10000	Not Reported Not Reported	
Name	LINOMI	Report References	tion			ŽŽ ωω		5 5	23 23 X X	
Provider Legal Name	BORREGO COM FOUNDATION	Repol	Reconciliation Review	Schedule Line		<del>~ .</del>	,	<del>-</del> -	<del></del>	
Provid	BORR		Adj	Š		ω 4		ru ro	<b>► ∞</b>	

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Allison Benton



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



### FEB 1 0 2023

Rose MacIsaac, CFO Arlanza Family Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA ARLANZA FAMILY HEALTH CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1306131545 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$661,892, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Rose MacIsaac Page 2

FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

#### Chief

Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

EVIEW REPORT COMPUTATION

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1306131545

FISCAL PERIOD FROM: JULY 1 2018

FISCAL PERIOD TO: JUNE 30, 2019

VISITS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIODI	칗	AUDITED PERIODIZ	₹8	TOTAL	A STATE OF THE STA
Non-Managed Care Crossovers (Formerly Code 02)	•	•							
2 Medi-Cai Managed Care (Formerly Code 18)	4,606	14,092	18,698	4,606		15,141	-	19	19,747
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	•	•		•			-
4 Total Visits	4,606	14,092	18,698	4,606		15,141		19	19,747
5 Less: Duplicate and Unallowable Visits				-	3	2	4		8
8 Payable Visits	4,608	14,092	18,698	4,605		15,139		19,	19,744
PAYMENTS		REPORTED		Section of the control of the contro	3	Айритер	The state of the s		The second secon
Medi-Cal Non-Managed Care Grossovers (Formerly Code 92):					2		2		
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	69	69	\$	φ		€9		69	,
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	69	· •	. ⇔				မာ	,
3rd Party Payers	69	,	· ·	€		6		S	,
Medi-Cai Managed Care (Formerly Code 18):	The second secon		A					The second second second	
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 690,669	\$ 2,212,420	\$ 2,903,088	\$ 690,669		\$ 2,325,135	2	\$ 3,015,804	804
11 Medi-Cal Managed Care Plans - TOTAL	\$ 307,364	\$ 941,550	\$ 1,248,914	\$ 307,364		\$ 941,550		\$ 1,248,914	914
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 18,047	\$ 53,550	\$ 71,598	\$ 26,619	9	\$ 95,388	9	\$ 122,007	007
13 3rd Party Payers				- +		- •		¢ <del>s</del>	,
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):	y Code 20):						-		
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	•	69	69	· &				\$	Ţ
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$	٠	€9	€		•		\$	
16 3rd Party Payers	,		- +	٠		€9		&	_
17 Total Payments	\$ 1,016,080	\$ 3,207,520	\$ 4,223,600	\$ 1,024,652		\$ 3,362,073		\$ 4,386,725	725
		สัสประเทศไทย์เสียปตรีเพียงให้เคารักษณ์เห				Section 2	THE PERSON NAMED IN		8800
SETTLEMENT	NETO PERIODIA	SIGONES IN	I CONTRACTOR OF THE CONTRACTOR	AENOD I	AG. NO.	HE NEWNOLD	300 1000 1000	TOTAL	
18 PPS Rate	\$ 189.99	\$ 192.65		\$ 189.99		\$ 192.65			
19 Total Medi-Cal Visits (From Line 6)	4,606	14,092	18,698	4,605		15,139		19,	19,744
20 PPS Amount (Line 18 x Line 19)	\$ 875,094	\$ 2,714,824	\$ 3,589,918	\$ 874,904		\$ 2,916,528		\$ 3,791,432	432
21 Less: Total Payments (From Line 17)	\$ 1,016,080	\$ 3,207,520	\$ 4,223,600	\$ 1,024,652		\$ 3,362,073		\$ 4,386,725	725
	\$ (140,986)	\$ (492,696)	\$ (633,682)	(1/	-77	4)		(5	293)
23 Less: Medi-Cal Billing Review Results				\$ 18,694	7,9,11	\$ 47,905	8,10,12		66,599
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (140,986)	\$ (492,696) \$	\$ (633,682)	\$ (168,442)		\$ (493,450)		\$ (661,892)	892)

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Adjustments	12		As Adjusted	-	15,141	\$2,325,135	·	Page 1
			Increase (Decrease)		1,049	\$112,715		
Provider NPI	1306131545		As Reported		14,092	\$2,212,420		
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019		Explanation of Audit Adjustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data:  Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2028 42 CFR 413.20, 413.60 and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
UT 1470 V		Reconciliation Request	Worksheet Line		1 2	1 8		
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Adjustments	12		; <b>4</b>	As Adjusted		F 6	\$26,619 95,388	\$380 385	Page 2
			<u>.</u>	increase (Decrease)		<b>- 0</b>	\$8,572 41,838	\$380 385	
Provider NPI	1306131545		<	As Reported	-		\$18,047 53,550	O O	
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019				ADJUSTMENTS TO OTHER MATTERS	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	*Balance carried forward from prior/to subsequent adjustments
E V	Y HEALIH	ences	Reconciliation Request	Worksheet Line		Not Reported Not Reported	. r 0 0	Not Reported Not Reported	-
Provider Legal Name	BORREGO COMMUNILY HEALTH FOUNDATION	Report References	Reconciliation Review	Schedule Line \	٠	ΣŽ	1 1 2 2 2	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,
Provider	FOUNDATION		Adj.			ω <b>4</b>	ωω	<b>ν</b> ∞	

	12	As Adiusted		\$18,568 * 47,779 *		Page 3
					\$126 126 4	
		Increase (Decrease)		\$18,188 47,394	<del>is</del> '	
	1306131545	As Reported	-	\$385 385	\$18,568 47,779	
	~		-	* *	* *	
	JULY 1, 2018 THROUGH JUNE 30, 2019	Explanation of Audit Adjustments	AD	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	*Balance carried forward from prior/to subsequent adjustments
е ТҮ НЕАLТН	rences	Reconciliation Request Worksheet Line	1	Not Reported	Not Reported Not Reported	3
SOMMUNI:	N eport Refe	Review Re  Review Re  Schedule Line Worksl		23 23	% % · · · · · · · · · · · · · · · · · ·	
BORREGO COMMUNITY HEALTH	FOUNDATION Rep	Adj. Recon No. Schedu		e 6 	± 52	

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1548795453

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Allison Benton



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



### FEB 1 0 2023

Rose MacIsaac, CFO Barstow Community Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA BARSTOW COMMUNITY HEALTH CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1548795453 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$392,829, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2

FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3

FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief Financial Audits Branch

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1548795453

FISCAL PERIOD TO: JUNE 30, 2019

FISCAL PERIOD FROM: JULY 1, 2018

PERIODA     PERIODA			REPORTED		Comment of the commen		AUDITED			
Non-Managed Care Crossovers (Formerly Code 102)   365   3.280   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.635   3.63	VISITS	700000 000000	PERION	Į <b>V</b> IOL	PERION	₫ 9	PERIONS	₹		A Company of the Comp
Medical Positive and Unality rable Visits   Section 1971 Code 20]   Section 1971 Code 20]   Section 1971 Code 20]   Section 2071 Code 2071		Hillian To Company of the Company of		-						-
Nor-Managed Care Crossover with Capitated MAP (Formerly Code 20)   Sept   Sep	_	356		3,635	355		3,311	9		3,666
PAYMENTS		1		1		•				
PayMENTS	•	36		3,635	355		3,311			3,666
Payable Violets   PayMENTS					1	5	1	8		2
PAYMENTS   PERIOD T	35		3,635	354		3,310			3,664	
PAYMENTS										
Medical National Managed Care Crossovers   S	PAYMENTS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIODII	ADJ. NO.	AUDITED PERIOD 2	₹9	0	A
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled   S	Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):									
Needicare PPS/UPU/FPS, FFS MAP, Code 519 & Part D Totaled   S		4	89	٠ <del>ده</del>	· <del>СР</del>		-		69	-
Start Payers   Start Park Payers   Start Payers   Start Payers   Start Park Payers   Start Payers   Star	_	ا د		- *	<b>.</b>				es	-
Medi-Cal Mainaged Care   Formerty Code 18   S   25,210   S   339,739   S   391,949   S   25,210   S   Medi-Cal Mainaged Care   Intermediary for Managed Care   Drojaled   S   19,401   S   170,44   S   19,401    -	€	·	· <del>69</del>	· *				8		
Medi-Cal Fiscal Intermediary for Managed Care Interim   S	I				and the second of the second o					
Medical Managed Care Plans - TOTAL   S			69				\$ 339,002	4	49	364,212
State   Stat			s				\$ 178,267		8	197,668
Sand Party Payers   Sand Pay			\$			7	\$ 13,995	<b>∞</b>	\$	14,790
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Capitated MAP (Formerty Code 20):   Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Capitated MAP (Formerty Capitated MaP (Formerty Capitated MaP)   S		-	69	٠.	€				\$	-
Pacific Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$   \$		/ Code 20):								
SETTLEMENT   SETTLEMENT   SETTLEMENT   SEGGEON   SEGGE		φ.	· &		₩		-		GA	-
SETTLEMENT   SEG. 661   SEG. 66	5 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	€9	69		· •		6		s,	
Total Payments         SETTLEMENT         SETTLEMENT         SETTLEMENT         ALION PERIODIA IN INCIDIA INTERNITA IN INCIDIA INTERNITA IN INCIDIA INTERNITA IN INCIDIA IN	6 3rd Party Payers	\$	59	· \$	€				\$	1
Period   P	77 Total Payments		ક				\$ 531,264		69	576,670
Perconciliation Amount Due Clinic (State) (L.20 - L.21)   Const. Medical Billing Review Results   Const. Medical Billing Rev										
PPS Rate         PPS Rate         166.60         Image: PPS Rate         166.60         166.60         Image: PPS Rate         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60         166.60	SETTLEMENT			TION ASS	PER OD 1	9 99	TED RECONOL A	8 9 <u>9</u>	TOTAL	٧
Total Medi-Cal Visits (From Line 6)         3,635         3,280         3,635         354 IMINIM           PPS Amount (Line 18 x Line 19)         \$ 59,143         \$ 546,448         \$ 605,591         \$ 96,975         IMINIM           Less: Total Payments (From Line 17)         \$ 45,121         \$ 521,539         \$ 566,661         \$ 45,406         IMINIM           Reconciliation Amount Due Clinic (State) (L.20 - L.21)         \$ 14,022         \$ 24,909         \$ 38,930         \$ 51,569         IMINIM           Less: Medi-Cal Billing Review Results         Iminimization Imini			ક			, J	2	2		
PPS Amount (Line 18 x Line 19)         \$ 69,143         \$ 56,448         \$ 605,591         \$ 96,975         ####################################	19 Total Medi-Cal Visits (From Line 6)	35		3,635	354		3,310			3,664
Less: Total Payments (From Line 17)         \$ 45,121         \$ 521,539         \$ 566,661         \$ 45,406         #####           Reconciliation Amount Due Clinic (State) (L 20 - L 21)         \$ 14,022         \$ 24,909         \$ 38,930         \$ 51,569	20 PPS Amount (Line 18 x Line 19)		69						S	1,003,716
Reconciliation Amount Due Clinic (State) (L 20 - L 21)         \$ 14,022         \$ 24,909         \$ 38,930         \$ 51,569         ####################################			S				5 531,264	7.7	€	576,670
Less: Medi-Cal Billing Review Results 24,316 10			\$ 24,				37	***	8	427,046
						<u></u>		9,1		34,217
\$ 38,930	24 Total Amount Due Clinic (State) (L 22 - L 23)		-	\$ 38,930	\$ 27,253		365,576		\$	392,829

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Adjustments	7			As Adjusted		\$273.94 273.94		•				Page 1
				(Decrease)		\$107.34				٠		
Provider NP	1548795453		<	As Reported		\$166.60						
								t				
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304						
			iliation	Line		9 9						
	HEALTH	rences	Reconciliation Request	Worksheet								ļ
Name	MUNITY	Report References	iation w	Line		8 8						
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Rep	Reconciliation Review	Schedule								
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Provider Legal Name	Je .	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION	ІТУ НЕАLTH	JULY 1, 2018 THROUGH JUNE 30, 2019	1548795453		<del>-</del>
Report References Reconciliation Recol	erences Reconciliation Request			,	
No. Schedule Line	Worksheet Line		As Reported	Increase (Decrease)	As Adjusted
		ADJUSTMENTS TO REPORTED MEDI-CAL SELLLEMENT DATA			
3 1 2	1 2	Medi-Cal Managed Care Visits (Period 2)	3,280	31	3,311
4 1 10	← 80	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$336,739	\$2,263	\$339,002
		To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.65 and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	·.		
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Prov BOR	Provider Legal Name BORREGO COMMUNIT	Provider Legal Name BORREGO COMMUNITY HEALTH	Fiscal Period	Provider NPI		Adjustments
POU	FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019	1548795453		7
Adj	Reconciliation Review	Report Kererences onciliation Reconciliation Review Request				
ģ	Schedule Line	e Worksheet Line		As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO OTHER MATTERS			
დდ	 	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	0 0	~ ~	~ ~
			CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			,
<b>► 00</b>	1 12 12	<del></del>	<ul> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$510 6,534	\$285 7,461	\$795 13,995
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Provi	Provider Legal Name	I Nar	ne	Fiscal Period	Provider NPI		Adjustments
BORF	BORREGO CON	MMU	BORREGO COMMUNITY HEALTH	111 V 1 2018 THEOLIGH 111NE 30 2019	1548705453		÷
5	Repo	ort Rei	Report References	1, 2010	Sorton lotton		-
Adj.	Reconciliation Review	ation w	Reconciliation Request		,		
Š	Schedule	Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
ത	<del>-</del>	23	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	9	\$167	* * * * * * * * * * * * * * * * * * * *
P 7	ਲ ਦ	73 73	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal curbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively, 42 CFR 413.20 and 447.45(a)(1) CCR, Tite 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	. \$0	\$24,316 9,734	
				*Balance carried forward from prior/to subsequent adjustments			Page 4

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Allison Benton



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



#### FEB 1 0 2023

Rose MacIsaac, CFO Borrego Medical Clinic Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA BORREGO MEDICAL CLINIC FOUNDATION NATIONAL PROVIDER IDENTIFIER (NPI) 1134144165 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$73,203 as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2 FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed Send the Statement of Disputed Issues and a copy of this letter to the following:

#### Chief

Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

#### FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

7020 2450 0000 6812 9864

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD FROM: UULY	JULY 11, 2018			FISCAL PERIO	D TO:	FISCAL PERIOD TO: JUNE 30, 2019			
VISITS	PERIOD 1	REPORTED PERIODIZ	TOTAL	PERIODIA	NO NO	AUDITED PERIOD 2	<b>₹</b>		
Non-Managed Care Crossovers (Formerly Code 02)	•		-	-		•			
Medi-Cal Managed Care (Formerly Code 18)	951	2,757	3,708	951		2,831	-		3,782
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	•	•	•		•			
4 Total Visits	951	2,757	3,708	951		2,831			3,782
				-		-			•
S Payable Visits	951	2,757	3,708	951		2,831			3,782
PAYMENTS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIOD 1	92€	AUDITED. PERIOD 2	AD No	TOTAL	<b>X</b>
Medi-Cai Non-Managed Gare Grossovers (Formerly Code 02):	tera paper a provincial	소리를 하는 것이 하셨습니다.					2 /		
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers		·		· •		ا ج		€9	,
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled		- 8		·		- 9		€9	,
9 3rd Party Payers		\$	\$			· ·		မာ	
Med ica Marabed Care (Formerly Gode 18):		and the state of t	The second secon	7.					
0 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 170,707	\$ 512,813	\$ 683,519	\$ 170,707		\$ 521,444	7	ક્ક	692,151
1 Medi-Cal Managed Care Plans - TOTAL	\$ 38,540	\$ 112,841	\$ 151,381	\$ 38,540		\$ 112,841		69	151,381
2 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 10,365	\$ 27,640	\$ 38,005	\$ 15,963	က	\$ 47,815	4	69	63,778

SETTLEMENT		ORTIED RECONCIUM	TION TOTAL	GONER .	ADJUNEDRA	RECONCILATIONS ADJ	
eten Sau	\$ 258.89	3 262.51		\$ 258.89	ક	262.51	
19 Total Medi-Dal Visits (From Line 6)	951	2,757	804'6	951		2,831	3,782
20 PDS Amount (Line 18 x Line 19)	\$ 246,204	\$ 723,740 \$	\$ 969,944	\$ 246,204		743,166	\$ 989,370
24 I ess: Total Payments (From Line 17)	\$ 219,611	\$ 653,293	\$ 872,904	\$ . 225,210		682,100	\$ 907,310
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 26,593	€>	\$ 97,040	\$ 20,994		61,066	\$ 82,060
23 Less: Medi-Cal Billing Review Results				\$ 3,670	5,7 \$	5,187 6	\$ 8,857
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 26,593	5 70,447	\$ 97,040	\$ 17,324	\$	55,879	\$ 73,203
,							

907,310

682,100

225,210

872,904

653,293

219,611

↔ ø

3rd Party Payers Medit Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20

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σ

Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP Capitated Medicare Advantage Plans, Code 519 & Part D Totaled

3rd Party Payers Total Payments

7 15 16 17

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€9 49

## State of California

Adjustments	7		As Adjusted		2,831	\$521,444		Page 1
			(Decrease)		74	\$8,631		
Provider NPI	1134144165	,	As Reported		2,757	\$512,813		
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019	,		ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 A2 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
ne HTV LIEAL TIL	IIIY HEALIH	erences Reconciliation Request	Worksheet Line		1 2	4		
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Recon	Schedule Line		1 2	1 10		
Provic	BORRI	Adj.			<del>-</del>	77		

Prov	Provider Legal Name	al Nar	ne ITVIIITALTII	Fiscal Period	Period	Provider NPI		Adjustments
3 G 5 U	BORKEGO CO. FOUNDATION	MMO	BORKEGO COMMUNII Y HEALIH FOUNDATION	JULY 1, 2	JULY 1, 2018 THROUGH JUNE 30, 2019	1134144165		7
Adj	Report Re Reconciliation Review	ort Rei	Report References onciliation Reconciliation Review Request					
Ö	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments AD ILISTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted
w 4	<del></del>	5 5	<b>← ←</b>	10 Medicare F 10 Medicare F To adju manag	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24	\$10,365 27,640	\$5,598 20,175	\$15,963 47,815
φφ	~ ~	23 23	Not Reported Not Reported	W&I C W&I C Medi-Cal E To adji 50%, fr 475) ar	W&I Code, section 14132.100 (h)  Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.	<b>0</b>	\$3,630 5,187	\$3,630 * 5,187
	<del>-</del>	73	Not Reported	42 CFI CCR. TO W&I C W&I C W&I C To red have b A2 CFF CMS P	42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115 Medi-Cal Billing Review Results (Period 1) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1	\$3,630	\$40	\$3,670
				W&I C State F	W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D. *Balance carried forward from prior/to subsequent adjustments			Page 2

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY NATIONAL PROVIDER IDENTIFIER: 1619036514

> FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Allison Benton



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



APR 1 9 2023

Rose MacIsaac, CFO Centro Medico Cathedral City P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY DBA CENTRO MEDICO CATHEDRAL CITY NATIONAL PROVIDER IDENTIFIER (NPI) 1619036514 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$195,625, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

Rose MacIsaac Page 2 APR 1 9 2023

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO

CATHEDRAL CITY

NPI 1619036514

FISCAL PERIOD FROM: JULY 1, 2018

FISCAL PERIOD TO: JUNE 30, 2019

VISITS	PERIOD (	REPORTED PERIOD 2	LATOI.		₫ 9	AUDITED	₹2	
1 Non-Managed Care Crossovers (Formerly Code 02)	1	1	,			-		1
2 Medi-Cal Managed Care (Formerly Code 18)	11,781	38,908	50,689	11,781		40,411	-	52,192
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	•	•	•		•		'
4 Total Visits	11,781	38,908	689'05	11,781		40,411		52.192
5 Less: Duplicate and Unallowable Visits				ဧ	n	10	4	13
6 Payable Visits	11,781	38,908	50,689	11,778		40,401	-	52,179
PAYMENTS		REPORTED			<b>2</b> 5	AUDITED	man to the first	
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):		Partition of the control of the cont						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	- 9	(A)	69	5			8	
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	- *	•	· ·	- -		- 8	69	
9 3rd Party Payers	\$	\$	9	69		- 8	S	,
Medi-Cal Managed Care (Formerly Code 18):	The state of the s	A LA	tudbot.					
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,993,983	\$ 6,974,476	\$ 8,968,458	\$ 1,993,983		\$ 7,147,379	2 \$	9,141,362
11 Medi-Cal Managed Care Plans - TOTAL	\$ 760,935	\$ 2,539,486	\$ 3,300,421	\$ 760,935	_	\$ 2,539,486	8	3,300,421
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 57,077	\$ 150,512	\$ 207,589	\$ 87,738	2	\$ 265,903	9	353,641
13 3rd Party Payers	49	- \$		ا دى		49	69	1
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20)	/ Code 20):							
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		-	69	*		- \$	\$	•
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled		- \$	\$	•			es	'
16 3rd Party Payers	- \$	\$		- \$			49	•
17 Total Payments	\$ 2,811,995	\$ 9,664,474	\$ 12,476,469	\$ 2,842,656		\$ 9,952,768	\$	12,795,424
FINEME	NEPO	PETED RESONATION	Tov		88			
OFFICEMEN					ğ		e e	

SETTLEMENT	REPO PERIODI (	RIED RECORCIUM	TOTAL	PERIODA*	§ 69	TED RECONCERA	y (§ 9)	TOTAL
18 PPS Rate	\$ 242.85	\$ 246.25		\$ 242.85		\$ 246.25		
19 Total Medi-Cal Visits (From Line 6)	11,781	38,908	50,689	11,778		40,401		52,179
20 PPS Amount (Line 18 x Line 19)	\$ 2,861,016	\$ 9,581,095	\$ 12,442,111	\$ 2,860,287		\$ 9,948,746		\$ 12,809,033
21 Less: Total Payments (From Line 17)	\$ 2,811,995	\$ 9,664,474	\$ 12,476,469	\$ 2,842,656		9,952,768		\$ 12,795,424
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 49,021	\$ (83,379)	\$ (34,358)	\$ 17,631		\$ (4,022)		\$ 13,609
23 Less: Medi-Cal Billing Review Results				\$ 84,675	84,675 7,9,11	124,559	124,559 8,10,12 \$	\$ 209,234
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 49,021	\$ (83,379)	\$ (34,358)	\$ (67,044)		(128,581)		\$ (195,625)

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AL CITY Report Refeator	rces Reconcilia Reques
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Provi	Provider Legal Name	ı Nar	ne		Fiscal Period	Provider NP		Adjustments
BORF	REGO COL	MMU	BORREGO COMMUNITY HEALTH		•			
SATH	CATHEDRAL CITY				JULY 1, 2018 THROUGH JUNE 30, 2019	1619036514		12
ij	Report Re Reconciliation	ort Re ation	Report References onciliation Reconciliation	r C				
į S	Schedule	Line	Worksheet	Line	Explanation of Audit Adiustments	As	Increase	As
					AD		(apparat)	Posenia .
w 4		വ	Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D		e 0	e 0
က ဖ		2 2	F F .	0 0	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$57,077 150,512	\$30,661 115,391	\$87,738 265,903
<b>ν</b> ∞	F F	23 23	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 `California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>Ģ</b> O	\$486 739	\$486 * 739 *
					*Balance carried forward from prior/to subsequent adjustments			Page 2

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Prov	Provider Legal Name	al Na	me		Fiscal Period	Provid	Provider NPI		Adiretmente
BOR	REGO CO	MMUI	BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO						
CAT	CATHEDRAL CITY	Ě			JULY 1, 2018 THROUGH JUNE 30, 2019	1619036514	36514		12
Adj	Report Re Reconciliation Review	oort Re lation	Report References onciliation Reconciliation Review Request	r.					
Š	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	Repu	As Reported	Increase (Decrease)	As Adjusted
			:		ADJUSTMENTS TO OTHER MATTERS	-	-   		
o 6	· ·	23	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* *	\$486 739	\$83,936 122,998	\$84,422 * 123,737 *
£ 5	F F	23 23	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To recover Medi-Cal overpayments for services that should have been billed to the managed care plan. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&l Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* *	\$84,422 123,737	\$253 822	\$84,675 124,559
					*Balance carried forward from prior/to subsequent adjustments				Page 3

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO, COACHELLA NATIONAL PROVIDER IDENTIFIER: 1730249947

> FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Allison Benton



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



#### FEB 1 0 2023

Rose MacIsaac, CFO Centro Medico, Coachella P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO, COACHELLA DBA CENTRO MEDICO, COACHELA NATIONAL PROVIDER IDENTIFIER (NPI) 1730249947 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$198,673, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

Rose MacIsaac Page 2 FEB 1 0 2023

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief

Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO.

NPI. 1730249947

FISCAL PERIOD FROM: JULY 1, 2018

FISCAL PERIOD TO: JUNE 30, 2019

STISIA		REPORTED		Company of the compan	March 14 in New York 15 in New York	AUDITED	Community Name 199 at Control of the State of the Control of the		12.112.11
	PERIOD (	PERIOD-2	TOTAL	PERIOD 7	3 O	PERIOD 2	g 8	TOTAL	200
1 Non-Managed Care Crossovers (Formerly Code 02)	•		-	1					T
2 Medi-Cal Managed Care (Formerly Code 18)	1,9	,983 5,913	13 7,896	1,983	83	980'9	-	8.069	6
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	•	•	-					
4 Total Visits	1,983	83 5,913	7,896	1,983	Ω	6.086		8.069	0
5 Less: Duplicate and Unallowable Visits								•	
6 Payable Visits	1,983	33 5,913	7,896	1,983	23	6,086		8,069	6
			-						
PAYMENTS		REPORTED.				AUDITED	ą s		The It is a second of the
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	1,000						2		
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	±9	69	49	€	Ľ			\$	T
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	\$		<b>У</b>		8		s	
9 3rd Party Payers		\$	\$	\$	\$	-		٠, ب	T
Medical Managed Care (Formerly Code 18):									П
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 152,079	79 \$ 477,956	56 \$ 630,035	\$ 152,079	6	486,680	2	\$ 638,759	ത
11 Medi-Cal Managed Care Plans - TOTAL	\$ 132,412	12 \$ 392,412	2 \$ 524,824	\$ 132,412	2    \$	392,412		\$ 524,824	44
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	69	s	, es	\$ 13,225	5 3 \$	49,294	4	\$ 62,519	0
13 3rd Party Payers	69	s	٠ ج	φ	8	-		*	
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	Code 20):			A Committee of the Comm	ALL COLORS				П
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$	ر دی	٠ ج	€9	*	-			
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	€9	φ.		€	€\$			\$	-
16 3rd Party Payers	· \$	\$		69	\$			\$	_
17 Total Payments	\$ 284,491	91 \$ 870,368	1,154,859	\$ 297,716	9	928,386		\$ 1,226,102	2
							:		
SETTLEMENT	Y GORES	REPORTED RECONCIDATE	WIND TOTAL	1 <u>000258</u>	9 9 9 9	A COUNTY OF STREET	z 69	7.4.02	
18 PPS Rate	\$ 176.88	s		\$ 176.88	$\vdash$				
19 Total Medi-Cal Visits (From Line 6)	1,96	983 5,913	3 7,896	1,983	3 <b>             </b>	6,086		8,069	_
20 PPS Amount (Line 18 x Line 19)	\$ 350,753	3 \$ 1,060,556	56 \$ 1,411,309	\$ 350,753	3	1,091,585	    	\$ 1,442,338	~
21 Less: Total Payments (From Line 17)	\$ 284,491	870,368	1,154,859	\$ 297,716	8	928,386		\$ 1,226,102	ارم
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 66,262	ક	₩	\$ 53,037	2	163,199		\$ 216,236	اء,
23 Less: Medi-Cal Billing Review Results				\$ 8,182	2 6.8 \$	9,381	5.7.9	\$ 17,563	
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 66,262	190,187	7 \$ 256,450	\$ 44,855	2 8	153,818		\$ 198,673	~~

## State of California

Provi	Provider Legal Name	ame		Fiscal Period	Provider NPI		Adjustments
BORF	REGO COMMU	BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO,	_				
COAC	COACHELLA			JULY 1, 2018 THROUGH JUNE 30, 2019	1730249947		6
	Report Re Reconciliation	eferenc Re	<u>[6</u>				
Adj.	Review	Request			As	Increase	Ą
<u> </u>	Schedule Line	e Worksheet	Line		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
<del>-</del>	1 2	· ~	7	Medi-Cal Managed Care Visits (Period 2)	5,913	173	980'9
2	1 10	<del>-</del>	ω	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$477,956	\$8,724	\$486,680
				To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
							- Jage

Adjustments	a			As Adjusted		\$13,225 49,294		* 06\$		\$8,052 * 9,121 *			 Page 2
Adju				¥		£ 4				<b>₩</b>			
				Increase (Decrease)		\$13,225 49,294		06\$		\$8,052 9,031			
Provider NPI	1730249947			As Reported		O\$		O\$		08			
Fiscal Period				Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal	managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20	CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4:19-B, Page 6D	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and	50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304	W&I Code, section 14115	*Balance carried forward from prior/to subsequent adjustments
			noi	Line		9 9							
le .	BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO, COACHELLA	Report References	Reconciliation Request	Worksheet				Not Reported		Not Reported Not Reported			
I Nam	MMUN	ort Ref	ation ~	Line		5 5	:	23		23 23			
Provider Legal Name	BORREGO CON FOUNDATION (	Repo	Reconciliation Review	Schedule Line		<del>-</del> -		<del>-</del>					
Provi	BORR		Adj.	Š		ω 4		ഗ		9 1			

FIOVIDE LEGAINAILE	ame	Fiscal Period	Provider NP		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO,	UNITY HEALTH JTRO MEDICO,				
COACHELLA	LA Donot Deferences	JULY 1, 2018 THROUGH JUNE 30, 2019	1730249947		6
Rec	Request	nc nc		•	
No. Schedule Line	Worksheet	Line Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		ADJUSTMENTS TO OTHER MATTERS			
9 1 1 23	3 Not Reported 3 Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	* \$8,052 * 9,121	\$130 260	\$8,182 9,381
			-		
		*Balance carried forward from prior/to subsequent adjustments			Page 3

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Allison Benton



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



#### APR 1 9 2023

Rose MacIsaac, CFO Centro Medico El Cajon P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA CENTRO MEDICO EL CAJON NATIONAL PROVIDER IDENTIFIER (NPI) 1154480069 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$3,035,680, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1154480069

FISCAL PERIOD FROM: JULY 1: 2018

FISCAL PERIOD TO: JUNE 30, 2019

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	VISITS		REPORTED				ξ	AUDITED	Í		
		PERIODA	PERIOD 2	TOTAL	4	PERIOD 1	9	PERIOD 2	ğ	TOTA	1
~	Non-Managed Care Crossovers (Formerly Code 02)	,	•	•				,			,
7	Medi-Cal Managed Care (Formerly Code 18)	15,447	52,583	33 68,030		15,447		54,570	-		70,017
က	Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		•	•		-					t
4	Total Visits	15,447	52,58	583 68,030	_	15,447		54.570			70.017
ß	Less: Duplicate and Unallowable Visits					2,152	3,5	6,949	9,4		9,101
9	Payable Visits	15,447	52,583	33 68,030		13,295		47,621			60,916
	PAYMENTS	PERIODIA	REPORTED PERIOD 2	TOTAL	Ž	PERIODIA	ğ ğ	AUDITED PERIOD 2	32	TOTAL	Section 1 to the section of the sect
	Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			C _ C _ C _ C _ C _ C _ C _ C _ C _ C _	201001 Wiles
7	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers		8	\$	69	-	S	-		69	,
00	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled		, 4	\$	ь		G	1		69	'
o		69	47	\$	69	٠	69	,		69	,
	Medi-Cal Managed Care (Formerly Gode 18):			The state of the s							
10	Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 3,241,341	\$ 11,402,386	36 \$ 14,643,727	ь	3,241,341	€9	11,705,322	2	\$ 14	14,946,663
7	Medi-Cal Managed Care Plans - TOTAL	\$ 680,796	\$ 2,294,488	38 \$ 2,975,284	49	680,796	€>	2,294,488		\$ 2	2,975,284
12	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 56,467	\$ 241,302	297,769	G	83,224	2 \$	384,277	8	9	467,500
5	3rd Party Payers	- ₩	69	49	ь	-	€9			<del>69</del>	•
	Medi-Cal Non-Managed Care Crossovers with Capitated MAH (Formerly	Code 20):									
4	Medi-Cai Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		69	\$	မာ	'	49	)		€9	
15	Capitated Medicare Advantage Pians, Code 519 & Part D Totaled	8	es.	69	s	-	69	-	-	s	•
16	3rd Party Payers		\$	49	(s)	-	49	-		€9	
17	17 Total Payments	\$ 3,978,604	\$ 13,938,176	17,916,780	છ	4,005,361	₩	14,384,087		\$ 18	18,389,447
	SETTLEMENT	AE 000 KE	AED A CONTROL OF THE	47.07 1017	X.	DER(OD)		ON COOKER OF THE	s (1)	1101	
18	PPS Rate	\$ 259.26	\$ 262.89		69	259.26	. ↔	262.89			
9	Total Medi-Cal Visits (From Line 6)	15,447	52,583	58,030		13,295		47,621			60,916
20	PPS Amount (Line 18 x Line 19)	\$ 4,004,789	\$ 13,823,545	5 \$ 17,828,334	69	3,446,862	8	12,519,085		\$ 15,	15,965,947
21	Less. Total Payments (From Line 17)	\$ 3,978,604	\$ 13,938,176	6 \$ 17,916,780	æ	4,005,361	\$	14,384,087		\$ 18,	18,389,447
22	Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 26,185	\$ (114,63	(631) \$ (88,446)	ь	(558,499)	\$	(1,865,002)		\$ (2,	(2,423,500)
23	23 Less: Medi-Cal Billing Review Results				ø	156,787	10,12,	455,391	9,11,		612,180
24	24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 26,185	\$ (114,631) \$	1) \$ (88,446)		(715,286)	69	(2.320.393)			(3.035.680)
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Adjustments	14		As Adjusted		54,570	\$11,705,322		
			Increase (Decrease)		1,987	\$302,936		
Provider NPI	1154480069		As Reported		52,583	\$11,402,386		
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019		Explanation of Audit Adjustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
		Reconciliation Request	Worksheet Line		1 2 1	8		
POPPEGO COMMINITY DEALTH	ATION	Report References Reconciliation Recon	Schedule Line W		1 2	1 10		
Provider Legal Name	FOUNDATION	Adj:	No. S		~	8		_

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Provi	Provider Legal Name	ı Nar	ne		Fiscal Period	Provider NP		Adjustments	s
FOUN	BORREGO CON FOUNDATION	MMC	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019	1154480069		41	
	Repo	ort Re	Report References						
Adj	Reconciliation Review	ation w	Reconciliation Request	c.					·
N _O	Schedule	Line	Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted	
					ADJUSTMENTS TO OTHER MATTERS		·		
w 4	~~ <del>~</del>	ന വ	Not Reported Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	00	z <u>5</u>	. 4 * *	
					42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D				
က်က	~ ~	ന ന	Not Reported Not Reported		Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2) To eliminate visits paid to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* *	2,147 6,937	2,152 6,949	
<b>≻</b> 89	~ ~	5 5	<del></del>	5 5	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$56,467 241,302	\$26,757 142,975	\$83,224 384,277	
					*Balance carried forward from prior/to subsequent adjustments			Page	7

Provider Legal Name	me	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALIH FOUNDATION	VITY HEALIH	JULY 1, 2018 THROUGH JUNE 30, 2019	1154480069		4
Reconciliation Record Adj. Review Re	ferences Reconciliation Request				
No. Schedule Line	Wor	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted
53	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>0</b> <b>\$</b>	\$789	* 68.2\$
11 1 23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$0 \$2 \$4 \$4	\$52,967 147,220	\$52,967 * 148,009 *
12 1 23	Not Reported	Medi-Cal Billing Review Results (Period 1)  To recover Medi-Cal overpayments for services that should have been billed to the managed care plan.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2 and 2304  CCR, Title 22, section 51005 and 51458.1  W&I Code 14132.100  State Plan Amendment, Attachment 4.19-B Page 6D.	* \$52,967	\$297	\$53,264 *
		*Balance carried forward from prior/to subsequent adjustments		,	Page 3

Provider NPI Adjustments		1154480069		As Increase As Ustments (Decrease) Adjusted	R MATTERS  * \$53,264 \$103,523 \$156,787  * 148,009 307,382 455,391	л.			
riscal Period	LILLY 7 2018 THROLIGH ILINE 30 2010	SOLI I, SOLO IIINOOOTI SONE SO, SOLIS	uc	Line Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS  Medi-Cal Billing Review Visits (Period 1)  Medi-Cal Billing Review Visits (Period 2)  To eliminate payments to the provider for	services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J			
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	Rec	Schedule Line Worksheet	13 1 23 Not Reported 14 1 23 Not Reported				

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez



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



#### FEB 1 0 2023

Rose MacIsaac, CFO Centro Medico Escondido P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA CENTRO MEDICO ESCONDIDO NATIONAL PROVIDER IDENTIFIER (NPI) 1023349883 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$225,637, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

#### FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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## FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

FISCAL PERIOD FROM: JULY'1, 2018

PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1023349883

FISCAL PERIOD TO: JUNE 30, 2019

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S ISIN		PERIOD 2	¥ o	PERIOD	NO.	PERIOD 2	} <u>9</u>	TO A	The second secon
1 Non-Managed Care Crossovers (Formerly Code 02)			•	-		1:			$\overline{\cdot}$
_	5,512	20,418	25,930	5,512	- 2	21,044	2	2,	26,556
_	•	•	,	1		•			
	5.512	20,418	25,930	5,512		21,044		2	26,556
				51	4	1,569	5		1,620
_	5,512	20,418	25,930	5,461		19,475		122	24,936
PAYMENTS		REPORTED PERIOD 2	TOTAL	1 COMPACT	79 94	AUDITED FERIOD 2	ADJ.	TOTAL	The second secon
Modi Col Non-Manarad Cara Crossovers (Formerty Code 02):									
7 Madi On Eisan Intermedian for Non-Managed Care Crossovers	8	8		₩	-	-		\$	,
	49	s	\$	+ <del>9</del>	0,			S	,
	69			\$	-	- \$		\$	٠
		in the second se		my Marine and a contraduction	industria.				
10 Medical Fiscal Intermediary for Managed Care Interim	\$ 988,107	\$ 3,904,829	\$ 4,892,936	\$ 988,107		\$ 3,985,689	6	\$ 4,97	4,973,796
		\$ 886,082	\$ 1,123,721	\$ 237,639		\$ 886,082		\$ 1,12	1,123,721
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled		\$ 71,705	\$ 94,440	\$ 34,320	9	\$ 120,196	7		154,516
13 3rd Dorth Dovers	-			: \$	-	٠		<del>69</del>	
	ly Code 20):								
14 Medi-Cal Fiscal Intermediary for Non-Mod Care Crossovers with Cap MAP	•	\$		· &	-			↔	,
16 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	ь	\$		· G	**  	8		\$	
16 3rd Pariv Pavers	·	\$	8	•					,
	\$ 1,248,482	\$ 4,862,615	\$ 6,111,097	\$ 1,260,066		\$ 4,991,967		\$ 6,25	6,252,033
					Steeristicisticisticisticisticisticisticisti	SIMMANASTRASTANTA	The special contraction of the special contracti	With the property of the second	H PSHYTTE
SETTLEMENT		ED RECONS	Wigh.	{ 		A(U5)(T=0) R=@@\@_L5,1 (0). 51.	3 4 9	<b>.</b>	
		4		24 A 4	1	\$ 247.83	<b>!</b> —		
18 PPS Rate	01:11	9	OCO 3C					2	24 936
19 Total Medi-Cal Visits (From Line 6)						1		6	B 184 949
20 PPS Amount (Line 18 x Line 19)	\$ 1,347,133			-		ŀ		9 6	2 200
21 Less: Total Payments (From Line 17)	\$ 1,248,482	4,	φ 	1,2		4		o D	0,252,053
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 98,651	\$ 197,578	\$ 296,228				=_	£9 €	(90,821)
23 Less: Medi-Cal Billing Review Results					g,30		- n		010,450
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 98,651	\$ 197,578	\$ 296,228	\$ 32,765		\$ (258,402)		77)	7,20,0

Prov	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
FOUN	BORREGO COMMUNITY HEALTH FOUNDATION	MUNITY	ТНЕАГТН		JULY 1, 2018 THROUGH JUNE 30, 2019	1023349883		11
	Rec	Report References	rences					
Adj	Reconciliation Review	iation w	Reconciliation Request	ation		<		( <
ó N	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					MEMORANDUM ADJUSTMENT			
<del>-</del>	~	8	<del>-</del>	6	PPS Rate (Period 1)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$244.40	\$0.01	\$244.41
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PROPRESCO COMMUNITY HEALTH   JULY 1, 2016 THROUGH JUNE 30, 2016   PROPRESCO COMMUNITY HEALTH   JULY 1, 2016 THROUGH JUNE 30, 2016   PROPRESCO COMMUNITY HEALTH   JULY 1, 2016 THROUGH JUNE 30, 2016   PROPRESCO COMMUNITY HEALTH   JULY 1, 2016 THROUGH JUNE 30, 2016   PROPRESCO COMMUNITY HEALTH   PROPRESCO COMMUNITY   PROPRESCO COMMUN	Provider Legal Name	Fiscal Period	Provider NPI		Adjustments
Region   Association   Association   Reconciliation   Advantage   Association   Association	BORREGO COMMUNITY HEALTH FOUNDATION		1023349883		11
Schedule   Line	Report Refere Reconciliation Review				<
1 2 1 2 Medi-Cal Managed Care Visits (Period 2) 20,418 628 21,044 1 10 1 8 Medi-Cal Fiscal Intermediary for Managed Care Interim Peyments (Pariod 2) \$5,804,829 580,860 53,965,689 To edijust Medi-Cal reconciliation deab to agree with the following Fiscal Intermediary Psyment Data: Period in the Care Intermediary Psyment Data: 2,022 Senvice Period: Period July 1,2018 integral June 20, 2019 Senvice Period: 2,0418,000 and 413.84 CMS Pub. 15-1; sections 2304, 2408.3 and 2408.4	Schedule Line Worksheet	EX ADJUSTMENTS TO	Reported	(Decrease)	Adjusted
1 10 1 8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2) \$3,904.829 \$80.860 \$53,985.689  To adjust Medi-Cal Fiscal Intermediary Payment Data: Payment Data: Payment Pariod: July 1, 2018 through June 28, 2022  Sandore Period: July 1, 2018 through June 28, 2022  Sandore Period: July 1, 2018 through June 28, 2029  Run Chr. Lune 28, 2022  CMS Pub. 15-1, sections 2004, 2408.3 and 2408.4  CMS Pub. 15-1, sections 2004, 2408.3 and 2408.4	1 2 1	Medi-Cal Managed Care Visits (Period 2)	20,418	626	21,044
n data to agree with the following ta: 118 through June 28, 2022 8 through June 30, 2019 3 64 2 408.3 and 2 408.4	1 10 1	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$3,904,829	\$80,860	\$3,985,689
		To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Adjustments	7		As Adjusted	., 569 1, 569	\$34,320 120,196 Page
4			Increase (Decrease)	51 1,569	\$11,584 48,491
Provider NPI	1023349883		As Reported		\$22,736 71,705
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019		Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS  Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1)  Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2)  To adjust Medicare payments received for Medi-Cal managed care patients.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (h)
		ation	Line		0 0 0
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References conciliation Reconciliation Review Request	Worksheet	Not Reported	~ ~
l Nan	NOME	ation	Line	ro ro	<del>4</del>
der Lega	BORREGO CON FOUNDATION	Report Reconciliation Review	Schedule		~ ~
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## State of California

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Adjustments	<u> </u>			As Adjusted		\$37,004 56,493	\$41,892 92,924	Page
				Increase (Decrease)		\$37,004 56,493	\$4,888 36,431	
Provider NPI	1023349883			As Reported		Q O	\$37,004 56,493	
-	~						* *	
								ents
				stments	MATTERS	(RAD Code the month		*Balance carried forward from prior/to subsequent adjustments
				Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	di-Cal Billing Review Results (Period 1) di-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	e visits paid	om prior/to subs
	E 30, 2019			xplanation o	STMENTS	Period 1) Period 2) Or fiscal cutbac ng the 7th throi i month (RAD (	di-Cal Billing Review Results (Period 1) di-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100	ried forward fro
	NOL HOUO			Ш	ADJU	iew Results (Fish Results (Fish Payments Forbments Forbm	iew Results (Fiew Results) (Fiew Results) (Fiends related to the to duplicate section 2409.7 cition 51458.1 on 14132.100	*Balance car
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019					Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cu 50%, for claims submitted during the 7th i 475) and 10th through the 12th month (Ro of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allc to the provider due to duplicates, or non 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100	
Fisc	JULY			<u>o</u>		Medi- To To 50' 50' 60' CC CC CC	Medi-I	
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ne	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	Reconciliati Request	Worksheet		Not Reported Not Reported	Not Reported	
al Nar	MMU	ort Re	liation ew	Line		23 33	8 8	
Provider Legal Name	BORREGO CO FOUNDATION	Rep	Reconciliation Review	Schedule			. <del></del>	
Prov	BOR		Adj	ટું		<b>ω</b> σ	11	

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS NATIONAL PROVIDER IDENTIFIER: 1255490819

> FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez



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



#### FEB 1 0 2023

Rose MacIsaac, CFO Centro Medico Oasis P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS DBA CENTRO MEDICO OASIS NATIONAL PROVIDER IDENTIFIER (NPI) 1255490819 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$5,879 as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

#### FEB 1 0 2023

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

FISCAL PERIOD FROM: UULY 1, 2018

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO

NPI: 1255490819

FISCAL PERIOD TO: **JUNE 30, 2019** 

VISITS	8	REPORTED PERIOD 2	Į O	PER 09	₹2	AUDITED PERIOD 2	즿얼	0 <b>7</b>	
1 Non-Managed Care Crossovers (Formerly Code 02)				-					
2 Medi-Cal Managed Care (Formerly Code 18)	1.812	6,453	8,265	1,812		6,554	1	8,3	8,366
			1			1		'	
4 Total Visits	1,812	6,453	8,265	1,812		6,554		80	8,366
_				<b>~</b>	ო		4		2
	1,812	6,453	8,265	1,811		6,553		6.0	8,364
						,			
PAYMENTS		REPORTED		Lace	ąż	AUDITED PERIOD:2	. G¥ oĭ	TOTAL	
Medical Not Manager Care Crossovers (Formerly Code 02):		1.7							
7 Madi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	49	\$		·		,		<b>У</b>	
	49	8	69	<del>69</del>		\$		\$	
	45	65	-	49		·			
and Tally Tayers	***************************************		San			The second secon		The second secon	
in Medi.Cal Fiscal Intermedian for Managed Care Interim	\$ 178,110	\$ 646,967	\$ 825,077	\$ 178,110		\$ 654,067	2	\$ 832,177	1
	\$ 100.330	\$ 356,184	\$ 456,514	\$ 100,330		\$ 356,184		\$ 456,514	4
12 Medicare PPS/UPI /FES. FFS/CAP MAP. Code 519 & Part D Totaled		!	\$ 17,820	\$ 5,643	5	\$ 23,358	ဗ	\$ 29,001	ទ
	69	8	φ.	• •		· •		\$	
	IV Code 20):		The state of the s						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	*	•		•				ક	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$	\$		· G		· •		ક	
	8	\$		€>		-			
	\$ 281,927	\$ 1,017,485	\$ 1,299,412	\$ 284,083		\$ 1,033,609		\$ 1,317,692	3
	:								
SETTLEMENT	O COLOR	ORITED RECONSILA	(10N			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) A 6	( <del>-</del>	400
	6 158 04 158 04	450 14		\$ 156.94	<b>!</b>	\$ 159.14	<u> </u>		
			280 8			6.553		8.3	8.364
		,		700	_	5		8	હ
		es e	3 1,311,306	\$ 284,218		1,042,044	2 33E	9 69	1 6
21 Less: Total Payments (From Line 17)	281,	\$ 1,017,	7,	407				2,1	9.370
22 Reconciliation Amount Due Clinic (State) (L. 20 - L. 21)	\$ 2,448	\$ 9,446	5 11,884	5 150 150	- THE PROPERTY OF THE PROPERTY	8,555	Sammen		2 6
23 Less: Medi-Cal Billing Review Results					1		┸		279
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 2,448	\$ 9,446	\$ 11,894	(428)					1

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Provi	Provider Legal Name	l Nan	ne		Fiscal Period	Provider NPI		Adjustments
BORR	EGO CON DATION C	MMUN	BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO					
OASIS					JULY 1, 2018 THROUGH JUNE 30, 2019	1255490819		8
	Repo	rt Rei	Report References	5				
Adj	Review		Request	5				
Ö.	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
-	-	2	~	7	Medi-Cal Managed Care Visits (Period 2)	6,453	101	6,554
7	-	10	۲-	∞	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$646,967	\$7,100	\$654,067
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
								rage I

Provider Legai Name BORREGO COMMINITY HEALTH	IME NITY HEAI TH		Fiscal Period	Provider NPI		Adjustments
FOUNDATION CENTRO MEDICO OASIS	TRO MEDICO		JULY 1, 2018 THROUGH JUNE 30, 2019	1255490819		80
Reconciliation	Report References onciliation Reconciliation Reclinest	5				
Schedule Line	Worksheet	Line		As Reported	increase (Decrease)	As Adjusted
			ADJUSTMENTS TO OTHER MATTERS			
 ω ω	Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	00	<del></del>	· ·
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 	5 5	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$3,487 14,334	\$2,156 9,024	\$5,643 23,358
1 1 2 2 3	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(a)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	0,0	\$563 2,928	\$563 2,928
						Page 2

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1780038042

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez



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



#### FEB 1 0 2023

Rose MacIsaac, CFO
D Street Medical Center
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA D STREET MEDICAL CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1780038042 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$770,819, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Rose MacIsaac Page 2 FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

#### FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD TO: JUNE 30, 2019

NPI: 1780038042 FISCAL PERIOD FROM: JULY 1, 2018

		REPORTED				AUDITED		
VISITS	PERIOD1	PERIOD2	TOTAL	PERIOD 1	₹2	PERIOD.2	₹9	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	1		•		1
2 Medi-Cal Managed Care (Formerly Code 18)	2,363	7,291	9,654	2,363		7,324	က	9,687
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	-	1	•		•	_	'
4 Total Visits	2,363	7,291	9,654	2,363		7,324	•	9,687
5 Less: Duplicate and Unallowable Visits				+	5	1	9	
6 Payable Visits	2,363	7,291	9,654	2,362		7,323		9,685
PAYMENTS	O O	REPORTED PERIOD 2		PERIOD 1	<b>₫</b> 9	AUDITED PERIOD:2	7 €	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):								
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	-	- \$	-			\$		49
		- \$	-	\$		\$	_	\$
9 3rd Party Pavers	49	\$	- <del>-</del>					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s			August		
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 228,656	\$ 718,633	\$ 945,289	\$ 226,656		\$ 720,558	4	\$ 947,214
11 Medi-Cal Managed Care Plans - TOTAL	\$ 162,157	\$ 503,863	\$ 666,019	\$ 162,157		\$ 503,863		\$ 666,020
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 8,984	\$ 22,664	\$ 31,647	\$ 13,426	7	\$ 36,305	00	\$ 49,731
13 3rd Party Payers	·	· •	- +	,		- *		
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	v Code 20):							
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP			· ·	· •		•		\$
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$		ı <del>С</del>			\$		\$
16 3rd Party Payers	\$		:					\$
17 Total Payments	\$ 397,797	\$ 1,245,159	\$ 1,642,956	\$ 402,239		\$ 1,260,726	_	\$ 1,662,965
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2,469,860 1,662,965

255.88 7,323 1,873,809 1,260,726 613,083

> 2,362 596,051 402,239

9,654 1,578,332 1,642,956

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7.291

1,192,005 1,245,159

> 386,327 397,797

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770,819 36,076

19,824

9, 11

16,252 177,560

193,812

(64,623) (64,623)

(53,154) \$

(11,470)

Reconciliation Amount Due Clinic (State) (L 20 - L 21)

Less: Total Payments (From Line 17)

Total Medi-Cal Visits (From Line 6) 20 PPS Amount (Line 18 x Line 19) 21 Less: Total Payments (From Line

PPS Rate

9 9

Total Amount Due Clinic (State) (L 22 - L 23) Less: Medi-Cal Billing Review Results

(53,154) \$

(11,470)

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Adjustments	12			As Adjusted		\$252.35 255.88 Page 1
				Increase (Decrease)		\$88.86 92.39
Provider NPI	1780038042			As Reported		\$163.49 163.49
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304
	БАГТН	nces	Reconciliation Request	Worksheet Line		<del>τ</del>
l	H YTINOWI	Report References	liation ew	Line		£ €
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Rei	Reconciliation Review	Schedule		<del></del>
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Provider Legal Name	ame	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019	1780038042		12
Rec	eferenc Re				
No. Schedule Line	Kequest		As Incre	Increase (Decrease)	As
-	ļ	ADJUSTMENTS	-		
3 1 2	1 2	Medi-Cal Managed Care Visits (Period 2)	7,291	33	7,324
4 1 10	1 8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$718,633	\$1,925	\$720,558
		To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
					Page 2

Provider Legal Name	Legal No	ame	Fiscal Period	Provider NP	lc.	Adjustments
BORREG	O COMML	BORREGO COMMUNITY HEALTH				1
FOUNDATION	NOL		JULY 1, 2018 THROUGH JUNE 30, 2019	1780038042		12
Adj.	Reconciliation Review	Keport References onciliation Reconciliation Review Request	tion tt			
	Schedule Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	-		ADJUSTMENTS TO OTHER MATTERS			
യ വ	<del></del>	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1; section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0 0		~ ~
<b>~</b> ∞	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	~ ~	<ul> <li>Medicare PPS/UPI/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPI/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$8,984 22,664	\$4,442 13, <b>64</b> 1	\$13,426 36,305
o C	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>9</b> 0	\$163 327	\$163 * 327 *
			*Balance carried forward from prior/to subsequent adjustments			Page 3

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Adjustments	12		As Adjusted	į.	\$16,252 19,824		Page 4
			Increase (Decrease)		\$16,089 19,497		
Provider NPI	1780038042		As Reported		\$163 327		
					* *		
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019		Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 476) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(a)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115		*Balance carried forward from prior/to subsequent adjustments
ar.	ІТУ НЕАLTН	erences Reconciliation Request	Worksheet Line		Not Reported Not Reported		
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Reco	Schedule Line		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Provide	BORREGO CO FOUNDATION				± 5		

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez



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



#### FEB 1 0 2023

Rose MacIsaac, CFO Desert Hot Springs Community P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA DESERT HOT SPRINGS COMMUNITY NATIONAL PROVIDER IDENTIFIER (NPI) 1275849283 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,192,134, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

#### FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

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## FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1275849283

FISCAL PERIOD FROM: JULY 1, 2018

FISCAL PERIOD TO: JUNE 30, 2019

VISITS		REPORTED			ngy .	The second secon		
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3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	9000	20 337	78 736	9 300		20 018	-	27.315
				7	4	17	5	24
_	668'9	99 20,337	7 26,736	6,392		20,899		27,291
PAYMENTS		REPORTED PERIOD 2	10	PERIOD	r d	AUDITED	<b>a</b> 2	101AL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):			Same of the state of the second					
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	8	s	\$	٠ \$	\$	•	G	
_	5	\$	\$	\$	\$	1	ક્ર	-
9 3rd Party Payers	\$	\$		•	\$	-	es	•
Medi-Cal Managed Care (Formerly Code 18):	diament in the second					and the second		
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	1,573,317	7 \$ 5,301,405	5 \$ 6,874,722	\$ 1,573,317	69	5,380,291	9	6,953,608
11 Medi-Cal Managed Care Plans - TOTAL	\$ 385,157	57 \$ 1,237,880	1,623,037	\$ 385,157	\$	1,237,880	₩.	1,623,037
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	35,950	50 \$ 93,274	129,224	\$ 53,882	8	174,041	2 \$	227,923
13 3rd Party Pavers	·	· +	•	\$	\$	_	↔	-
	Code 20):		A Section of the Control of the Cont	de la constitución de la constit	The state of the s			
14 Medi-Cai Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$	\$	- 69	·	69	,	ક્ક	1
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	8	8	٠ ھ	·	છ	'	es	-
16 3rd Party Payers	\$		\$	· \$	\$	•	69	1
17 Total Payments	\$ 1,994,423	23 \$ 6,632,560	8,626,983	\$ 2,012,358	8	6,792,212	69	8,804,568
SETTLEMENT	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S S S S S S S S S S S S S S S S S S S	Koji N-Si	( <u>0</u> ) ( <u>1</u> )			g 69	101 AU
18 PPS Rate	\$ 275.88	¢\$		\$ 279.81	1 \$	283.73		
	6,399	39 20,337	7 26,736	6,392		20,899		27,291
20 PPS Amount (Line 18 x Line 19)	\$ 1,765,356	5,770,217	7,535,573	\$ 1,788,546	8	5,929,673	S	7,718,219
21 Less: Total Payments (From Line 17)	\$ 1,994,423	23 \$ 6,632,560	3 8,626,983	\$ 2,012,356	s	6,792,212	S	8,804,568
-	\$ (229,067)	37) \$ (862,343)	.)	\$ (223,810)		Education.		(1,086,349)
_				\$ 41,918	8, 10 \$	_	9, 11	105,785
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (229,067)	37) \$ (862,343) \$	3) \$ (1,091,410)	\$ (265,728)	ક્ક	(926,406)	es.	(1,192,134)

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March   Marc	Provider Legal Name	egal Name		Fiscal Period	Provider NPI	Adju	Adjustments
Page	BORREGO	COMMUNITY	HEALTH	9102 05 3U 11 HBOILGH THROUGH	1275849283		1
No.   Review   Reconciliation   Reconciliation   Reconciliation   Reconciliation   Reconciliation   Request   No.   Schedule   Line   Worksheet   Line   Worksheet   Line   Worksheet   Line   Worksheet   Line   Worksheet   Line   Worksheet   Line   Reported   OBcorrection		Report Refe	rences				
Schedule   Line   Worksheet   Line   Explanation of Audit Adjustments   Reported   Occur	Adj.	conciliation Review	Reconciliation Request				
MEMORANDUM ADJUSTMENT  1 16 PPS Rate (Period 1)  To adjust the report Prospective Payment System (PPS)  To adjust the report of Prospective Payment System (PPS)  To adjust the report of Prospective Payment System (PPS)  To adjust the report of Prospective Payment System (PPS)  To adjust the report of Prospective Payment System (PPS)  To adjust the report of Prospective Payment System (PPS)  To adjust the report of Prospective Payment System (PPS)  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the report of PPS Rate in ACSTAGE  To adjust the repor	Sche			Explanation of Audit Adjustments			As Adjusted
1 16 PPS Rate (Period 1) To adjust the reported Prospective Payment System (PPS) Trans to agree with the PPS atte in AGSNET. 42 CFR 413.20 and 413.34 CMS Pub. 15-1, section 2304		-	]	MEMORANDUM ADJUSTMENT	·		
				PPS Rate (Period 1)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304			\$279.81
	- -						
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Pro	Provider Legal Name	me	Fiscal Period	Provider NPI		Adjustments
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	Report References	serences				
Adj.	Reconciliation Review	Reconciliation Request				
Š	Schedule Line	Worksheet Line	,,,,,,	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
7	1 2	1 2	Medi-Cal Managed Care Visits (Period 2)	20,337	579	20,916
ო	1 10		Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$5,301,405	\$78,886	\$5,380,291
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data:  Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			B B B B
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Prov	Provider Legal Name	Nan	ne		Fiscal Period	Provider NPI		Adjustments	ဟ
BOR	REGO CON	MMCN	BORREGO COMMUNITY HEALTH					Ţ	
TOO!	FOUNDATION	ī			JULY 1, 2018 THROUGH JUNE 30, 2019	1275849283		7-	
Adi:	Reconciliation Review	ation	Report References onciliation Reconciliation Review Request	Ē				·	
Š	Schedule Line	Line		Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
					ADJUSTMENTS TO OTHER MATTERS				
4 rū	ਦਦ	വ വ	Not Reported Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0 0	71	7 7 7 1	
9 ~	<del></del>	5 5	<del>-</del> -	9 6	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$35,950 93,274	\$17,932 80,767	\$53,882 174,041	
<b>ω</b> σ	<b>₹</b> ₹	23 23	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	O O	81,959 8,512	\$1,959 8,512 * *	
					*Balance carried forward from prior/to subsequent adjustments			Page	က

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Adjustments			As Adjusted	\$41,918 63.867	Page 4
			Increase (Decrease)	\$39,959 55,355	
Provider NPI	1275849283		As Reported	* * \$ \$1,959	
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019		Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS  Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, sections 2300 and 2304  W&I Code, section 14115	*Balance carried forward from prior/to subsequent adjustments
9	ІТҮ НЕАLТН	erences Reconciliation Request	Worksheet Line	Not Reported Not Reported	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Reconciliation Recon	Schedule Line	7 7 73 33 33	
Provic	BORR	Ad:	-	6.5	

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez



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



#### FEB 1 0 2023

Rose MacIsaac, CFO
Desert Hot Springs Health
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA DESERT HOT SPRINGS HEALTH NATIONAL PROVIDER IDENTIFIER (NPI) 1184065088 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$14,470, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

#### FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834

(916) 322-5603

FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1184065088

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

							<u>'</u>			ı	
FISCAL PERIOD FROM:	JULY 1/ 2018					FISCAL PERIC	00 TO:	FISCAL PERIOD TO: JUNE 30, 2019		E-Wij	
VISITS	PERIOD		REPORTED PERIOD 2	10TA		PERIOD 1	32	AUDITED PERIOD 2	92	<u> </u>	
1 Non-Managed Care Crossovers (Formerly Code 02)		-	ı	1		•		•			•
2 Medi-Cal Managed Care (Formerly Code 18)		150	447		597	150		448	8		598
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		'	•	' '		•		1	_		•
4 Total Visits		150	447		282	150		448	_		598
5 Less: Duplicate and Unallowable Visits		ANNA DE LA CALLANTA DEL CALLANTA DE LA CALLANTA DEL CALLANTA DE LA CALLANTA DEL CALLANTA DEL CALLANTA DE LA CALLANTA DEL CALLANTA DE LA CALLANTA DE LA CALLANTA DEL CALL		Section 1 - Sectio		-		'	_		
6 Payable Visits		. 150	447		597	150		448			598
PAYMENTS	PERIOD	· ·	REPORTED PERIOD 2	TOTAL	Comments of the Comments of th	PERIODA	₹9	AUDITED PERIOD Z	₹9	H H	TEOL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 92);											
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	٠	-	· &	↔					69	,
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled.	₩	•			69	-			_	69	٠
	co-	\$	•	\$	€9	•		·		ક	,
Medi-Cal Managed Care (Formerly Code 18):			The state of the s						-	-	
10 Medi-Cai Fiscal Intermediary for Managed Care Interim	<del>6</del>	19,996 \$	59,920	\$ 7	_			49	4	ક્ક	79,983
11 Medi-Cal Managed Care Plans - TOTAL	€9	2,310 \$	6,884	\$ 9,194	4.	2,310		\$ 6,884	-	₩.	9,194
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	₩.	€>	ı	\$	₩.	•		٠ ج		49	
13 3rd Party Payers	<del>s</del>	<b>Б</b>		49	\$	•		٠ ھ		ક	•
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Former	Code 20):	<u></u>									
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	s	φ -	'	\$	<b>⇔</b>	,		8	4	69	-
15 Capitated Medicare Advantage Pians, Code 519 & Part D Totaled	S	<b>€</b> 9	1]	, Ф	69	-		ج	1	છ	-
16 3rd Party Payers	6	-	'	\$	φ.			- &		es	-
17 Total Payments	49	22,306 \$	66,804	\$ 89,110	<b>⊕</b> :	22,306		\$ 66,871	_	8	89,177
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SETTLEMENT		200						TEN REGONERY			; ;
400 000		170 54 S	179 54		υ ·	1	1	S 125.73			
10 Trial Mod. Cal Vieite (From Tipe 6)	,	+	447		597					7.00	598
	64	26 977 \$	80 241	\$ 107.167	57	18.		\$ 56,327		S	74,926
	69	┿	66.804	69	<u> </u>					\$	89,177
_	64	-	13.437	69	\$			\$ (10,544)		\$	(14,251)
							2		9	es	219
	7	4.621	13,437	s	I.	(3)		\$ (10,654)	۵	s	(14,470)
24 TOTAL Almount Due Cimic (Caste) (v)	,	-		•	1		1				

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Adjustments	9			As Adjusted			Page 1
Ad				increase (Decrease)		(\$55.52) (\$3.78)	
Provider NPI	1184065088			As Reported		\$179.51 179.51	
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 GMS Pub. 15-1, section 2304	
Provider Legal Name	ЕАГТН	nces	Reconciliation Request	Worksheet Line		<del> </del>	
l Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	iliation	Line		<del>6</del> <del>6</del> <del>6</del>	
ider Legal	BORREGO CON FOUNDATION	Re	Reconciliation Review	Schedule		<b></b>	
Prov	BORE		Adj	o O		- 0	

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Prov	Provider Legal Name	Name		Fiscal Period	Provider NPI		Adjustments
BOR	BORREGO COMMUNITY HEALTH	MUNITY F	IEALTH	11.11 Y 1 2018 THROLIGH JIINE 30 2019	1184065088		œ
5	Report	Report References	Ses	Т			>
Adj	Reconciliation Review		Reconciliation Request				
Š	Schedule Line		Worksheet	Line Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
ო	-	2	<del>-</del> -	2 Medi-Cal Managed Care Visits (Period 2)	447	_	448
4	<del></del>	0	***	8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$59,920	295	\$59,987
•				To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 32, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Adjustments	ď			As Adjusted		\$109 110 Page 3
Ad	_	-		Increase (Decrease)	6	\$100 110
Provider NPI	1184065088	2000000		As Reported	•	O C
Fiscal Period	III > 1 2018 THBOLIGH II NE 30 2019			Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) Medi-Cal Billing Review Results (Period 2) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cuttacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 471 Affal (Dode 60%, for claims submitted during the 7th month (RAD Code 476) after the month 72 cores, respectively. 74 C CR Title 22, section 51008 CMS, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 230.4 W&I Code, section 14115
			uo	Line		
9	BORREGO COMMUNITY HEALTH	Report References	Reconciliation Request	Worksheet		Not Reported Not Reported
l Nam	NOW!	rt Refe	ation v	Line		23 23
Provider Legal Name	BORREGO CON	Repo	Reconciliation Review	Schedule Line	,	<del></del>
Provid	BORR	200	Adji			ιο Φ

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Allison Benton



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



#### FEB 1 0 2023

Rose MacIsaac, CFO Desert Oasis Women's Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA DESERT OASIS WOMEN'S HEALTH NATIONAL PROVIDER IDENTIFIER (NPI) 1386069995 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$545,061, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

#### FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

#### FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1386069995

FISCAL PERIOD FROM: JULY 1, 2018

FISCAL PERIOD TO: JUNE 30, 2019

VISITS	PERIOD 1	REPORTED PERIOD 2		, do N-8	<b>₫</b> %	AUDITED PERIOD 2	. 69		
Non-Managed Care Crossovers (Formerly Code 02)	t	-	•	-		,			
2 Medi-Cal Managed Care (Formerly Code 18)	2,090	5,993	8,083	2,090		6,038	6	8,128	00
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	1	•	•			1			
4 Total Visits	2,090	5,993	8,083	2,090		6,038		8,128	ω
5 Less: Duplicate and Unallowable Visits				1	5	1	9		7
6 Payable Visits	2,090	5,993	8,083	2,089		6,037		8,126	ဖွ
									Г
PAYMENTS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIODY	<b>3</b> 2	AUDITED PERIOD 2	₫9	TOTAL	4.00
Medi-Cal Non-Managed Care Crossovers (Formerly Code 92):									
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	₽		- 8	. \$		·		\$	
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$		- 8	₽				\$	
9 3rd Party Payers	. ↔	•	·	. ↔		·		- \$	
Medi-Cal Managed Care (Formerly Code 18)/				the same of the sa					П
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 305,582	\$ 878,763	1,184,345	\$ 305,582		\$ 882,173	4	\$ 1,187,755	ιO
11 Medi-Cal Managed Care Plans - TOTAL	\$ 82,536	\$ 236,456	\$ 318,992	\$ 82,536		\$ 236,456		\$ 318,992	2
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 1,023	\$ 3,479	\$ 4,502	\$ 1,181	7	\$ 4,910	œ	\$ 6,091	_
13 3rd Party Payers	- 8	9	\$	\$		· ·		49	
Medi-Cal Non-Managed Care Grossovers with Capitated MAP (Formerly Cod	Code 20%								
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	49	,	49	\$		·		\$	$\neg$
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	ر ب	٠. چ	69	- \$		. 69		<del>\$</del>	
16 3rd Party Payers	€	φ		•		·		· \$7	$\neg$
17 Total Payments	\$ 389,141	\$ 1,118,699	\$ 1,507,839	\$ 389,299		\$ 1,123,539		\$ 1,512,838	œ
									$\neg$
SETTLEMENT	REP	REPORTED RECONCELATION PERIOD 2		PERIOD		FED RESONGER	: ii)	TOTAL	
18 PPS Rate	\$ 182.16	\$ 182.16		\$ 118.10	-	\$ 119.75	2		鑩
19 Total Medi-Cal Visits (From Line 6)	2,090	5,993	8,083	2,089		6,037		8,126	ဖ
20 PPS Amount (Line 18 x Line 19)	\$ 380,714	\$ 1,091,685	\$ 1,472,399	\$ 246,711		\$ 722,931		\$ 969,642	8
21 Less: Total Payments (From Line 17)	\$ 389,141	\$ 1,118,699	\$ 1,507,839	\$ 389,299			5	-	œ
_	\$ (8,426)	\$ (27,014)	\$ (35,440)	(142,		(400		(54	ଡ
23 Less: Medi-Cal Billing Review Results				۱	8		2		_Q
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (8,426)	\$ (27,014)	\$ (35,440)	\$ (142,903)		\$ (402,158)		\$ (545,061)	<del>?</del>

					Г		
Adjustments	5		•	As Adjusted		\$118.10	Page 1
			-	(Decrease)		(\$64.06)	
Provider NPI	1386069995		•	As Reported		\$182.16	
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
			iliation Jest	t		δ δ	
	1EALTH	ences	Reconciliation Request	Worksheet		<del></del>	
Name	AUNITY F	Report References	ation "	Line		<del>α</del> <del>α</del> <del>α</del>	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Repo	Reconciliation Review	Schedule		4- 4-	
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Provi	Provider Legal Name	ате	Fiscal Period	Provider NPI		Adjustments
FOUN	BORREGO COMMU FOUNDATION	BORREGO COMMUNILY HEALTH FOUNDATION	JULY 1, 2018 THROUGH JUNE 30, 2019	1386069995		10
<u>A</u>	Reconciliation Review	Report References onciliation Reconciliation Request			. ,,,,	
Š	Schedule Line	Wor		As Ir Reported (D	Increase (Decrease)	As Adjusted
		•	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
ო	1 2	1 2	Medi-Cal Managed Care Visits (Period 2)	5,993	45	6,038
4	1 10	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$878,763	\$3,410	\$882,173
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 A2 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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BOR FOUR	Provider Legal Name BORREGO COMMUNIT FOUNDATION	I Nan	Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION	Fiscal Period JULY 1, 2018 THROUGH JUNE 30, 2019	<b>Provider NP</b> 1386069995	-	Adjustments
Adi	Reconciliation Review	ort Ref	Report References onciliation Reconciliation Reconciliation				
į o	Schedule Line	Line		Line Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted
ι <b>,</b> ω	<del></del>	ന ന	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0 0	<del></del>	₹ ₹
<b>►</b> ∞	<del></del>	27 22	£− ₹−	<ul> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$1,023 3,479	\$158 1,431	\$1,181 4,910
o <u>6</u>	<del></del>	7 7 3 3	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	<b>Q</b> , <b>O</b>	\$315 1,550	\$315 1,550
							Page 3

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGOMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

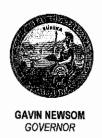
Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Allison Benton** 



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

### Department of Health Care Services



#### FEB 1 0 2023

Rose MacIsaac, CFO Eastside Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA EASTSIDE HEALTH CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1790075315 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$459,814, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Rose MacIsaac Page 2 FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

#### FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PARCINIC RECONCILIATION REVI

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1790075315

FISCAL PERIOD FROM: JULY 1, 2018

FISCAL PERIOD TO: JUNE 30, 2019

VISITS	PERIODIA	REPORTED PERIOD 2	TOTAL	PERIODI	₹9	AUDITED PERIOD 2	ğ Q	TOTAL	
1 Non-Managed Care Crossovers (Formerly Code 02)	•		•	•				1	
2 Medi-Cal Managed Care (Formerly Code 18)	4,390	12,902	17,292	4,390		13,369	-	17,759	တ
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		1	•	•		,			
	4,390	12,902	17,292	4,390	_	13,369		17,759	တ
5 Less: Duplicate and Unallowable Visits				,		23	3,4		23
8 Payable Visits	4,390	12,902	17,292	4,390	_	13,346		17,736	9
PAYMENTS		REPORTED			The second secon	AUDITED	The second control of		April 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199
	PERIOD	PERIODZ	III III III III III III III III III II	PERIOD1	ğ	PERIODIZ	Š	TOTAL	200
					ŀ				Т
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	٠.	· •	,	\$	07			\$	
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	· S	69	· <del>69</del>	٠ ج	69	-		ا ج	
9 3rd Party Payers		- *	- *	69	69	_		\$	
Medi-Cal Managed Care (Formerly Code 18k	Allow Charge dalactics and the	The state of the s			il and in the second				П
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 858,485	\$ 2,620,672	\$ 3,479,157	\$ 858,485	49	2,500,477	2	\$ 3,358,962	2
11 Medi-Cai Managed Care Plans - TOTAL	\$ 303,763	\$ 892,788	\$ 1,196,551	\$ 303,763	\$	892,788		\$ 1,196,551	ᅱ
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 18,311	\$ 53,758	\$ 72,070	\$ 28,781	5 \$	91,057	9	\$ 119,838	₀₀
13 3rd Party Payers	·	· •	٠ د	· ·	8	1		· •	
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Former)	y Code 20):								П
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	, G	· &		ر ج	ь	•		· &	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	· •	٠	,	· ·	49	-			
16 3rd Party Payers	\$	- 8		, \$	\$	_		\$	
17 Total Payments	\$ 1,180,559	\$ 3,567,218	\$ 4,747,778	\$ 1,191,029	\$	3,484,322		\$ 4,675,351	_
									ı
SETTLEMENT	AERIOD (	REPONDED RECODINGULATION OF THE PRINCIPLE OF THE PERIOD OF	Mon	PERIODI		ALDITED RECONCERATION  ACCORDOR  ACC	g @ g	TOTAL	
18 PPS Rate	\$ 238.15	\$ 241.48		\$ 238.15	4	241.48			蘷
19 Total Medi-Cal Visits (From Line 6)	4,390	12,902	17, <u>2</u> 92	4,390		13,346		17,736	<u>س</u>
20 PPS Amount (Line 18 x Line 19)	\$ 1,045,479	\$ 3,115,575	\$ 4,161,053	\$ 1,045,479	\$	3,222,792		\$ 4,268,271	Ţ
21 Less: Total Payments (From Line 17)	\$ 1,180,559	\$ 3,567,218	\$ 4,747,778	\$ 1,191,029	\$	3,484,322		\$ 4,675,351	一
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (135,081)	\$ (451,644)	\$ (586,724)	٤	\$	2		4	പ്പ
23 Less: Medi-Cal Billing Review Results					8		7,9,10	\$ 52,734	4
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (135,081) \$	\$ (451,644) \$	\$ (586,724)	\$ (161,580)	\$	(298,234)		\$ (459,814)	<b></b>

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BOR S	BORREGO COMMINITY HEAITH	STA HEALTH			-	chilellicuta
Four	FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019	1790075315		10
	Report References	ferences				
Adj	Reconciliation Review	Reconciliation Request			·	,
Š	Schedule Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
-	1 2	4	Medi-Cal Managed Care Visits (Period 2)	12,902	467	13,369
7	1 10	€	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$2,620,672	(\$120,195)	\$2,500,477
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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<u>§</u>	Provider Legal Name	al Na	me	Fiscal Period	Provider NP		Adjustments	
žΞ	BORREGO CO FOUNDATION	OMMC	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2018 THROUGH JUNE 30, 2019	1790075315		5	
	Rep	ort Re	Report References					
Adj	Reconciliation Review	iliation ew	Reconciliation Request					
o Z	Schedule	e Line	Worksheet		As Reported	Increase (Decrease)	As Adjusted	
				ADJUSTMENTS TO OTHER MATTERS	:			Γ
ო	-	ις	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0	4	4	
4	-	က	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	*	6	73	
9 2	~ ~	5 5	<del>, ,</del>	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$18,311 53,758	\$10,470 37,299	\$28,781 ·	
_	-	73	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>⊗</b>	\$724	\$724 *	
				*Balance carried forward from prior/to subsequent adjustments			Page 2	

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POUNDATION  Report References  Adj. Review Request Line Norksheet Line Morksheet Line Morksheet Line Schedule Line Worksheet Line Mod-Cal Billing Review Results (Period 1) 9 1 23 Not Reported Med-Cal Billing Review Results (Period 1) 50% for claims submitted during the 7th month (RAD of services, respectively.  10 1 23 Not Reported Med-Cal Billing Review Results (Period 2) To adjust Med-Cal payments for fiscal curbe 50% for claims submitted during the 7th through through the 7th through through the 7th through through through the 7th through th	Provider Legal Name	Fiscal Period	Provider NPI		Adjustments
Report References Review Request Schedule Line Worksheet Line Worksheet Line Worksheet Line Medi-Cal Billing Review Res 1 23 Not Reported Medi-Cal Billing Review Res 50%, for claims submitte 475) and 10th through the of services, respectively 42 CFR 413.20 and 447 CCR, Title 22, section 5 CMS Pub. 15-1, section 1411 to the provider due to du do the provider due to due du do the provider due to du do the provider due to due du do t	AEGO COMMONII Y HEALI H ADATION		1790075315		10
Schedule Line   Worksheet Line    1 23 Not Reported   Medi-Cal Billing Review Res    1 23 Not Reported   Medi-Cal Billing Review Res    1 23 Not Reported   Medi-Cal Billing Review Res    20 Applied    1 23 Not Reported    1 23 Not Reported    1 23 Not Reported    1 23 Not Reported    1 24 CFR 413.20 and 447. CCR, Title 22, section 5 CMS Pub. 15-1, section 1413. Decover payments related to the provider due to du 42 CFR 413.20 CMS Pub. 15-1, section 5 CMS Pub. 15-1, section 5 CMS Pub. 15-1, section 1413. California State Plan Amage California State Plan Amag	efere				
1 23 Not Reported Medi-Cal Billing Review Res 1 23 Not Reported Medi-Cal Billing Review Res 1 20 adjust Medi-Cal paym 50%, for claims submitte 475) and 10th through th of services, respectively 42 CFR 413.20 and 447 CCR, Title 22, section 5 CMS Pub. 15-1, section 1417 Wal Code, section 1417 CMS Pub. 16-1, section 142 CMS Pub. 16-1, section 142 CMS Pub. 16-1, section 5 CMS Pub. 16-1, section 6 CMS Pub. 16-1, section 6 CMS Pub. 16-1, section 7 CMS Pub. 16-1, section 6 CMS Pub. 16-1, section 6 CMS Pub. 16-1, section 7 CMS Pub. 16-1, section 7 CMS Pub. 16-1, section 6 CMS Pub. 16-1, section 6 CMS Pub. 16-1, section 7	Worksheet		As Reported	Increase (Decrease)	As Adjusted
1 23 Not Reported Me 1 23 Not Reported Me 1 23 Not Reported Me		ADJUSTMENTS TO OTHER MATTERS			
1 23 Not Reported Me		cutbacks of 25% and h through 9th month (RAD Code (RAD Code 476) after the month	* 427	\$16,030 33,626	\$16,030 34,350 *
		Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	\$34,350	\$2,354	\$36,704
*Balance carried forward fr		*Balance carried forward from prior/to subsequent adjustments			Page 3

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED JUNE 30, 2019

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Allison Benton



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



#### FEB 1 0 2023

Rose MacIsaac, CFO Women's Health and Wellness Center Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA WOMEN'S HEALTH AND WELLNESS CENTER FOUNDATION NATIONAL PROVIDER IDENTIFIER (NPI) 1568747137 FISCAL PERIOD ENDED JUNE 30, 2019

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$23,477, as presented in the FQHC Reconciliation Review Report (Schedule 1), represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

FEB 1 0 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

#### FEB 1 0 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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# FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI 1568747137

FISCAL PERIOD FROM: JULY 1, 2018

FISCAL PERIOD TO: JUNE 30, 2019

VISITS	PERIODA	REPORTED PERIOD 2	TOTAL	PERIODIA	₫ 9	AUDITED PERIOD 2	₹9	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	•	-	1		_	,		
2 Medi-Cal Managed Care (Formerly Code 18)	1,327	4,397	5,724	1,327	_	4,465	<i></i>	5,792
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	•	-	•				
4 Total Visits	1,327	4,397	5,724	1,327		4,465		5,792
5 Less: Duplicate and Unallowable Visits								
6 Payable Visits	1,327	4,397	5,724	1,327		4,465		5,792
	1	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			5. EL 277 1978 595 444 444			1
PAYMENTS	PERIOD:1	REPORTED PERIOD 2	TOTAL	PERIOD 1	₹9	AUDITED PERIOD 2	₹2	Ĕ
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):							7 77	
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	•	- \$		\$	\$	•	\$	s
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	*			\$	\$		-	\$
9 3rd Party Payers	·	٠ چ	,	ı •				\$
							ŀ	
10 Medi-Cai Fiscal Intermediary for Managed Care Interim	\$ 233,896	\$ 788,899	\$ 1,022,795	\$ 233,896	\$		2	\$ 1,030,291
11 Medi-Cal Managed Care Plans - TOTAL	\$ 68,509	\$ 228,222	\$ 296,730	\$ 68,509	φ.	228,222	47	\$ 296,731
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 2,947	\$ 7,419	\$ 10,366	\$ 4,240	3	11,872	4	\$ 16,112
13 3rd Party Payers	, &	٠ چ		٠ چ	\$	4		ss.
Medi-Cal Non-Managed Care Grossovers with Capitated MAP (Formerly	Code 20):							
14 Medi-Cai Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		·		+	€9	I.	3)	9
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled			٠	· 69	<b>сэ</b>	'	0,	es
16 3rd Party Payers	- \$		·	•	\$	'	07	s
17 Total Payments	\$ 305,352	\$ 1,024,539	\$ 1,329,891	\$ 306,645	€9	1,036,489	\$	1,343,134
SETTLEMENT	J GONSK	REPORTED RECONCILATION OF THE PERSON OF THE	TON TRUME	PEROB		AUDITED RECONCILIA DU SI PERIODO	ON NO	3 (S)
18 PPS Rate	\$ 234.38	\$ 237.66		\$ 234.38	69	237.66		
19 Total Medi-Cal Visits (From Line 6)	1,327	4,397	5,724	1,327		4,465		5,792
20 PPS Amount (Line 18 x Line 19)	\$ 311,022	\$ 1,044,991	\$ 1,356,013	\$ 311,022	S	1,061,152	8	1,372,174
21 Less: Total Payments (From Line 17)	\$ 305,352	\$ 1,024,539	\$ 1,329,891	\$ 306,645	9	1,0	S	1,343,134
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 5,670	\$ 20,452 \$	\$ 26,122	4	8	1	8	
23 Less: Medi-Cal Billing Review Results					5		9	
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 5,670	\$ 20,452 \$	\$ 26,122	\$ 3,718	S)	19,759	\$	23,477

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Adjustments	9		As Adjusted		4,465	\$796,395		Page
			Increase (Decrease)		89	\$7,496	,	
Provider NPI	1568747137		As Reported (		4,397	\$788,899		
4	156						•	
Fiscal Period	JULY 1, 2018 THROUGH JUNE 30, 2019			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2018 through June 28, 2022 Service Period: July 1, 2018 through June 30, 2019 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
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16	BORREGO COMMUNITY HEALTH FOUNDATION	erences Reconciliation Request	Worksheet		-	÷		
al Nam	OMMO	Report References onciliation Record Review Re	Line		7	10		
Provider Legal Name	BORREGO CO FOUNDATION	Reconciliation Review	Schedule   Line		-	~		
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September   Community   Fig. 11   10   Medicare Pesturing   February   Febr	Provider Legal Name	i	Fiscal Period	Provider NPI		Adjustments
Recordition   Recordination   Recordination of Audit Adjustments   Ass   Increase   Nordsheet   Line   Abulus   Abulus	MCNIT TINDW	, HEALTH	JULY 1, 2018 THROUGH JUNE 30, 2019	1568747137		ဖ
Request   Line   Explanation of Audit Adjustments   Abs   Increase	efere	nces				
Worksheet   Line		Reconciliation Request	,			
1				As Reported	Increase (Decrease)	As Adjusted
1			ADJUSTMENTS TO OTHER MATTERS	·		
Not Reported Medi-Cal Billing Review Results (Period 1)  Not Reported Medi-Cal Billing Review Results (Period 2)  Not Reported Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal Billing the Total during the Total for adjust Medi-Cal Billing the Total for adjust the Total for ATA Cal Billing the Total month (RAD Code 476) after the month of services, respectively.  4.2 CFR 413.20 and 44.74.5(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, section 51008  CMS Pub. 15-1, section 14115	5 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$2,947 7,419	\$1,293 4,453	\$4,240 11,872
		t Reported f Reported	Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Og O	\$659 40.904	\$659 4,904

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



### State of California—Health and Human Services Agency

### Department of Health Care Services



APR 1 9 2023

Rose MacIsaac, CFO Anza Community Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA ANZA COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER (NPI) 1942623657 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$122,448, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1942623657

FISCAL PERIOD FROM: JULY 1, 2019

FISCAL PERIOD TO: JUNE 30, 2020

Non-Managed Care Crossovers (Formerly Code 02) Medi-Cal Managed Care (Formerly Code 18) Non-Managed Care Crossover with Capitated MAP (Formerly Code 20) Total Visits Less: Duplicate and Unallowable Visits Payable Visits  PAYMENTS  Wedi-Cal Non-Managed Care Crossovers (Formerly Code 02):	1,799 	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	EERICO N W	1,799 2 3 2 3 1,797 1,797	S C C C C C C C C C C C C C C C C C C C	5,810 1		- 7 609
Medi-Cal Managed Care (Formerly Code 18)  Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)  Total Visits  Less: Duplicate and Unallowable Visits  Payable Visits  PAYMENTS  Medi-Cal Non-Managed Care Crossovers (Formerly Code 92):	1,799 1,799 1,799 1,799 1,799 1,799	98.	BERICO BERICO	2 2 2 7.1.799	W. C.			7 809
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)  Total Visits Less: Duplicate and Unallowable Visits  Payable Visits  PAYMENTS  PAYMENTS  Medi-Cal Non-Managed Care Crossovers (Formerly Code 92):	1,799 REPORT	96. 9 9 9 9	DEEKING OF THE PERSON OF THE P	2 2 1,797	AUDULE S	810		>>>
Total Visits  Less: Duplicate and Unallowable Visits  Payable Visits  PAYMENTS  Medi-Cal Non-Managed Care Crossovers (Formerly Code 92):	1,799 REPORT	964		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	AUDITEI	.810		,
Payable Visits  Payable Visits  PAYMENTS  Medi-Cal Non-Managed Care Crossovers (Formerly Code 92):	REPORT	98. 9 9 9 9	DEEK(O	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	AUDITE	-		7.609
Payable Visits  PAYMENTS  Medi-Cai Non-Managed Care Crossovers (Formerly Code 92):	### ### ##############################	Value   Valu		262*1	AUDITE			2
PAYMENTS  Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	O CO	The state of the s	Process of the control of the contro	Construction of the constr	5,810		7,607
PAYMENTS  Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	<b>49 49 49</b>	9 9 9	The Control of the Co	The state of the s	The control of the co			
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	<b>ω</b> ω ω	<i>9999</i>			69	₹ 2	9	Section of the sectio
	<b>м</b> м м	w w w	<b>м</b> «	. ,	s			
7   Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	<b>↔ ↔</b>	89 89	67	,		1	6	
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	\$	•		€9		\$	
9 3rd Party Payers			s	1	s		\$	
Medi-Cal Managed Care (Formerly Code 18):			The state of the s					
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	381,623 \$ 1,327,	,327,846 \$ 1,709,470	ss.	381,623	\$ 1,328,306	306 2	1,7	1,709,929
11 Medi-Cal Managed Care Plans - TOTAL	144,180 \$ 466	466,885 \$ 611,065	¢ş.	144,180	\$ 466,	466,885	\$	611,065
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled \$ 2,6	2,645 \$ 4	4,489 \$ 7,134	49	2,723 4	\$	5,868 5	€	8,591
	€.	. 8	49		es	_	\$	•
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):	the contract of the contract o	and the state of t	The state of the s		THE PERSON NAMED IN COLUMN TO THE PE			
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP \$	<del>69</del>	· &>	ક્ક	'	ક્ક	_	<del>69</del>	٠
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	<del>⇔</del>	٠ ج	ь	,	es		8	•
16 3rd Party Payers	\$	- \$	s,	,	s	_	\$	•
17 Total Payments \$ 528,4	528,449 \$ 1,799,220	,220 \$ 2,327,669	\$	528,526	\$ 1,801,059	028	\$ 2,3	2,329,585
SETTLEMENT	REPORTED RECONCI	No.114 Ta		22	AUDINED RESOND	NOTEST		
	90.95 <b>\$</b>	295.31	\$ 2	0.95	S	5.31		
19 Total Medi-Cal Visits (From Line 6)	1,799 5.	5,796 7,595		1,797	5,	5,810		7,607
20 PPS Amount (Line 18 x Line 19) \$ 523,4	523,419 \$ 1,711,617	.617 \$ 2,235,036	\$	522,837	1,715,751	751	\$ 2,2	2,238,588
21 Less: Total Payments (From Line 17) \$ 528,4	528,449 \$ 1,799,220	,220 \$ 2,327,669	6	528,526	\$ 1,801,059	059	\$ 2,3	2,329,585
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21) \$ (5,0	(5,030) \$ (87,	87,603) \$ (92,633)	છ	(5,689)		(85,308)		(90,997)
23 Less: Medi-Cal Billing Review Results			s	24,533 6, 7	8	6,918 8		31,451
24 Total Amount Due Clinic (State) (L 22 - L 23) \$ (5,0	(5,030) \$ (87,	(87,603) \$ (92,633)	ss.	(30,222)	\$ (92,	(92,226)	\$	(122,448)

Prov	Provider Legal Name	ne	Fiscal Period	Provider NPI		Adiustments
BOR	BORREGO COMMUNITY HEALTH	VITY HEALTH				,
5	Report References	ferences	JULI 1, ZUIS INKOUGH JUNE JU, ZUZU	1942023057		×
Ą	Reconciliation Review	Reconciliation Request				
o S	Schedule Line	Worksheet Line	Explanation of Audit Adjustments	As Reported (	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
~	. 1	1 2	Medi-Cal Managed Care Visits (Period 2)	5,796	41	5,810
7	1 10	60.	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$1,327,846	\$460	\$1,328,306
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
		·				
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Provi	Provider Legal Name	Nam	]e		Fiscal Period	Provider NPI		Adiustments
BORR	REGO COM	MUN	BORREGO COMMUNITY HEALTH					•
FOUN	FOUNDATION				JULY 1, 2019 THROUGH JUNE 30, 2020	1942623657		80
Adj	Reconciliation Review	fion fion	Report References onciliation Reconciliation Review Request	E				
Ś	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS		,	,
ო	<del>-</del>	က	Not Reported		Duplicate and Unallowable Visits (Period 1)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	0	8	N.
					CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
4 το	<del></del>	5 5	<del>-</del> -	5 5	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$2,645 4,489	\$78 1,379	\$2,723 5,868
(C)	₩:	23	Not Reported		Medi-Cal Billing Review Results (Period 1)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 VW&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	9	\$285	* \$285
					*Balance carried forward from prior/to subsequent adjustments			Page 2

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FOUNDATION Report References Reconciliation Reconciliation Adj. Review Request No. Schedule Line Worksheet	riscal Period	Provider NP		Adjustments
ort Refere	ALTH JULY 1, 2019 THROUGH JUNE 30, 2020	1942623657		00
Schedule Line Wor	nciliation quest			,
	heet Line Explanation of Audit Adjustments	As Reported	increase (Decrease)	As Adjusted
7 1 23 Not Reported 8 1 23 Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cuttacks of 25% and 50%, for claims submitted curing the 7th through 9th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(3)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 230.4 W&I Code, section 14115	\$\$285 0	\$23,951 6,918	\$24,533 6,918
	*Balance carried forward from prior/to subsequent adjustments			Page 3

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





APR 1 9 2023

Rose MacIsaac, CEO Arlanza Family Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ARLANZA FAMILY HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED: JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$893,464, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Rose MacIsaac Page 2

APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

FILAllison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1306131545

FISCAL PERIOD FROM: JULY 1, 2019

FISCAL PERIOD TO: JUNE 30, 2020

VISITS	PEROD 1	REPORTED PERIOD 2	TOTAL	(	<b>4</b> 8	AUDITED PERIOD 2	<u> </u>	Total
1 Non-Managed Care Crossovers (Formerly Code 02)	1	,	-	-		-		1
2 Medi-Cal Managed Care (Formerly Code 18)	4,199	11,391	15,590	4,199		11,404	1	15,603
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	•	-	,		•		•
4 Total Visits	4,199	11,391	15,590	4,199		11,404		15,603
5 Less: Duplicate and Unallowable Visits				ı		•	_	-
6 Payable Visits	4,199	11,391	15,590	4,199		11,404		15,603
PAYMENTS		REPORTED			F@V	GELIGNY	To V	
Medi.Cal Non-Managed Care Crossovers (Formerly Code 02):					2	- FERIODIZ (III)		THE CHAPTER
7 Medi-Cal Fiscal Intermediaty for Non-Managed Care Crossovers	69	S	49	ا ج	( <del>9</del>	,		€
	٠ د	· ·	ı 6Э	€	\$	•		\$
9 3rd Party Payers	67	\$	8	· 49	\$	•		\$
_	The second secon		A CONTRACTOR OF THE PARTY OF TH					
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 620,823	3 \$ 1,824,708	3 \$ 2,445,531	\$ 620,823	69	1,825,309	2	\$ 2,446,132
11 Medi-Cal Managed Care Plans - TOTAL	\$ 388,291	1 \$ 1,059,273	3 8 1,447,564	\$ 388,291	\$	1,059,273	Ť	\$ 1,447,564
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 4,594	4 \$ 3,649	9 \$ 8,243	\$ 4,959	_{\$}	5,059	4	\$ 10,018
13 3rd Party Payers	€		-	- \$	€9	••	-	
Medi-Cal Non-Managed Care Grossovers with Capitated MAP (Formerly Code 20)	/ Code 20):	· · · · · · · · · · · · · · · · · · ·		Account of the second of the s	-		-	
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	· <del>•</del>	٠ ھ	٠ ج	·	€\$	-	-	\$
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$	Ө	٠	٠ <del>ده</del>	₩.		"	\$
16 3rd Party Payers		\$		· &	€₽	,	<i>"</i>	\$
17 Total Payments	\$ 1,013,709	9 \$ 2,887,629	9 \$ 3,901,338	\$ 1,014,073	\$	2,889,641		\$ 3,903,714
SETTLEMENT		REPORTED RECONCILATION	ATTON TO THE TOTAL THE TOTAL TO AL TO THE TO	00 Pin	ā 2 g g	TEST STATES OF THE STATES OF T	, nie 6 * 2	1017A
18 PPS Rate	\$ 192.65	\$		\$ 192.65	ဇ	195.53		
_	4,199	11,391	15,590	4,199		11,404		15,603
20 PPS Amount (Line 18 x Line 19)	\$ 808,937	7 \$ 2,227,282	2 \$ 3,036,220	\$ 808,937	\$	2,229,824		\$ 3,038,761
	\$ 1,013,709	9 \$ 2,887,629	9 \$ 3,901,338	\$ 1,014,073	== 1	2,889,641		\$ 3,903,714
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (204,771)	(660,347)	ક	\$ (205,136)	8	(659,817)		\$ (864,953)
23 Less: Medi-Cal Billing Review Results				\$ 26,893	5,6	1,618	,	
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (204,771)	(1) \$ (660,347)	7) \$ (865,118)	\$ (232,029)	₩	(661,435)	-	\$ (893,464)

1							
Adjustments	7		As Adjusted	11,404	\$1,825,309		Page 1
			Increase (Decrease)	13	\$601		
Provider NPI	1306131545		As Reported	11,391	\$1,824,708		
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020		Explanation of Audit Adjustments	Medi-Cal M	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
16	ITY HEALTH	erences Reconciliation Request	Worksheet Line	1 2	4		
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Reconciliation Reconciliation Review	Schedule Line	1 2	1 10		
Provi	BORR	Āģ		<b>~</b>	8		

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Prov	Provider Legal Name	al Nar	ne	Fiscal Period		Provider NPI		Adjustments
BORE	BORREGO CON FOUNDATION	MMU	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2019 THROUGH JUNE 30, 2020		1306131545		
	Repo	ort Re	Report References					
Ā	Reconciliation	ation	Reconciliation Request	tion				
2 2	Schedule	Line	Worksheet	Line Explanation of Audit Adjustments	m	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS	ERS			,
w 4	L. C.	2 2	<del>-</del> -	10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) 10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.	ayments (Period 1) ayments (Period 2)	\$4,594 3,649	\$365 1,410	\$4,959 5,059
				42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)				
S.	<b>~</b>	23	Not Reported	Medi-Cal Billing Review Results (Period 1)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.		<b>0\$</b>	\$351	\$351 *
				CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&l Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D				
9 ~	~ ~	23	Not Reported Not Reported	Me	*	\$351	\$26,542 1,618	\$26,893 1,618
				To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively, 42 CFR 413.20 and 447.45(d)(1)	ode nth			
				CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115				
				*Balance carried forward from prior/to subsequent adjustments	adjustments			Page 2
								l

#### BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1548795453

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





APR 1 9 2023

Rose MacIsaac, CFO Barstow Community Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA BARSTOW COMMUNITY HEALTH CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1548795453 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$718,723, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2

APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

#### Chief

Department of Health Care Services Office of Administrative Hearings and Appeals, MS 0016 3831 North Freeway Boulevard, Suite 200 Sacramento, CA 95834 (916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

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Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD TO: JUNE 30, 2020

NPI: 1548795453

FISCAL PERIOD FROM: JULY 1 2019

VISITS	PERODIT	REPORTED PERIOD 2	TOTAL	PERIODI	NO N	AUDITED PERIOD 2		
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-			1		1
2 Medi-Cal Managed Care (Formerly Code 18)	1,669	6,207	7,876	1,669		6,250	3	7,919
_	-	•	1	1		-		
4 Total Visits	1,669	6,207	7,878	1,669		6,250	_	7,919
5 Less: Duplicate and Unallowable Visits	ATTACHED TO THE PARTY OF THE PA			•		•		1
8 Payable Visits	1,669	6,207	7,876	1,669	_	6,250	_	7,919
				-				
PAYMENTS		REPORTED			Ę.	AUDITED	Ş	
Medi-Cal Non-Managed Gare Crossovers (Formerly Code 02):					100000000000000000000000000000000000000		Š	
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	5	69	•	·	₩.	1	49	1
	٠ ج	*		- \$	\$	-	€	1
9 Srd Party Pavers	-	•	\$	- د	49	1	\$	1
	A The second second		A STATE OF THE STA	A NA A PARA PARA PARA PARA PARA PARA PAR				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 165,950	\$ 644,001	\$ 809,951	\$ 165,950	€9	646,759	\$	812,709
11 Medi-Cal Managed Care Pians - TOTAL	\$ 135,397	\$ 504,403	\$ 639,800	\$ 135,397	69	504,403	€\$	639,800
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 696	1,119	\$ 1,815	\$ 710	5	1,881	& 9	2,591
13 3rd Party Payers	•	-	\$	- •	\$	•	69	•
	y Code 20):							
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	· •	· <del>65</del>	ر چ	· •	₩	'	69	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	s	٠	٠ 49	· •	49	•	છ	1
16 3rd Party Payers			٠	- 49	49	•	ક્ક	r
17 Total Payments	\$ 302,043	1,149,523	\$ 1,451,566	\$ 302,057	89	1,153,043	\$	1,455,100
SETTLEMENT		REPORTED RECONCUL	101 101 101	PERIODY	AUDITED ADJ NO	RECONOLATION PROPERTY IN THE P	ON ABJ NG	2017
18 PPS Rate	\$ 166.60	\$ 166.60		\$ 273.94	1	278.05	2	
	1,669	6,207	7,876	1,669		6,250		7,919
	\$ 278,055	1,034,086	\$ 1,312,142	\$ 457,206	* ************************************	1,737,813	s	2,195,019
	\$ 302,043	1,149,523	\$ 1,451,566	\$ 302,057	*	1,153,043	\$	1,455,100
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (23,988)	(115,437)	(139,424)	\$ 155,149		584,770	\$	739,919
				\$ 14,341	2   \$	6,855	&	21,196
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (23,988)	(115,437)	(139,424)	\$ 140,808	€>	577,915	ss	718,723

S							-
Adjustments	00		•	As Adjusted		\$273.94 278.05	Page
			-	Increase (Decrease)		\$107.34	
Provider NPI	1548795453		•	As Reported		\$166.60 166.60	
						(S)	
poi	JULY 1, 2019 THROUGH JUNE 30, 2020			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	S Rate (Period 1) S Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
Fiscal Perio	JULY 1, 2018					PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reprate to agree with 42 CFR 413.20 a CMS Pub. 15-1, s	
			ation sst	Line		<del>ω</del> <del>ω</del>	
	HEALTH	rences	Reconciliation Request	Worksheet		<b>₹</b> ₹	
Name	YLINOV	Report References	ation w	Line		<del>ω</del> <del>ω</del>	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Rep	Reconciliation Review	Schedule		<b>~ ~</b>	
Provi	BORR		Āģ.	ġ Z		- 0	

### State of California

Provider Legal Name	al Name		Fiscal Period	Provider NPI		Adjustments
BORREGO CO FOUNDATION	BORREGO COMMUNITY HEALTH FOUNDATION	王	JULY 1, 2019 THROUGH JUNE 30, 2020	1548795453		80
Rec	Report References conciliation Reconciliation Review Request	liation est				
No. Schedule Line	Line Worksheet	et Line	Explanation of Audit Adjustments  AD II STMENTS TO REPORTED MEDI-CAL SETTI EMENT DATA	As Reported	Increase (Decrease)	As Adjusted
ى 1	2	2	Medi-Cal M	6,207	43	6,250
4	10 1	00	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$644,001	\$2,758	\$646,759
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Provider Legal Name	yal Na	me		Fiscal Period	Provider NPI		Adjustments
BORREGO CO	OMMO	BORREGO COMMUNITY HEALTH FOLINDATION		JULY 1, 2019 THROUGH JUNE 30, 2020	1548795453		œ
Re	port Re	ere					
Rec	iliation iew	Reconciliation Request	e e			-	•
No. Schedule Line	e Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	(Decrease	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS	- -		
rυ (0	2 7 2	<del></del>	0 0	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$696 1,119	\$14 762	\$710 1,881
► ®	53	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.4560(1) CCR. Title 22 section 51008 CMS Pub. 15-1, sections 2300 and 230.4  W&I Code, section 14115	<b>Q</b> ○	\$14,341 6,855	\$14,341 6,855
							Page 3

#### BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





APR 1 9 2023

Rose MacIsaac, CFO Borrego Medical Clinic Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA BORREGO MEDICAL CLINIC FOUNDATION NATIONAL PROVIDER IDENTIFIER (NPI) 1134144165 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$63,232, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

7020 2450 0000 6812 6856

# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD TO: JUNE 30, 2020 FISCAL PERIOD FROM: UULY 1 2019

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VISITS	γ.co/N∃d	REPORTED PERIOD 2	TOTAL	PERIODI	NO ES	AUDITED PERIODIZ	ADJ NO	TOTAL	The second secon
1 Non-Managed Care Crossovers (Formerly Code 02)	•			•		1			٦
	848	3,545	4,393	848		3,376	7-	4	4,224
	•	-	-	1		'			
	848	3,545	4,393	848		3,376		4	4,224
•				1		7	3		7
6 Payable Visits	848	3,545	4,393	848		3,369		7	4,217
									30
PAYMENTS	I QO ME A	REPORTED PERIOD 2	TOTAL	PEKIOD 1	<b>2</b> 8	AUDITED PERIOD:2	<b>Ş</b> 9	TOTAL	
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):									
7 Medi-Cai Fiscal Intermediary for Non-Managed Care Crossovers	- \$	\$	- *	- *	49		0,	æ	ι
_	- 8	\$		8	49	1	0,	છ	
-	-	S		€9	↔	•	•	\$	ì
		The state of the s	Anna anna anna anna anna anna anna anna						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 146,038	\$ 670,689	\$ 816,727	\$ 146,038	\$	637,304	2	\$ 783	783,342
	\$ 71,916	\$ 306,686	\$ 378,602	\$ 71,916	65	306,686		\$ 378	378,602
	\$ 2,840	\$ 2,003	\$ 4,844	\$ 2,996	4	5,219	2	\$	8,215
	G	- \$	*	ر ج	क	1		æ	
	/ Code 20):		1,11						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	€	ı 69	·	- €÷	\$		<u>"</u>	ь	-
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	- +9	\$	· <del>69</del>	· 69	49	•	0,	8	1
16 3rd Party Payers	<b>.</b>	\$	· <del>У</del>	· \$	₩	•	"		
17 Total Payments	\$ 220,795	\$ 979,379	\$ 1,200,173	\$ 220,950	€	949,209	<u>"</u>	\$ 1,170	,170,159
				HATCH THE THE PERSON OF THE PE	i i	North February States of States	163	Authenmenter	Testalogistic
SETTLEMENT						Z COOMS S	; 199	1014	
18 DDS Rate	\$ 262.51	[ ``		\$ 262.51	-	266.44			
19 Total Medi-Cal Visits (From Line 6)		3,545	4,393	848		3,369		7	4,217
	\$ 222,608	\$ 944,530	\$ 1,167,138	\$ 222,608	9	897,636		\$ 1,120	1,120,244
21 Less: Total Payments (From Line 17)	\$ 220,795	\$ 979,379	\$ 1,200,173	\$ 220,950	\$	949,209		-	170,159
	1,814	\$ (34,849)	(33,035)			(51,573)			(49,915)
23 Less: Medi-Cal Billing Review Results					9	2,033	-		13,317
24 Total Amount Due Clinic (State) (L 22 - L 23)	1,814	\$ (34,849)	(33,035)	(9,626)	\$	(53,606)		9)	(63,232)

Provide	Provider Legal Name	ne	Fiscal Period	Provider NPI		Adjustments
BORREGO CO	BORREGO COMMUNITY HEALTH	IITY HEALTH		1134144165		^
	Report References	erences				
	Reconciliation Review	Reconciliation Request		•		
No.	Schedule Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
<u></u>	1 2	1 2	2 Medi-Cal Managed Care Visits (Period 2)	3,545	(169)	3,376
7	1 10	1 8	3 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$670,689	(\$33,385)	\$637,304
· · · · · · · · · · · · · · · · · · ·			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.84 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Duplicate and Unallowable Visit Part   Audit Adjustments   As   Increase	Provider Legal Name		Fiscal Period	Provider NPI		Adjustments
The continuent   The	_	BORREGO COMMUNILY HEALTH FOUNDATION	JULY 1, 2019 THROUGH JUNE 30, 2020	1134144165		2
Line	ועיין	nces				
Line		Reconciliation Request				
ADJUSTIMENTS TO OTHER MATTERS				As Reported	Increase (Decrease)	As Adjusted
Duplicate and Unallowable Visite (Period 2)  To eliminate normaliowable visits paid to the provider  To eliminate normaliowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2002.2  CMS Pub. 15-1, section 2002.2  CMS Title 22, section 514.86:1  Wall Code, section 14132.100  California State Pas/UPLIFFS, FFS/CAP MAP, Code 518 & Part D Totaled Payments (Period 2)  To adjust Medicare and/or MAP payments received for Medi-Cal  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal section 12304  Will Code, section 14132.100 (h)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 643-643 and 413-64 (adjust the month (RAD Code 476) after the month of services. Section 51008  CS FR 413.20 and 447-46(41)  CS FR 413.20 and 447-46(41)  CS FR 413.20 and 447-46(41)  CS FR 15-20 section 14115			ADJUSTMENTS TO OTHER MATTERS			
10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1)         \$2,840         \$156           10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2)         2,003         3,216           10 Aedicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2)         3,216         3,216           10 Aedicare patients         42 CFR 413.20 and 413.24         42 CFR 413.20 and 413.24         43.24           CMS Pub. 15-1, section 2304         W8L Code, section 14132.100 (th)         \$10         \$10           Medi-Cal Billing Review Results (Period 2)         To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 8th month (RAD Code 476) after the month of senters, respectively.         2,033           10% for claims submitted during the 7th through 8th month (RAD Code 476) after the month of senters, respectively.         42 CFR 413.20 and 41.45(d)(1)           CCR, Title 22, section 51008         CMS Pub. 15-1, section 51008         CMS Pub. 15-1, section 51008           CMS Pub. 15-1, section 14115         W8L Code, section 14115	~	lot Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0	<b>~</b>	_
Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, sections 2300 and 2304  W&I Code, section 14115		1 10 10	Medicare PPS/UPL/FFS, FFS/CAP Medicare PPS/UPL/FFS, FFS/CAP To adjust Medicare and/or MAP managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (t	\$2,840 2,003	\$156 3,216	\$2,996 5,219
	<b>~ ~</b>	lot Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	<b>Q</b> ○	\$11,284	\$11,284 2,033

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY NATIONAL PROVIDER IDENTIFIER: 1619036514

> FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





APR 1 9 2023

Rose MacIsaac, CFO Centro Medico Cathedral City P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY DBA: CENTRO MEDICO CATHEDRAL CITY NATIONAL PROVIDER IDENTIFIER (NPI): 1619036514 FISCAL PERIOD ENDED: JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,076,763, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834

(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

7020 24500000 6812 6849

# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORRREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO.

NPI: 1619036514

FISCAL PERIOD TO: JUNE 30, 2020

FISCAL PERIOD FROM: JULY 1, 2019

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VISITS		REPORTED PERIOD 2			22	AUDITED STATES	3		And the second s
Non-Managed Care Crossovers (Formerly Code 02)	1	-	1						T T
Medi-Cal Managed Care (Formerly Code 18)	11,579	32,036	43,615	11,555	<u> </u> -	32,171	2		43.726
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	1		1					
4 Total Visits	11,579	32,037	43,616	11,555		32,172			43.727
5 Less: Duplicate and Unallowable Visits				11	5,6	52	7		69
B Payable Visits	11,579	32,037	43,616	11,538		32,120			43,658
STNEWAG		REPORTED			Company of the Compan	AUDIE		A contract of the contract of	
	PERIOD	PERÍOD 2	TOTAL	PEROD	₹2	PERIOD 2	₹2	Ž P	200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -
[Medi-Cal Non-Managed Gare Crossovers (Formerly Code 02):									
Medi-Cai Fiscai Intermediary for Non-Managed Care Crossovers	\$	\$ 140	\$ 140	- \$		\$ 140		s	140
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	\$ 139	\$ 139	69		\$ 142	00	s	142
9 3rd Party Payers	\$	Ф	· 69	. ↔				69	,
Medi-Cal Managed Care (Formerly Code 18):	e e e e e e e e e e e e e e e e e e e		The second secon	The state of the s					
0 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 2,045,257	\$ 5,853,667	\$ 7,898,925	\$ 2,041,246	3	\$ 5,866,019	4	6'2 \$	7,907,265
1 Medi-Cal Managed Care Plans - TOTAL	\$ 1,051,911	\$ 2,911,262	\$ 3,963,173	\$ 1,051,911		\$ 2,911,262			3,963,173
2 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	3,620	\$ 8,695	\$ 12,314	\$ 4,897	6	808'6	5	\$	14,706
3 3rd Party Payers	\$	\$	· ·	•		69			
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20	Code 20):				T. Seedille				
4 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	·	\$	\$	- ↔		\$		ક	,
5 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$			+		\$		69	,
6 3rd Party Payers	-	\$	*	\$		-		s	١,
7 Total Payments	\$ 3,100,788	\$ 8,773,903	\$ 11,874,691	\$ 3,098,054		\$ 8,787,372		\$ 11,8	11,885,426
SETTLEMENT	Nodes Notes	ORITED RECONCILIATION BERGING	No.		o √ 03	Levoles Gen			
8 PPS Rate	\$ 246.25	S		\$ 246.25		\$ 249.94			
			***************************************		SCHIEB PROPERTY		THE PROPERTY OF THE PARTY OF TH	TERRET I I I I GOSTAL COSTAL	7945-44529 X 81831

11 12 13

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60,643 (1,076,763)

16, 18 \$

21,777

15, 17 \$

38,866

(295,687)

(1,016,035)

(766,576) \$

(249,459)

(781,076)

10,869,306 11,885,426 (1,016,120)

8,028,073

8,787,372

3,098,054 (256,821)

(1,016,035)

(766,576) 8,773,903

3,100.788 2,851,329

(249,459)

Reconciliation Amount Due Clinic (State) (L 20 - L 21)

22

7

ess: Total Payments (From Line 17)

19 Total Medi-Cal Visits (From Line 6) PPS Amount (Line 18 x Line 19)

20

Total Amount Due Clinic (State) (L 22 - L 23) Less: Medi-Cal Billing Review Results

23

11,874,691 10,858,657

32,120

11,538 2,841,233

43,616

32,037 8,007,328

11,579

43,658

Provider Legal Name	ıme		Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO	JNITY HEALTH TRO MEDICO					
CATHEDRAL CITY			JULY 1, 2019 THROUGH JUNE 30, 2020	1619036514		18
Report Re Reconciliation	Report References onciliation	o				
	Request			<		4
No. Schedule Line	Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
		8 6	Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)	11,579	(24)	11,555
-	-		medical managed date visits (Fellod Z)	05,000	2	32,171
2 1 10		ω ω	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$2,045,257 5,853,667	(\$4,011) 12,352	\$2,041,246 5,866,019
· · · · · ·			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
						Page 1

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Provider Legal Name	ne		Fiscal Period	Provider NP		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO	AN MEDICO						
CATHEDRAL CITY			JULY 1, 2019 THROUGH JUNE 30, 2020	1619036514		82	
Reconciliation Reco	Reconciliation Request	uo					
Schedule Line		Line		As Reported	Increase (Decrease)	As Adjusted	
			ADJUSTMENTS TO OTHER MATTERS				I
r.	Not Reported		Duplicate and Unallowable Visits (Period 1)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D		4	4	
 το το	Not Reported Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at an unapproved FQHC service location.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (I)(1)(j)  State Plan Amendment Attachment 4.19B, Section J	4 0	13	17 52	
	<del>-</del>	ဖ	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Payments (Period 2)  To adjust Medicare payments received for the Medi-Cal crossover (Formerly Code 02) visits.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (h)	\$139	<b>\$</b>	\$142	
L L 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		0 0	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$3,620 8,695	\$1,277 1,114	9,809 9,809	
			*Balance carried forward from prior/to subsequent adjustments			Page 2	

### State of California

Adjustments	60		As Adjusted		\$919 * * 000't		\$36,910 * 19,165 *	\$37,635 * 19,528 *	Page 3
			Increase (Decrease)		\$919		\$35,991 18,165	\$725 363	
<b>Provider NPI</b>	1619036514		As Reported		O C		\$919	\$36,910 19,165	
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020		Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1	W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<ul> <li>Medi-Cal Billing Review Results (Period 1)</li> <li>Medi-Cal Billing Review Results (Period 2)</li> <li>To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.</li> <li>42 CFR 413.20 and 447.45(d)(1)</li> <li>CCR, Title 22, section 51008</li> <li>CMS Pub. 15-1, sections 2300 and 2304</li> <li>W&amp;I Code, section 14115</li> </ul>	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover Medi-Cal overpayments for services that should have been billed to the managed care plan. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 and 2304 CCR, Title 22, section 51005 and 51458.1 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	*Balance carried forward from prior/to subsequent adjustments
Ле	BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY	erences Reconciliation	Worksheet Line		Not Reported		Not Reported	Not Reported	
Provider Legal Name	N CENTI	Report References Reconciliation Recon	Schedule Line		, 23 23		53	3 3 3	
vider Le	BORREGO COMM FOUNDATION CEN CATHEDRAL CITY	Rec			<b>←</b> <del>←</del>		<del></del>		
<u>P</u>	BOF FOL CAT	7	₹ <u>2</u> ———		7 2 7		£ <del>4</del>	<del>2</del>	

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Provi	Provider Legal Name	al Nar	пе		Fiscal Period	Provider NPI		Adjustments
BORR	EGO CO DATION	MMU	BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO					
CATH	CATHEDRAL CITY	Σ			JULY 1, 2019 THROUGH JUNE 30, 2020	1619036514		18
:	Report Re Reconciliation	oort Re lation	Report References	r.			· "-	
No.	Review Schedule Line	ew Line	Request Worksheet	Line	- Explanation of Audit Adiustments	As	Increase (Decrease)	As Adiusted
					AD		1 (constant)	- Constitution
<u>7                                    </u>		73 73	Not Reported Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate payments to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	\$37,635 * 19,528	\$1,231 2,249	\$38,866 21,777
		•						
			÷					
					*Balance carried forward from prior/to subsequent adjustments			Page 4

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO, COACHELLA NATIONAL PROVIDER IDENTIFIER: 1730249947

> FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





#### APR 1 9 2023

Rose MacIsaac, CFO Centro Medico, Coachella P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO, COACHELLA DBA: CENTRO MEDICO, COACHELA NATIONAL PROVIDER IDENTIFIER (NPI) 1730249947 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on schedule 1, represents the reported Medi-Cal settlement due the State in the amount of \$125,639, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

Schedule 1—Computation of Medi-Cal Settlement

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Rose MacIsaac Page 2

APR 1 9 2023

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7020 24500000 6812 6856

## FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMINUNITY HEALTH FOUNDATION CENTRO MEDICO

NPI: 1730249947

FISCAL PERIOD TO: JUNE 30, 2020 FISCAL PERIOD FROM: JULY 1, 2019

VISITS	PERIOD 1	<u>.</u>	REPORTED PERIOD 2	TOTAL	N SERVICE TO THE SERV	The second secon	ACCEPTED/AS FILED PERIOD 2	ED.	TOTAL	
Non-Managed Care Crossovers (Formerly Code 02)		-	•	1		•		-		-
2 Medi-Cal Managed Care (Formerly Code 18)		1,474	4,339	5,813		1,474		4,339		5,813
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		-	1	-		1		1		-
4 Total Visits		1,474	4,339	5,813		1,474		4,339		5,813
1 Less: Duplicate and Unallowable Visits	NA I			WA IIII		,		•		_
6 Payable Visits		1,474	4,339	5,813		1,474		4,339		5,813
		A STATE OF THE STA	REPORTED		A company of the comp		ACSEPTED ASTRUCTURED	Service Control of the Control of th	The second secon	The second of th
PAYMENTS	PERIOD 1		PERIODIZ	TOTAL	PERIOD 1	Section of the second section of the section of the second section of the section of the second section of the section of the second section of the section of	PERIOD 2	N	<b>A</b>	A COMPANY OF THE PROPERTY OF T
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):										
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	₩	'	· ·	- \$	69	•	49	-	€9	_
	69	-	s		8	,	G	-	€	_
9 3rd Party Payers	₩.	-	\$	\$	ક	1	G	-	€>	-
Medi-Cal Managed Care (Formerly Code 18):	The state of the s		The second secon	and the minimum of the control of					· · · · · · · · · · · · · · · · · · ·	
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	69	115,408	\$ 357,997	\$ 473,404	cs.	115,408	₩	357,997	8	473,405
11 Medi-Cal Managed Care Plans - TOTAL	8	172,896	\$ 516,993	\$ 689,890	B	172,896	69	516,993	<del>G</del>	689,889
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	es.	6,543	\$ 10,094	\$ 16,637	છ	6,543	49	10,094	es	16,637
13 3rd Party Payers		-		•	w	-	69	•	\$	'
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Former	~~									
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		1	· ·	· ·	69	,	69	1	€	'
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	6	•	-	5	€9	•	₩.	-	€	-
16 3rd Party Payers	€9	٠,	٠.	-	\$	-	æ	,	es.	
17 Total Payments	\$	294,848	\$ 885,083	\$ 1,179,931	မာ	294,847	G	885,084	\$	1,179,931
						SHADING CONTRACTOR	West Establishment of the College	opposite a supplemental supplem	nday bengananan	normine exterior
		043	REPORTED RECONCILATION	k TON			ASSEPTED AS FILED RECONCILÁTIO		z	
SETTLEMENT	PERIOD	94	PERODZ	TOTAL	PERIOD	3 O	PERODIZ	9	TOTAL	¥
18 PPS Rate	€	179.36	\$ 182.05		\$ 179.36	36	\$ 182.05	.05		
19 Total Medi-Cal Visits (From Line 8)		1,474	4,339	5,813	1,474	74	4,3	4,339		5,813
20 PPS Amount (Line 18 x Line 19)	8	264,377	\$ 789,915	\$ 1,054,292	\$ 264,377	7	\$ 789,915	115	\$	1,054,292
21 Less: Total Payments (From Line 17)	\$	294,848	\$ 885,083	\$ 1,179,931	\$ 294,847	17 Maria	\$ 885,084	984	3,	1,179,931
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	ક	471)	\$ (95,169)	ŀ		02	\$ (95,169)	(69)		(125,639)
	X Z		Y WILLIAM	2	S			- 100		425 620)
24 Total Amount Due Clinic (State) (L 22 - L 23)	<b>10</b>	(30,471)	\$ (89,169)	(125,640)	(30,470)	(0)	(90,109)	(60)	,	(125,059)
* Comment on market										

* Correct rounding error.

#### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



#### APR 1 9 2023

Rose MacIsaac, CFO Centro Medico El Cajon Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: CENTRO MEDICO EL CAJON FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED: JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$4,124,029, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

7020 2450 0000 6812 6856

# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1154480069

FISCAL PERIOD FROM: JULY 1, 2019

FISCAL PERIOD TO: JUNE 30, 2020

VISITS	PERIOD	70	REPORTED PERIOD 2	TOTAL	PERIOD	₹9	AUDITED	ą ş	
1 Non-Managed Care Crossovers (Formerly Code 02)			£	•	,		•		
2 Medi-Cal Managed Care (Formerly Code 18)		15,483	45,576	61.059	15 482	7	45 923	,	E1 40E
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		,	,		,	L	22,00	•	CF. ID
4 Total Visits		15,483	45.576	61,059	15.482		45 923		307.19
5 Less: Duplicate and Unailowable Visits					2,103	5.7	6.306	00	8 409
6 Payable Visits		15,483	45,576	61,059	13,379	Ц	39,617		52,996
PAYMENTS	The state of the s		REPORTED			<b>Q</b>	AUDITED	AD	
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):			TO THE PARTY OF TH	CARTES CAREERS		2	LEKICD Z	SC	TOIAL
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	49		69	69		6	4	1
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	69		49	69		8	<b>€</b>	
9 3rd Party Payers	œ	<del>. s</del>		,	<b>.</b>		\$	\$	'
	:			The state of					
	\$ 3,2	3,277,107 \$	10,047,189	\$ 13,324,295	\$ 3,276,889	က	\$ 10,088,412	4	13,365,301
	\$ 1.0	1,063,654 \$	3,137,696	\$ 4,201,350	\$ 1,063,654		\$ 3,137,696	49	4,201,350
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	-	12,356 \$	22,814	\$ 35,169	\$ 12,833	6	\$ 25,680	10 \$	38,513
13 3rd Party Payers	\$	<b>₽</b>	-	٠.	·-			\$	
Medi-cal Non-Managed Care Crossovers with Capitated MAP. (Formerly	Code 20):				emillimate and the second		to the state of th		
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	ь	<b>\$</b>	-	•	€9		-	€Đ.	•
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	ક	φ '	-		8		\$	s	
	\$	49	•		ક		. \$	69	
17 Total Payments	\$ 4,3	4,353,116 \$	13,207,699	\$ 17,560,815	\$ 4,353,376		\$ 13,251,788	\$	17,605,164
SETTLEMENT	6	0 0	EDIREGONGILIA BEST	AT ON			ALISOOS REC		
18 PPS Rate		262.89 \$	266.83		\$ 262.89	<b>!</b>	\$ 266.83		
19 Total Medi-Cal Visits (From Line 6)		15,483	45,576	61,059			39.617		52 996
20 PPS Amount (Line 18 x Line 19)	\$ 4,0	4,070,326 \$	12,161,044	\$ 16,231,370	\$ 3,517,205	\$	10,571,004	\$	14,088,209
21 Less: Total Payments (From Line 17)	\$ 4,3	4,353,116 \$	13,207,699	\$ 17,560,815	\$ 4,353,376	\$	13,251,788	\$	
_	\$ (2	(282,790) \$	(1,046,655)	\$ (1,329,445)		\$	(2,680,784)	\$	(3,516,955)
_		1				11,13,15 \$	411,097	12,14,16 \$	607,074
24   Otal Amount Due Clinic (State) (L 22 - L 23)	\$ (2)	(282,790)  \$	(1,046,655)	\$ (1,329,445)	\$ (1,032,148)		\$ (3,091,881)	\$	(4,124,029)

Provider Legal Name	Fiscal Period	Provider NPI	lc	Adjustments
BORREGO COMMUNITY HEALTH	ALTH	1154480069		16
ort Refere	to italian			
Adj. Review Reques No. School-lo line Warkhaat	Request Request Evaloration of Audit Adjustments	As	Increase	As Adinated
2	ADJUSTMENTS		(2000)	Page Pa
2 1 1 2 2 1 1 2 2 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<ul><li>2 Medi-Cal Managed Care Visits (Period 1)</li><li>2 Medi-Cal Managed Care Visits (Period 2)</li></ul>	15,483 45,576	(1)	15,482 45,923
3 1 10 1	<ul><li>8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1)</li><li>8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)</li></ul>	\$3,277,107 10,047,189	(\$218) 41,223	\$3,276,889 10,088,412
-	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data:  Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 A2 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
				Page 1

Prov	Provider Legal Name	I Nar	ne		Fiscal Period	Provider NPI		Adjustments
BOR FOU	BORREGO CON FOUNDATION	D W W	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020	1154480069		16
	Repo	ort Re	Report References					
Adj	Reconciliation Review	ation w	Reconciliation Request	چ				
Š	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS	-		
യ വ	<del></del>	വവ	Not Reported Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1. section 2409.2	0 0	- ∞	* * ~ œ
					CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
. ~ 80	~ ~	ന ഗ	Not Reported Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at an unapproved FQHC service location.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)  State Plan Amendment Attachment 4.19B, Section J	* *	2,102 6,298	2,103
9 10	~~	5 5	<del></del>	5 0	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$12,356 22,814	\$477 2,866	\$12,833 25,680
					*Balance carried forward from prior/to subsequent adjustments			Page

Provider Legal Name	gai Na	me	Fiscal Period	Provider NPI		Adjustments
BORREGO C	OMMO	BORREGO COMMUNITY HEALTH				•
FOUNDATION	7		JULY 1, 2019 THROUGH JUNE 30, 2020	1154480069		16
Recond Adj. Rev	Report Re Reconciliation Review	Report References onciliation Reconciliation Review Request				
No. Schedul	Schedule Line	Wor	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO OTHER MATTERS			
11 17 1	23 23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	0\$	\$2,103 975	\$2,103 * 975 *
			42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W.R. Code section 14132 100			
			California State Plan Amendment, Attachment 4.19-B, Page 6D			
£ 4	23 23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$2,103 975	\$ 79,911 43,230	\$82,014 * 44,205 *
<del>2</del> <del>6</del> <del>6</del> <del>7</del> <del>7</del> <del>7</del> <del>7</del> <del>7</del> <del>7</del> <del>1</del>	2 2	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To eliminate payments to the provider for services provided at an unapproved FQHC service location.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)  State Plan Amendment Attachment 4.19B, Section J	\$82,014 44,205	\$113,963 366,892	\$195,977 411,097
			*Balance carried forward from prior/to subsequent adjustments			Page 3

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



#### APR 1 9 2023

Rose MacIsaac, CFO Centro Medico Escondido P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: CENTRO MEDICO ESCONDIDO NATIONAL PROVIDER IDENTIFIER (NPI) 1023349883 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$959,664, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

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## FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1023349883

FISCAL PERIOD FROM: JULY 1, 2019

FISCAL PERIOD TO: JUNE 30, 2020

					24 24 24 24 24 24 24 24 24 24 24 24 24 2	A Deliver of the research of the second of t	The second control of the second	CONTRACTOR TO A CONTRACTOR OF THE PARTY OF T
VISITS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIOD 1	30	AUDITED PERIOD2	42	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	,	-	1	•		-		Ī
2 Medi-Cal Managed Care (Formerly Code 18)	6,356	17,607	23,963	6,356		17,670		24,026
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		•	•	1		_		•
4 Total Visits	6,356	17,607	23,963	6,356		17,670		24,026
5 Less: Duplicate and Unallowable Visits				313	4	1,340	3,5	1,653
6 Payable Visits	6,356	17,607	23,963	6,043		16,330	_	22,373
PAYMENTS		REPORTED			3	AUDITED	- G	
Medical Non-Managed Care Crossovers (Formery Code 92):						HENDO VIEW		
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	•	\$	٠.	-	€9	•	\$	i
,	\$		-	₩	↔	•	ક	,
9 3rd Party Payers	8		<del>(</del>	\$	€9	-	\$	-
Medi-Cal Managed Care (Formerly Gode 18):							r	
	1			\	မှာ (	3,444,365	2	4,600,898
11 Medi-Cal Managed Care Plans - TOTAL	489,920	\$ 1,360,657 \$ 5,020	\$ 1,850,578	\$ 489,920 \$ 4.534	A 64	1,360,657	A 69	10.681
		) <del>(</del>				,	69	•
	1y Code 20):	The state of the s		The state of the s	minima de la companya del companya de la companya del companya de la companya de			
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		\$		• €	G	-	₩	1
	-	٠	- \$	<del>У</del>	မာ	1	49	ı
16 3rd Party Payers	\$	. \$	*	\$	છ	1	↔	•
17 Total Payments	\$ 1,650,572	\$ 4,803,933	\$ 6,454,504	1,650,987	€	4,811,169	\$	6,462,156
	ASSESSMENT OF THE PROPERTY OF				ennekendikinininini	180	THE CONTRIBUTION	KURUMEHMEHMEME
SETTLEMENT	TEPOR	ORITED RECONCILATION	i.e.n	FERIODA		(EBRESONSEIA) PER(OD)		17074
18 PPS Rate	\$ 247.83	\$ 251.54		\$ 247.83	69	251.54		
	6,356	17,607	23,963	6,043		16,330		22,373
20 PPS Amount (Line 18 x Line 19)	\$ 1,575,207	\$ 4,428,865	\$ 6,004,072	\$ 1,497,637	s and a	4,107,648	\$	5,605,285
	\$ 1,650,572	\$ 4,803,933	\$ 6,454,504	\$ 1,650,987		4,811,169	\$	6,462,156
<u> </u>	\$ (75,364)	\$ (375,068)	\$ (450,432)	٤		(703,521)		(856,871)
23 Less: Medi-Cal Billing Review Results					8, 10	34,565	9, 11 \$	102,793
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (75,364)	\$ (375,068)	\$ (450,432)	\$ (221,578)	€	(738,086)	\$	(959,664)

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Provi	Provider Legal Name	] 	Fiscal Period	Provider NPI		Adjustments
BORF	BORREGO COMMUNITY HEALTH	ІТУ НЕАLТН		. 115		1
FOUNT N	FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020	1023349883		11
Adj	Report References Reconciliation Recon	rerences Reconciliation Request				
. S	Schedule Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
_	1 2	1 2	Medi-Cal Managed Care Visits (Period 2)	17,607	83	17,670
7	1 10		Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$3,438,255	\$6,110	\$3,444,365
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
						Page 1

### State of California

				т —				
Adjustments	7		As Adjusted		*	313 1,340	\$4,534 6,147	Page 2
			Increase (Decrease)		~	313	1,127	
Provider NPI	1023349883		As Reported		0	•	\$4,119 5,020	
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020		Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.  42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	*Release seried forward from prior/fo enheadment adjustments
Provider Legal Name		erences Reconciliation	Request Worksheet Line		Not Reported	Not Reported Not Reported	1 - 1 - 0 - 0 - 1 - 1 - 1 - 1 - 1 - 1 -	
Provider Legai Name	NOL	Reconciliation Reco	Review Schedule Line		ro.	7 1 23	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Provider	FOUNDATION	-	Adj. No. Sch		<b>ω</b>	4 ιδ	<b>o</b>	

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Prov BORF FOUN	Provider Legal Name BORREGO COMMUNIT FOUNDATION	I Nan JMUN	Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION	Fiscal Period JULY 1, 2019 THROUGH JUNE 30, 2020	Provider NP    1023349883		Adjustments
	Report Re Reconciliation	ation	Report References onciliation				
Adj.	Review Schedule Line	v Line	Request Worksheet Line	<u> </u>	As Reported	increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
<b>ω</b> σ	<del></del>	23	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) affer the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR 7 Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&l Code, section 14115	0 0	\$61,599 11,693	\$61,599 * 11,693 *
10 17	₩ <b>.</b>	23 3	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* * \$61,599 11,693	\$6,629 22,872	\$68,228 34,565
				*Balance carried forward from prior/to subsequent adjustments			Page 3

#### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS NATIONAL PROVIDER IDENTIFIER: 1255490819

> FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section

Financial Review – Outpatient and Behavioral Health Division

Audits and Investigations

Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



APR 1 9 2023

Rose MacIsaac, CFO Centro Medico Oasis P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS DBA: CENTRO MEDICO OASIS NATIONAL PROVIDER IDENTIFIER (NPI) 1255490819 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$181,584, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

Rose MacIsaac Page 2 APR 1 9 2023

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO

NPI: 1255490819

FISCAL PERIOD FROM: JULY 1, 2019

FISCAL PERIOD TO: JUNE 30, 2020

					03000000000000000000000000000000000000		35.55 3 1 0 1 0 2 2 3 4 0 1 1 1 1 1 1	
VISITS		REPORTED		8	ą		39	ļ
1 Non-Managed Care Crossovers (Formerly Code 02)								
_	1,987	5,916	7,903	1,987		5,935	-	7,922
		•	•	t		t		•
	1,987	5,916	7,903	1,987		5,935		7,922
5 Less: Duplicate and Unallowable Visits				1		_		1
6 Payable Visits	1,987	5,916	7,903	1,987		5,935		7,922
PAYMENTS		REPORTED PERIOD 2		00000	Jaw S	AUDITED PERIOD 2	₹9	FOTAL
Medi-Cal Non-Managed Care Grossovers (Formerly Code 02):								
7 Medi-Cai Fiscal Intermediary for Non-Managed Care Crossovers	\$	- \$	· •	· &	<u>\$</u>	•		69
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	·	*	- &	\$	\$	•		
9 3rd Party Payers	€	•	·	€	49	ı		
Medi-Cal Managed Care (Formerly Code 18):					-			
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 185,880	\$ 601,951	\$ 787,831	\$ .185,880	₩	602,969	2	\$ 788,849
11 Medi-Cal Managed Care Plans - TOTAL	\$ 163,947	\$ 487,953	\$ 651,900	\$ 163,947	€9	487,953		\$ 651,900
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 696	\$ 2,387	\$ 3,083	\$ 727	3	3,475	4	\$ 4,202
13 3rd Party Payers					\$	1		· •
	/ Code 20):						-	
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	٠ چ			· •	\$			- \$
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	· •	·			4	-		· •
16 3rd Party Payers		\$	٠ ٠	ı •	€9	•		
17 Total Payments	\$ 350,523	1,092,291	\$ 1,442,813	\$ 350,554	*	1,094,397		\$ 1,444,951
							tegin i passas sanga	Something
SETTLEMENT	REP PERIOD /	REPORTED RECONCILATION	7.0.K 17.017./L	PERIOD 1	A D	TERRESON SILM		TOTAL
18 PPS Rate	\$ 159.14	\$ 161.52		\$ 159.14	\$	161.52		
19 Total Medi-Cal Visits (From Line 6)	1,987	5,916	7,903	1,987		5,935		7,922
20 PPS Amount (Line 18 x Line 19)	\$ 316,211	\$ 955,552	\$ 1,271,764	\$ 316,211	8	958,621		\$ 1,274,832
21 Less: Total Payments (From Line 17)	\$ 350,523	\$ 1,092,291	\$ 1,442,813	\$ 350,554	*	1,094,397		\$ 1,444,951
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (34,312)	\$ (136,	\$ (171,050)			(135,776)		ב
23 Less: Medi-Cal Billing Review Results					S	1,129	9	
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (34,312)	\$ (136,738)	\$ (171,050)	(44,679)	\$	(136,905)		\$ (181,584)

### State of California

Adjustments	ဖ		As Adjusted		5,935	\$602,969		
			increase (Decrease)		19	\$1,018		
	1255490819		As Reported		5,916	\$601,951		
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020		Explanation of Audit Adjustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 41 03: June 28, 2022 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
II.	00	nces Reconciliation Request	neet Line		7	œ		
IME NITY HE∆	TRO MED	efere	Worksheet		<b>~</b>	_		
egal Na	ON CENT	Report Re Reconciliation Review	Schedule Line		7	10		
Provider Legal Name Bordeso Comminity Heal TH	FOUNDATION CENTRO MEDICO	Rec			-	2		

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<b>P</b> 70	Provider Legal Name	me MTX ITAL TIL	Fiscal Period	Provider NPI		Adjustments
FOUR	FOUNDATION CENTRO MEDICO	RO MEDICO	JULY 1, 2019 THROUGH JUNE 30, 2020	1255490819		တ
A	Report References Reconciliation Reco	eferences Reconciliation Request				
Š	Schedule Line	Wor	e Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO OTHER MATTERS			
w 4	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$696 2,387	\$3.1 1,088	\$727 3,475
က ဖ	7 - 7 - 23 - 23 - 23 - 23 - 23 - 23 - 23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(a)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Cg C	\$10,336 1,129	\$10,336 1,129
						Page 2

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

#### BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1780038042

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



APR 1 9 2023

Rose MacIsaac, CFO D Street Medical Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA D STREET MEDICAL CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1780038042 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,195,903, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Rose MacIsaac Page 2

APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR | 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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## FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

FISCAL PERIOD FROM: JULY 1				the state of the s				
	LX 112019			FISCAL PERIOD TO:	OD TO:	JUNE 30, 2020		
			The state of the s	244 247 247 247 247 247 247 247 247 247	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			22.4
NISITS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIODIA	A NO.	AUDITED:	ADJ NO	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	1	J	-	•		-		<b>'</b>
2 Medi-Cal Managed Care (Formerly Code 18)	1,876	10,205	12,081	1,876		10,763	3	12,639
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	,	•	-				
		10,205	12,081	1,876		10,763		12,639
Less: Duplicate and Unallowable Visits				'		6,305	5	6,305
8 Payable Visits	1,876	10,205	12,081	1,876		4,458		6,334
And the state of t	PERIODIA	REPORTED PERIODIZ	TOTAL	PERIO	₹2	AUDITED	ADJ NO.	TOTAL
	-							
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers \$	'		٠ چ	· •			€9	
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled \$	•	,	-	•		\$	€	
9 3rd Party Payers	•		*	•		-	49	-
Medi-Cal Managed Care (Formerly Code 18):								
10 Medi-Cai Fiscal Intermediary for Managed Care Interim	169,968	\$ 1,012,923	\$ 1,182,891	\$ 169,968		\$ 1,042,793	4	1,212,761
11 Medi-Cal Managed Care Plans - TOTAL	210,990	1,150,127	\$ 1,361,118	\$ 210,990		\$ 1,150,127	ь	1,361,117
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled \$	989	\$ 846	\$ 1,542	\$ 1,229	9	\$ 13,836	7	15,065
13 3rd Party Payers \$	-	· ·	٠ <del>د</del>			-	₩.	1
Medi-Cai Non-Managed Care Crossovers with Capitated MAP (Formerly Code	•							
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-			•	]		€	'
Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	-	49		Ф		-	₩.	
3rd Party Payers	_		l				₩.	İ
17 Total Payments	381,654	\$ 2,163,896	\$ 2,545,550	\$ 382,187		\$ 2,206,756	₩.	2,588,943
	3610							
SETTLEMENT	PERIOD	958.002		) (O) NEU	92	PERIODZ	() () () () () () ()	TOTAL
18 PPS Rate	163.49	\$ 163.49		\$ 255.88	-	\$ 259.72	2	
19 Total Medi-Cal Visits (From Line 6)	1,876	10,205	12,081	1,876		4,458		6,334
20 PPS Amount (Line 18 x Line 19)	306,707	\$ 1,668,415	\$ 1,975,123	\$ 480,031		\$ 1,157,832	\$	1,637,863
21 Less: Total Payments (From Line 17)	381,654	\$ 2,163,896	\$ 2,545,550	\$ 382,187		\$ 2,206,756	\$	2,588,943
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(74,947)	\$ (495,481)	\$ (570,428)			(3,	\$	
23 Less: Medi-Cal Billing Review Results				\$ 25,970	6	218,853	8, 10, 11 \$	
24 Total Amount Due Clinic (State) (L 22 - L 23)	(74,947)	\$ (495,481)	\$ (570,428)	\$ 71,874		\$ (1,267,777)	\$	(1,195,903)

Adjustments	11			As Adjusted		\$255.88	Page 1
:				Increase (Decrease)		\$92.39	
Provider NPI	1780038042			As Reported		\$163.49	· ·
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020			Explanation of Audit Adjustments	MEMORANDUM ADJUŠTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
	НЕАГТН	ences	Reconciliation Request	Worksheet Line		- τ Φ Φ	
al Name	MMUNITY	Report References	Reconciliation Review	Line	-	$\frac{\omega}{\omega}$	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	<b>X</b>	Recon Adj. Rev	No. Schedule	-	- N	

11							
Adjustments	11		As Adjusted		10,763	\$1,042,793	Page 2
			Increase (Decrease)		558	\$29,870	
Provider NPI	1780038042		As Reported		10,205	\$1,012,923	
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4
di	BORREGO COMMUNITY HEALTH FOUNDATION	rences Reconciliation Request	Worksheet Line		1 2	1 8	
I Name	MMUNI	Report References onciliation Reco	Line		2	10	
Provider Legal Name	BORREGO CON FOUNDATION	Rec	Schedule Line		<b>←</b>	-	
Prov	BOR Foui	Adj.	N _o		က	4	

Adjustments	11		As Adjusted	6,305		\$1,229 13,836	* \$327	
			Increase (Decrease)	6,305		\$533 12,990	\$327	
Provider NPI	1780038042		As Reported	0		\$696 846	<b>S</b>	
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020			ADJUSTMENTS TO OTHER MATTERS  Medi-Cal Billing Review Results (Period 2)  To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location.  42 CFR 419.4	22 CCR Section 31430.1 W&I Code 14043.15, 14110, and 14132.100 (j)(1)(j) State Plan Amendment Attachment 4.19B, Section J	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	
Provider Legal Name BORREGO COMMUNITY HEALTH		Reconciliation Request	Worksheet Line	Not Reported			Not Reported	
Provider Legal Name BORREGO COMMUNIT	NOI	Report References Reconciliation Reco	Schedule Line	ro.		5 5	8	
Provider BORREGO	FOUNDATION	Rec	No. Sche	w		٥٢	60	

-						
Adjustments	11		As Adjusted	\$25,970 50,458 *	\$218,853	Page 4
			Increase (Decrease)	\$25,970 50,131	\$168,395	
Provider NPI	1780038042		As Reported	\$0 327	\$50,458	
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020		Explanation of Audit Adjustments	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Medi-Cal Billing Review Results (Period 2)  To elirrinate visits and payments paid to the provider for services provided at an unapproved FQHC service location.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(i) State Plan Amendment Attachment 4.19B, Section J	*Balance carried forward from prior/to subsequent adjustments
ne	BORREGO COMMUNITY HEALTH FOUNDATION	erences Reconciliation Request	Worksheet Line	Not Reported	Not Reported	
Provider Legal Name	SO COMMUN	Report References Reconciliation Reco	Schedule Line	23 23	73	
Provide	BORREGO CO FOUNDATION			ø 0	<del>-</del>	

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



APR 1 9 2023

Rose MacIsaac, CFO
Desert Hot Springs Community Foundation
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: DESERT HOT SPRINGS COMMUNITY FOUNDATION

NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED: JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,972,203, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section— Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1275849283

FISCAL PERIOD FROM: UULY 1, 2019

FISCAL PERIOD TO: JUNE 30, 2020

VISITS	PERIOD1	REPORTED PERIOD 2		PERIOD 1	Š	Audited Period	ABJ NO	TOTAL	
1 Non-Managed Care Crossovers (Formerly Code 02)	•	-	•	-		•			ı
2 Medi-Cai Managed Care (Formerly Code 18)	5,592	23,343	28,935	5,592		23,388	-	38	28,980
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	1	1			•			٠
4 Total Visits	5,592	23,343	28,935	5,592		23,388		28	28,980
5 Less: Duplicate and Unallowable Visits				3	က	3	4		9
6 Payable Visits	5,592	23,343	28,935	5,589		23,385		28	28,974
PAYMENTS		REPORTED PERIOD 2	TOTAL	PERIODIA	<u> </u>	AUDITED	Q Q	TOTAL	Fig. 1 and a second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o
Medi-Cal Non-Managed Gare Crossovers (Formerly Code 02):			John John Strategie						
7 Medi-Cal Fiscal Intermediany for Non-Managed Care Crossovers	·	· +	. \$	· <del>69</del>	69	-		\$	,
	69	69		·	ક	•		49	
9 (3rd Party Pavers	₩	\$	1		₩.	•		\$	1
			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s						
10 Medi-Cai Fiscal Intermediary for Managed Care Interim	\$ 1,405,027	\$ 6,213,779	\$ 7,618,805	\$ 1,405,027	€	6,215,645	2	\$ 7,62(	7,620,672
11 Medi-Cai Managed Care Plans - TOTAL	\$ 496,428	\$ 2,084,123	\$ 2,580,551	\$ 496,428	\$	2,084,123		\$ 2,58(	2,580,551
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 5,987	\$ 6,605	\$ 12,591	\$ 7,119	5	12,815	ဖ	\$	19,934
	t+>	•		·	*	•		8	,
	V Code 20):								
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	<del>У</del>		- \$	ι <del>67</del>	\$			ь	·
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$	·	· .	· &9	€	1		\$	,
16 3rd Party Payers	\$	٠	•		\$				
17 Total Payments	\$ 1,907,442	\$ 8,304,506	\$ 10,211,948	\$ 1,908,574	\$	8,312,583		\$ 10,221,157	1,157
						1	nyan managasa	alerrangamental	RESTRICTE
SETTLEMENT			V Po	140000	,		e (e o)		
18 PPS Rate	\$ 283.73	\$		\$ 283.73	€	287.98			
	5,592	23,343	28,935	5,589		23,385		28	28,974
20 PPS Amount (Line 18 x Line 19)	\$ 1,586,618	\$ 6,722,317	\$ 8,308,935	\$ 1,585,767	\$				8,320,179
21 Less: Total Payments (From Line 17)	\$ 1,907,442	\$ 8,304,506	\$ 10,211,948	\$ 1,908,574		į			10,221,157
	\$ (320,823)	\$ (1,582,	\$ (1,903,012)	೯		(1,5		3,5	(1,900,978)
23 Less: Medi-Cal Billing Review Results					6',	İ	8, 10		677,17
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (320,823)	(1,582,189)	\$ (1,903,012)	\$ (371,740)	9	(1,600,463)		\$ (1,97,	(1,972,203)

Provider Legal Name	Vame	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH	<b>1UNITY HEALTH</b>				•
FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020	1275849283		10
Reconciliation Adj. Review	Report References onciliation Reconciliation Review Request				
Sc	Wor		As In	Increase (Decrease)	As Adjusted
		ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	-		
<b>←</b>	2 1 2	Medi-Cal Managed Care Visits (Period 2)	23,343	45	23,388
2 1 1	10 1 8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$6,213,779	\$1,866	\$6,215,645
		To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1 sections 2304 2408 3 and 2408 4			
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Adjustments	10		•	As Adjusted		m m	\$7,119 12,815	Page 2
			<u>.</u>	Increase (Decrease)		<b>о</b> о	\$1,132 6,210	
Provider NPI	1275849283		\ <b>\</b>	As Reported			\$5,987 6,605	
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020			Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Pian Amendment, Attachment 4.19-B, Page 6D	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	
	ALTH		Reconciliation Request	heet Line		oorted oorted	0 0	
ne	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	Reco	Worksheet		Not Reported Not Reported	<del></del>	
Provider Legal Name	OMMUN	port Re	Reconciliation Review	Schedule Line		က က	5 5	
ider Le	BORREGO CO FOUNDATION	Re	Recond	Schedu			<del></del>	
Prov	BORF FOUN		Adj.	SO.		w 4	φ φ	

Provider NPI Adjustments	1275849283		As Increase As Audit Adjustments Asiusted (Decrease) Adjusted	ADJUSTMENTS TO OTHER MATTERS	\$0 \$1,702 \$1,702 *  wisits paid blings. 4.19-B, Page 6D	Feriod 1)  • \$1,702 \$47,231 \$48,933  • 15,164 \$22,292  or fiscal cutbacks of 25% and and gig the 7th through 9th month (RAD Code 476) after the month  1)  and 2304	n prior/to subsequent adjustments
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020		Line Explanation of /	ADJUSTMENTS T	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	*Balance carried forward from prior/to subsequent adjustments
9	ту неагтн	rences Reconciliation	Worksheet Lir		Not Reported	Not Reported  Not Reported	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Reconciliation Reco	Schedule Line		2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
Prov	BORF FOUN	: <	Š O		K 80	σ <del>C</del>	

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



#### APR 1 9 2023

Rose MacIsaac, CFO
Desert Hot Springs Health
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: DESERT HOT SPRINGS HEALTH NATIONAL PROVIDER IDENTIFIER (NPI) 1184065088 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$9,925, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1184065088

FISCAL PERIOD FROM: JULY 1, 2019

FISCAL PERIOD TO: JUNE 30, 2020

					***************************************	201001212121212121212121212121212121212		
VISITS	PEX 90 5	REPORTED PERIOD 2	TOTAL	PERIOD 1	₹ £	AUDITED PERIOD 2	₹9	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)			,	1		,		1
2 Medi-Cal Managed Care (Formerly Code 18)	86	-	86	86		-		88
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	•	•	•		-		-
4 Total Visits	86	•	86	86		•		86
5 Less: Duplicate and Unallowable Visits				•		•		_
6 Payable Visits	86	-	98	98	]	•		98
		****						
PAYMENTS		REPORTED PERIOD'S				AUDITED PERIOD 2	<b>₩</b>	
Medi-Cal Non-Managed Gare Grossovers (Formerly Gode 02):								
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	€9	· •	· •Э	, \$	\$	1	49	_
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	*	\$	·	٠ ج	8	•	8	-
9 3rd Party Payers	<del>59</del>	- \$	٠ چ	<del>,</del>	\$	•	မာ	•
Medi-Cai Managed Care (Formerly Code 18):		-						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 13,152		\$ 13,152	\$ 13,152	69		69	13,152
11 Medi-Cal Managed Care Plans - TOTAL	\$ 8,556	·	\$ 8,556	\$ 8,556	<del>69</del>	,	69	8,556
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	<del>С</del>		ا ده	۱ ج	69	,	69	-
13 3rd Party Payers	t Ф		· 69	\$	\$	1	↔	-
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Cod	ly Code 20):				-			
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	•		٠ دى	, &	49	1	89	11
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	•	· **	٠.	· •	<del>vs</del>	1	\$	1
16 3rd Party Payers	- \$	- 8	·	- &	\$	1	€9	•
17 Total Payments	\$ 21,708	٠ ج	\$ 21,708	\$ 21,708	\$		69	21,708
SETTLEMENT		Notice preceded that the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	11 9.X	(a (a			g 6) 9	1 (c) 1 (c)
18 PPS Rate	\$ 179.51	\$		\$ 125.73	\$	7.62	2	
19 Total Medi-Cal Visits (From Line 6)		-	86	86		,		98
20 PPS Amount (Line 18 x Line 19)	\$ 17,592	-	\$ 17,592	\$ 12,322		,	\$	12,322
21 Less: Total Payments (From Line 17)	\$ 21,708	. ↔	\$ 21,708	\$ 21,708	*	-	\$	21,708
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (4,116)	- \$	\$ (4,116)	\$ (9,386)		-	\$	(9,386)
23 Less: Medi-Cal Billing Review Results				<del>67</del>	3 \$	1	€9	539
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (4,116)	- \$ (	\$ (4,116)	\$ (9,925)	\$	•	\$	(9,925)

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Adjustments	ო			As Adjusted		\$125.73 127.62	Page
				Increase (Decrease)		(\$53.78)	
Provider NPI	1184065088			As Reported		\$179.51	
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
	1411-25 - 202-		Recondiliation Request	eet Line		δ <del>δ</del>	
	'HEALTH	ences	Rec	Worksheet		<del>+- +-</del>	
Name	TINOMI	Report References	fliation	Line		<u>ω</u> <u>ω</u>	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Re	Reconciliation Review	Schedule		<del></del>	
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Fiscal Period
JULY 1, 2019 THROUGH JUNE 30, 2020
Explanation of Audit Adiustments
ADJUSTMENT TO OTHER MATTERS
Medi-Cal Billing Review Results (Period 1)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D

#### BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



APR 1 9 2023

Rose MacIsaac, CEO Desert Oasis Womens Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT OASIS WOMENS HEALTH

NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED: JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$841,425, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1386069995

FISCAL PERIOD TO: JUNE 30, 2020

FISCAL PERIOD FROM: JULY 1, 2019

6,207 6,207 6,203 TOTAL NO S 4,445 4,443 4,445 PERIOD 2 AUDITED **₽** 0 1,762 1,760 1,762 PERIOD 1 6,199 6,199 6,199 TOTAL 4,437 4,437 4,437 PERIOD 2 REPORTED PERIOD1 1,762 1,762 1,762 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20) Non-Managed Care Crossovers (Formerly Code 02) Medi-Cal Managed Care (Formerly Code 18) VISITS Less: Duplicate and Unallowable Visits Payable Visits Total Visits

Medi-Cal Intermediary for Non-Managed Care Crossovers   S														
Code 02):         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S         S		PAYMENTS	PERIOD 1		PORTED ERIOD 2	TOTAL	Prince of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	PERIOD 1	<b>₽</b>	AUDITED PERIOD 2		9 6	TOITA	
Ossovers         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$<		Medi-Cal Non-Managed Gare Crossovers (Formerly Code 02):					Π							
S	7	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	\$	_					\$		-	6	•
S	00				_	8		\$		\$	,		€	,
S   248,206   S   649,476   S   897,682   S   248,206   S   650,100	ວາ	3rd Party Payers	8	69	•	69			_	6	-		₩	'
\$ 248,206         \$ 649,476         \$ 897,682         \$ 248,206         \$ 650,100           Part D Totaled         \$ 197,013         \$ 496,110         \$ 693,123         \$ 197,013         \$ 496,110           S 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled         \$ 100 D Totaled		Medi-Cal Managed Care (Formerly Code 18):			a a make a salahan									
of Care Plans - TOTAL         \$ 197,013         \$ 496,110         \$ 693,123         \$ 197,013         \$ 496,110         \$ 496,110         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122         \$ 122	10	Medi-Cal Fiscal Intermediary for Managed Care Interim			649,476		82				100,	Н	€9	898,306
S	7	Medi-Cai Managed Care Plans - TOTAL	0,197,0		496,110		23	\$ 197,013	-		1,110	-	8	693,123
S	12	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$	s	1	•		\$		8	122	_	€	122
arranged Care Crossovers with Capitated MAP Formerly Code 20):         tre-medianty for Non-Mgd Care Crossovers with Cap MAP       \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	13	3rd Party Payers	€	69	-			5		69	,	07	€	,
rier mediany for Non-Mgd Care Crossovers with Cap MAP       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       -       \$       -       \$       -		Medi-Cal Non-Managed Gare Crossovers with Capitated MAP (Formerly	Code Z0):			training the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		WITH CAME 11/2	Market Comme	144				The same
re Advantage Plans, Code 519 & Part D Totaled       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       \$       -       -       \$       -       -       \$ <td< td=""><th>4</th><td>Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP</td><td>\$</td><td>69</td><td>-</td><td>*</td><td></td><td></td><td></td><td>\$</td><td>,</td><td>0,</td><td>69</td><td></td></td<>	4	Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$	69	-	*				\$	,	0,	69	
\$ - \$ - \$ - \$ - \$ - \$ - \$   \$ - \$   \$	15	Capitated Medicare Advantage Plans, Code 519 & Part D Totaled		Н	_	*		- 8		8	_	9,	\$	,
\$ 445,219   \$ 1,145,586   \$ 1,590,805   \$ 445,219   \$	16	3rd Party Payers	\$	49		\$				\$	-	0,	\$	
	17	Total Payments		_	1,145,586	1	92	\$ 445,219			,332	0,7	\$ 1,	,591,551
NCILIATION							i							
			o e	GENORIED	RECONCILIA	NOI			( ) ( )	Nigosia csi				

SETTLEMENT	HOOKEA HOOKEA	ORTED RECONCIENT	NO.	190834	AUGUAN AUG NGC	irectivolemon Ho Perodo	) January	
18 PPS Rate	\$ 182.16	\$ 182.16		\$ 119.75	4	121.55 2		
19 Total Medi-Cal Visits (From Line 6)	1,762	4,437	6,199	1,760		4,443		6,203
20 PPS Amount (Line 18 x Line 19)	\$ 320,966	\$ 808,244	1,129,210	\$ 210,760		540,047	1間 8 7	750,807
21 Less: Total Payments (From Line 17)	\$ 445,219	\$ 1,145,586 \$	1,590,805	\$ 445,219		1,146,332	1,5	,591,551
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (124,253)	\$ (337,342) \$	(461,595)	\$ (234,459)		(606,285)	8) \$	(840,744)
23 Less: Medi-Cai Billing Review Results				\$ 562	\$ 8	119 9	\$	681
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (124,253)	\$ (337,342)	(461,595)	\$ (235,021)	69	(606,404)	\$ (8	(841,425)

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Adjustments	တ			As Adjusted		\$119.75 121.55 Page 1
				Increase (Decrease)		(\$60.61)
Provider NPI	1386069995			As Reported		\$182.16
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304
	НЕАГТН	ences	Reconciliation Request	Worksheet Line		
al Name	MMUNITY !	Report References	Reconciliation Review	Line		
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION		Adj. Reco	No. Schedule		- a

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Provi	Provider Legal Name	ne	Fiscal Period	Provider NPI	_	Adjustments
BORF	BORREGO COMMUNITY HEALTH	VITY HEALTH				1
FOUN	FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020	1386069995		6
Adj.	Report References Reconciliation Recon	ferences Reconciliation Request				
Š	Schedule Line	Wor	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
ო	1 2	1 2	Medi-Cal Managed Care Visits (Period 2)	4,437	<b>0</b> 0	4,445
4	1 10	-	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$649,476	\$624	\$650,100
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	-		
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BORREGO COMMUNITY HEALTH FOUNDATION Report References Reconciliation Reconciliation Reconciliation Request No. Schedule Line Worksheet 6 1 5 Not Reported 6 1 1 5 Not Reported					
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Schedule Line V  Schedule Line V  1 5 NC  1 5 NC					
Schedule Line 1 5 1 12 12	Reconciliation Request		,		
	neet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		ADJUSTMENTS TO OTHER MATTERS			
4	orted	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.		0.0	0.0
~		42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
	6	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	<b>9</b>	\$122	\$122
8 1 23 Not Reported 9 1 23 Not Reported	orted	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Q	\$562 119	\$562 119
					9 9 8

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



#### APR 1 9 2023

Rose MacIsaac, CFO
Eastside Health Center Foundation
P.O. Box 2369
Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: EASTSIDE HEALTH CENTER FOUNDATION NATIONAL PROVIDER IDENTIFIER (NPI) 1790075315 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,738,170, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1790075315

FISCAL PERIOD FROM: UULY 1, 2019

FISCAL PERIOD TO: JUNE 30, 2020

VISITS	PERIOD 1	REPORTED PERIOD 2	TOTAL		Q Q	AUDITED	₹9	
1 Non-Managed Care Crossovers (Formerly Code 02)	•	•	-			1		
2 Medi-Cal Managed Care (Formerly Code 18)	4,496	13,840	18,336	4,496		13,964	-	18.460
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)			'					
4 Total Visits	4,496	13,840	18,336	4,496		13.964		18.460
5 Less: Duplicate and Unallowable Visits	STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE		A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	137	8	2,354	4	2.491
6 Payable Visits	4,496	13,840	18,336	4,359		11,610		15,969
PAYMENTS	, aojasa	REPORTED PERIOD 2	INJUN		₫ 9	AUDITED	g s	
Medi-Cai Non-Managed Care Crossovers (Formerly Code 02):			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College Colleg	The second second			
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	69	· •	9	\$			\$
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	5	9		49			8
9 3rd Party Payers	8	\$	\$	9	49			s
Medi-Cal Managed Care (Formerly Code 18):					in the second second			
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 875,072	2 \$ 2,857,841	\$ 3,732,913	\$ 875,072	49	2,869,014	2	\$ 3,744,086
11 Medi-Cai Managed Care Plans - TOTAL	\$ 439,170	0 \$ 1,353,067	\$ 1,792,237	\$ 439,170	€	1,353,067		\$ 1,792,237
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 3,481	11 \$ 9,126	\$ 12,606	\$ 4,143	5 \$	14,371	9	\$ 18,514
13 3rd Party Payers.	· G	· •	· &	-	49	-	-	\$
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerty Code	y Code 20):						arian din di	
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	φ.	69	· ·	· 69	\$	-		\$
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	es.	· &	- 8		€9	-		8
16 3rd Party Payers	€5	٠ ج		٠,	€\$	-	-	\$
17 Total Payments	\$ 1,317,723	3 \$ 4,220,034	\$ 5,537,757	\$ 1,318,385	8	4,236,452	0,	\$ 5,554,837
SETTLEMENT	00) <u>816</u>	REPORTED RECONCLURATION	NO CO	10000	= 1000 300 300 300	NOTITED RECONDILIMITION	, ij.	W.1011
18 PPS Rate	\$ 241.48	\$		\$ 241.48	₩	245.10		
19 Total Medi-Cal Visits (From Line 6)	4,496	13,840	18,336	4,359		11,610		15,969
20 PPS Amount (Line 18 x Line 19)	\$ 1,085,694	3,392,184	\$ 4,477,878	\$ 1,052,611	\$	2,845,611		\$ 3,898,222
21 Less: Total Payments (From Line 17)	\$ 1,317,723	3 \$ 4,220,034	\$ 5,537,757	\$ 1,318,385		4,236,452		\$ 5,554,837
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (232,029)	(827,850)	ઝ	\$ (265,774)	\$	(1,390,841)		\$ (1,656,615)
23 Less: Medi-Cal Billing Review Results					8,10 \$	47,787	7,9,11	\$ 81,555
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (232,029)	(827,850)	(1,059,879)	\$ (299,542)	ક્ક	(1,438,628)	0,	(1,738,170)

Provider NPI Adjustments	1790075315		As Increase As Reported (Decrease) Adjusted	13,840 124 13,964	\$2,857,841 \$11,173 \$2,869,014		Page 1
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020		Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
		Reconciliation Request	Worksheet Line	1 2	8		
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Reco	No. Schedule Line	1 1 2	2 1 10		

### State of California

Prov	Provider Legal Name	al Nan	ne Ti	Fiscal Period	Provider NPI		Adjustments
N OF A D	BORKEGO COI FOUNDATION	N N N	BORKEGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2019 THROUGH JUNE 30, 2020	1790075315		7
Adj.	Report Re Reconciliation Review	ort Ref ation	Report References onciliation Reconciliation Review Request				
o N	Schedule	Line	Worksheet	Line Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
ω 4	~ <del>~</del>	ന ന	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at an unapproved FQHC service location,	00	137	137 2,354
				and due to a lack of documentation. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)			
				State Plan Amendment Attachment 4.19B, Section J			
ကဖ		5 5		<ul> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>10 adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$3,481 9,126	\$662 5,245	\$4,143 14,371
	₩	23	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>9</b>	\$735	* \$735
				*Balance carried forward from prior/to subsequent adjustments			Page 2

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Prov	Provider Legal Name	ıl Nar	ne	Fiscal Period	Provider NPI		Adjustments
NOT NOT	BORKEGO CON FOUNDATION	MMD	BORKEGO COMMUNII Y HEALIH FOUNDATION	JULY 1, 2019 THROUGH JUNE 30, 2020	1790075315		7
	Repo	ort Rei	Report References	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
Adj.	Reconciliation Review	ation w	Reconciliation Request				
o N	Schedule Line	Line	Worksheet Line	(E)	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
ω σ	- <del></del>	73 73	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	735	\$29,059 14,209	\$29,059 * 14,944 *
6.1	<del></del>	ω ω	Not Reported Not Reported	Medi-Cal Billing Review Visits (Period 1) Medi-Cal Billing Review Visits (Period 2)  To eliminate payments to the provider for services provided at an unapproved FQHC service location, and due to a lack of documentation.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)  State Plan Amendment Attachment 4. 19B, Section J	\$29,059 14,944	\$4,709 32,843	\$33,768
				*Balance carried forward from prior/to subsequent adjustments			Page 3

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED JUNE 30, 2020

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Vu Nguyen



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



APR 1 9 2023

Rose MacIsaac, CFO Women's Health and Wellness Center Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA WOMEN'S HEALTH AND WELLNESS CENTER FOUNDATION NATIONAL PROVIDER IDENTIFIER (NPI) 1568747137 FISCAL PERIOD ENDED JUNE 30, 2020

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$236,241, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustments Schedule

APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Chief

Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1568747137

FISCAL PERIOD TO: JUNE 30, 2020 FISCAL PERIOD FROM: JULY 1, 2019

VISITS	PERODA		REPORTED PERIOD 2	TOTAL	THE PERIOD !	ADJ NO	AUDITED PERIODIZ	ED 0.2	ABU	TOTAL	
1 Non-Managed Care Crossovers (Formerly Code 02)		1	-	-		_		,	_		-
2 Medi-Cal Managed Care (Formerly Code 18)		1,340	3,736	5,076		1,340		3,744	1	9	5,084
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		,	-			-		•			ı
4 Total Visits		1,340	3,736	5,076	`	1,340		3,744		Ω.	5,084
5 Less: Duplicate and Unallowable Visits						•		,			
6 Payable Visits		1,340	3,736	5,076		1,340		3,744	i	5	5,084
PAYMENTS			REPORTED PERIOD 2	ALOLI		i o o o o o	AUDITED	8 8	₫9	Z OI	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):		\$405-15100-1500-1500-1500-1500-1500-1500-									
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	\$ -		\$	\$		€		-	\$	1
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	-	•		\$	-	\$	-	-	\$	1
_	\$	\$	ī	- \$	8	_	↔	-		\$	,
Medi-Cal Managed Care (Formerly Code 18):					Sunday and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sam	-					
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$	228,420 \$	680,401	\$ 908,821	\$ 228	228,420	69	681,085	2	\$ 800	909,505
11 Medi-Cal Managed Care Plans - TOTAL	8	142,112 \$	395,898	\$ 538,010	\$ 14	142,112	φ.	395,898	3,	\$ 538	538,010
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$	\$	428	\$ 428	G	•	\$	506	8	8	506
13 3rd Party Payers	\$	\$ -	-		€9		\$		-	S	,
	/ Code 20):	mineral least of the second		minutes and administration of the second		•					
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$	\$			<del>69</del>	,	ь	,	-	<b>↔</b>	,
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$	\$	-	\$	<del>69</del>	-	€	•	Ĵ	s	·
	\$	\$	_	\$	<del>(</del> 9	_	\$		•	\$	
17 Total Payments		370,532 \$	1,078,727	\$ 1,447,259	\$ 37(	370,532	1,	1,077,489		\$ 1,448,021	8,021
				0.0							
SETTLEMENT		1 NO.	© 11√⊤ Ø⟩, 0Ø≘≥ d=	2		38			ð Ú		
	PERIODA		PERIODZ	III II TOTAL	PERIOD		III III III PERIODIZI	N A	9	IIIIIII TOTALII	
18 PPS Rate	છ	237.66 \$	241.22		;; \$	237.66	\$	241.22			
19 Total Medi-Cal Visits (From Line 6)		1,340	3,736	5,076	`	1,340		3,744		5	5,084
20 PPS Amount (Line 18 x Line 19)	\$ 3	318,464 \$	901,198	\$ 1,219,662	318	318.464	\$	903,128		\$ 1,221	1,221,592
21 Less: Total Payments (From Line 17)	\$	370,532 \$	1,076,727	\$ 1,447,259	\$ 370	370,532	\$	1,077,489		\$ 1,448	1,448,021
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	န	(52,067) \$	(175,529)	\$ (227,596)	69	(52,068)		=			(226,429)
23 Less: Medi-Cal Billing Review Results					\$	8,932 4	\$	880	5	S \$	9,812
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$	(52,067) \$	(175,529) \$	\$ (227,596)	\$ (6.	(61,000)	.)	(175,241)		\$ (236	(236,241)

Adjustments	S		As Adjusted		3,744	\$681,085		Page
		,	(Decrease)		80	\$684		
Provider NPI	1568747137		As Reported		3,736	\$680,401		
Fiscal Period	JULY 1, 2019 THROUGH JUNE 30, 2020			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2019 through June 28, 2022 Service Period: July 1, 2019 through June 30, 2020 Run On: June 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
ie TV 117 A 1 T 1	II Y HEALI H	erences Reconciliation Request	Worksheet Line		1 2	1		
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Reco	Schedule Line		1 2	10		
Provider Popper	BORREGO CO FOUNDATION		No. Sch		<b>-</b>	2		

Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Power   Powe	Provider Legal Name	me	Fiscal Period	Provider NPI		Adjustments
Response   Response   Reported   Response   Reported    BORREGO COMMU FOUNDATION	NITY HEALTH	JULY 1, 2019 THROUGH JUNE 30, 2020	1568747137		ις	
Schedule   Line   Worksheet   Line   Explanation of Audit Adjustments   Reported   Decreases   Adjusted   Ad	Rec	efere				
1	<u> </u>	Worksheet		As Reported	(Decrease	As Adjusted
1 23 Not Reported Medi-Cal Billing Review Results (Period 1) 0 880 880  1 23 Not Reported Medi-Cal Billing Review Results (Period 2) 0 880 880  To adjust Medi-Cal payments for fiscal outbacks of 25% and 50%, for calms submitted during the 7th through 9th month (RAD Code 476) after the month of services, respectively.  2 CFR 413.02 and 447 A5(d)(1) COCR 116.22, section 51008 CMS Pub. 15-1, section 51008 CMS Pub. 15-1, section 51008 CMS Pub. 15-1, section 14115	· <del>\</del>		Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2)  To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (h)	\$428	\$78	
			Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively, 42 CPR 413.20 and 447.45(a)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	O O	\$8 88 880 880	<b>∞</b> ₩

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section

Financial Review – Outpatient and Behavioral Health Division

Audits and Investigations

Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 





APR 1 9 2023

Rose MacIsaac, CFO Anza Community Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA ANZA COMMUNITY HEALTH NATIONAL PROVIDER IDENTIFIER (NPI) 1942623657 FISCAL PERIOD ENDED JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$293,078, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section— Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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## FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD TO: JUNE 30, 2021

NPI: 1942623657

FISCAL PERIOD FROM: JULY'1, 2020

VISITS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIODA	₹2	AUDITED PERIOD 2	42	TOTAL	Angelet of the property of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the compa
1 Non-Managed Care Crossovers (Formerly Code 02)	٠	•	•	•		-			,
2 Medi-Cal Managed Care (Formerly Code 18)	2,295	5 7,716	10,011	2,2	2,295	7,718	1	1	10,013
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	-	-	•		-			•
4 Total Visits	2,295	7,716	10,011	2,2	2,295	7,718		12	10,013
5 Less: Duplicate and Unallowable Visits				•		10	3		5
6 Payable Visits	2,295	5 7,716	10,011	2,2	2,295	7,708		Ĺ	10,003
	SECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY 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PAYMENTS	PERIOD (	REPORTED PERIOD 2	TOTAL	PERIOD 1	₫₽	AUDITED PERIOD 2	<b>⊋</b> ≌	TOTAL	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
Medi-Cal Non-Managed Care Crossovers (Formerly Gode 02):									
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	\$	-	\$				\$	,
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	\$	<del>-</del>	€9				\$	١
9 3rd Party Payers	\$	69	<del>У</del>	69		, &		s	•
Medi-Cal Managed Care (Formerly Code 18):									
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 520,067	7 \$ 1,797,617	\$ 2,317,684	\$ 520,067	167	\$ 1,797,851	7	\$ 2,31	2,317,918
11 Medi-Cal Managed Care Plans - TOTAL	\$ 217,040	0 \$ 728,086	\$ 945,126	\$ 217,040	40	\$ 728,086		\$ 94	945,126
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	1,150	0 \$ 6,402	\$ 7,552	5, 2,8	2,805 4	\$ 13,207	2	\$	16,012
13 3rd Party Payers		\$	\$	€9	_	· 69		€4	٠
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly	y Code 20):	6.60.00.00.00.00.00.00.00.00.00.00.00.00					-		
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	69	€ <del>5</del>	8	¢.	_	\$		8	·
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	€9	•		sp.				es	,
16 3rd Party Payers	\$	ر ج	٠	€9		, \$		€9	
17 Total Payments	\$ 738,258	8 \$ 2,532,105	\$ 3,270,362	\$ 739,912	12	\$ 2,539,144		\$ 3,27	3,279,056
SETTLEMENT	1408=5	REPORTED RECONCULA			4 gg	AUDITED RESONAL ATTOM SE PERIOT SE	g (3)	101	
18 PPS Rate	\$ 295.31	နာ		\$ 295,31	$\vdash$	\$ 300.92	-		
	2,295	5 7,716	10,011	2,2	2,295	7,708		¥	10,003
	\$ 677,736	6 \$ 2,321,899	\$ 2,999,635	\$ 677,736		\$ 2,319,491	*****	es	2,997,227
21 Less: Total Payments (From Line 17)	\$ 738,258	8 \$ 2,532,105	\$ 3,270,362	\$ 739,912	12	\$ 2,539,144	==	8	3,279,056
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (60,521)	\$	(270,727)	\$ (62,1	(62,176)	\$ (2)		\$	(281,829)
23 Less: Medi-Cal Billing Review Results				8,	6,932 6,7	\$ 4,317	80	\$	11,249
	\$ (60,521) \$	1) \$ (210,206) \$	(270,727)	\$ (69,108)	08)	\$ (223,970)	_	\$ (29:	(293,078)

Adjustments	&		As Adjusted		7,718	\$1,797,851	
			(Decrease)		73	\$234	
Provider NPI	1942623657		As Reported		7,716	\$1,797,617	
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021		Explanation of Audit Adjustments	ADJUSTIMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 42 CFR 413.20, 413.64 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4
	BORREGO COMMUNITY HEALTH FOUNDATION	rences Reconciliation Request	Worksheet Line		1 2		
egal Nam	COMMUNI	Reconciliation Recor	Schedule Line		7	10	
Provider Legal Name	BORREGO CO FOUNDATION	Recor Adj. Re	-		 -	2	

Pro	Provider Legal Name	me	Fiscal Period	Provider NP		Adjustments
BOR	BORREGO COMMUNITY HEALTH	NITY HEALTH	JULY 1, 2020 THROUGH JUNE 30, 2021	1942623657		œ
	Report References	ferences				
Adj	Reconciliation Review	Reconciliation Request				
<u>ė</u>	Schedule Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO OTHER MATTERS			
ო	r.	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.	0	0	10
			CMS, Total 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	·		
4	1 12	-		\$1,150	\$1,655	\$2,805
·····································	- 2	-		6,402	6,805	13,207
			W&I Code, section 14132.100 (h)			
ω	1 23	Not Reported	Medi-Cal Billing Review Results (Period 1)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	9	\$295	* \$562 \$
			*Balance carried forward from prior/to subsequent adjustments			Page 2

							က
Adjustments	&			As Adjusted			Page
				Increase (Decrease)		\$6,637 4,317	
Provider NPI	1942623657			As Reported		\$292 0	
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021				ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cap ayments for facal cutbacks of 25% and 50%, for claims submitted curing the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively, 4.2 CFR 413.20 and 447.46(3)(1) CCR. Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 230.4  W&I Code, section 14115	*Balance carried forward from prior/to subsequent adjustments
ne	IITY HEALTH	erences	Reconciliation Request	Worksheet Line		Not Reported Not Reported	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	Reconciliation Review	Schedule Line		7 - 8 8	
Provi	BORR		Ą	Š		r 8	

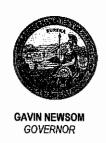
BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





Rose MacIsaac, CEO Arlanza Family Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ARLANZA FAMILY HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$682,722, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FOHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

V REPORT COMPUTATION OF

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1306131546

FISCAL PERIOD FROM: JULY 1, 2020

FISCAL PERIOD TO: JUNE 30, 2021

VISITS	PERIOD 1	REPORTED PERIOD 2		QORTAL		AUDITED PERIODIZ	<b>2</b> 9	
1 Non-Managed Care Crossovers (Formerly Code 02)	1	•		,		-		
2 Medi-Cal Managed Care (Formerly Code 18)	3,395	8,810	12,205	3,395		8,811	1	12,206
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		-	•	•		•		,
4 Total Visits	3,395	8,810	12,205	3,395		8,811		12,206
5 Less: Duplicate and Unallowable Visits				•		•	3,4	•
6 Payable Visits	3,395	8,810	12,205	3,395		8,811		12,206
PAYMENTS	PERIODA	REPORTED PEROD 2	TOTAL	PERIODIT	<b>2</b> 00	AUDITED PERIOD 2	Ş́§	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA						200	
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	9	- 5	\$	· •	\$	-	59	•
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	\$	\$	\$	\$	-	S	•
9 3rd Party Payers		· ·	·	6	49	1	8	
Medi-Cal Managed Care (Formerly Code 18)								
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 542,307	\$ 1,431,194	\$ 1,973,501	\$ 542,307	φ.	1,431,276	2	1,973,583
11 Medi-Cal Managed Care Plans - TOTAL	\$ 310,297	\$ 800,287	\$ 1,110,584	\$ 310,297	\$	800,287	89	1,110,584
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 1,007	\$ 10,511	\$ 11,518	\$ 1,402	5	13,735	9	15,137
13 3rd Party Payers	9	· <del>59</del>	- 8	6	€9	,	S	1
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Cod	y Code 20):							
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	, Ge	· \$	٠.	· &	49	,	4	•
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	ج	· •	٠-	٠ ج	မာ	,	မ	'
16 3rd Party Payers	· &	\$		· \$	မာ	•	49	'
17 Total Payments	\$ 853,611	\$ 2,241,992	\$ 3,095,603	\$ 854,006	8	2,245,298	\$	3,099,304
SETTLEMENT	O NESC		, ( <u>)</u>	9581057		ED RESON GILLAR	2 9 9	NATOL
18 PPS Rate	\$ 195.53	\$		\$ 195.53	Ш	199.24	377.55	<b>編開網網關關</b> 關
19 Total Medi-Cai Visits (From Line 6)	3,395	8,810	12,205	3,395		8,811		12,206
20 PPS Amount (Line 18 x Line 19)	\$ 663,824	\$ 1,755,304	\$ 2,419,129	\$ 663,824		1,755,504	8	2,419,328
21 Less: Total Payments (From Line 17)	\$ 853,611	\$ 2,241,992	\$ 3,095,603	\$ 854,006	\$	2,245,298	\$	3,099,304
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (189,786)		\$ (676,474)	\$ (190,182)	s	(489,794)	8	(679,976)
				\$ 1,176	7 \$	1,570	8	2,746
	(189,786)	\$ (486,688) \$	\$ (676,474)	\$ (191,358)	\$	(491,364)	\$	(682,722)

Adjustments	80		As Adjusted		8,811	\$1,431,276		Page
-			Increase (Decrease)		<del></del>	\$82		
Provider NPI	1306131545		As Reported		8,810	\$1,431,194		
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021		Explanation of Audit Adjustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data:  Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 42 CFR 413.20, 413.80 and 413.84 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
9 17 HEALTH		ences Reconciliation Request	Worksheet Line		1 2	, - 00		
Provider Legal Name	FOUNDATION	Report References Reconciliation Recon	ine		1 2	1 10		
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Provic	Provider Legal Name	Name		Fiscal Period	Provider NPI		Adjustments
BORR	BORREGO COMMUNITY HEALTH FOUNDATION	MUNITY H	EALTH	JULY 1, 2020 THROUGH JUNE 30, 2021	1306131545		œ
Adi	Report Re Reconciliation Review	e e e	inces Reconciliation Recuest				
i	Schedule Line	Wor	Worksheet Line	Explanation of Audit Adjustmen	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
ო	<del>-</del>	N ot R	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0		*
4	~	S Not Re	Not Reported	Duplicate and Unallowable Visits (Period 2)  To include visits incorrectly billed by the provider through a different NPI. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	*	(1)	0
νo w	<del></del>	5 5	<del></del>	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$1,007 10,511	\$395 3,224	\$1,402 13,735
				*Balance carried forward from prior/to subsequent adjustments			Page 2

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Adjustments	œ		As Adjusted		1,570	Dage
			Increase (Decrease)		\$1,176 1,570	
Provider NPI	1306131545		As Reported		Q 0	
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021		Explanation of Audit Adjustments	AD	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413. 20 and 447 45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	
9	ITY HEALTH	srences Reconciliation	Request Worksheet Line	1	Not Reported Not Reported	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Reconciliation Recon	Review Schedule Line		7 - 7	
Provi	BORR		No.		<b>~</b> ∞	

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1548795453

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





APR 1 9 2023

Rose MacIsaac, CEO Barstow Community Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA BARSTOW COMMUNITY HEALTH CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1548795453 FISCAL PERIOD ENDED JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$684,011, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule

Rose MacIsaac Page 2

APR 1 9 2023

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief

Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

FISCAL PERIOD TO: JUNE 30, 2021 NPI: 1548795453 PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION FISCAL PERIOD FROM: JULY 1, 2020

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2	PERIOD 1	PERIOD 2	TOTAL	PERIOD	202	PERIOD 2	₹ 9	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	•		•		
Medi-Cai Managed Care (Formerly Code 18)	1,897	6,202	8,099	1,895	5 3	6,203	4	860'8
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	r	-	-		1		
Total Visits	1,897	6,202	660'8	1,895	15	6,203		860,8
Less: Duplicate and Unallowable Visits				1	_	•		
Payable Visits	1,897	6,202	8,099	1,895		6,203		8,098
PAYMENTS		REPORTED			Ę	AUDITED		
	PERIOD 1	PERIOD 2	TOTAL	PEROD 1	2	PERIOD 2	ğ	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):								
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	*	\$	€		\$		.\$
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$			\$				\$
3rd Party Payers	·	\$	- %	€				69
Medi-Cal Managed Care (Formerly Code 18):								
Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 195,399	\$ 642,961	\$ 838,360	\$ 195,191	5	\$ 643,013	6	\$ 838,204
Medi-Cal Managed Care Plans - TOTAL	\$ 175,018	\$ 569,987	\$ 745,005	\$ 175,018		\$ 569,987		\$ 745,005
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 575	\$ 5,395	\$ 5,970	\$ 828	3 7	\$ 8,307	8	\$ 9,135
3rd Party Payers		\$	€	69		\$		\$
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	Code 20):					The transfer of the second		
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		s	\$	-		-		*
Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	- +	- *	-	₩				
3rd Party Payers	. 8		\$	- : - :		· ·		
Total Payments	\$ 370,992	\$ 1,218,343	\$ 1,589,335	\$ 371,037		1,221,307		\$ 1,592,344

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	SETTLEMENT	RERIOD (	ORTEDIRE CONCILM PERIODIZ	ATION S	PERIOD	¥ 600	DITEDREG	oNell At 15-2	NO ON	101	
18	18 PPS Rate	\$ 166.60	\$ 166.60		\$ 278.05	1	₩	283.33	2		
19	19 Total Medi-Cal Visits (From Line 6)	1,897	6,202	8,099	1,895			6,203			8,098
20	20 PPS Amount (Line 18 x Line 19)	\$ 316,040	\$ 1,033,253	1,349,293	\$ 526,905		1,	,757,496		\$ 2,	2,284,401
2	21 Less: Total Payments (From Line 17)	\$ 370,992	\$ 1,218,343	\$ 1,589,335	\$ 371,037		1,	1,221,307		\$ 1,	,592,344
22	22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (54,952)	(185,090)	(240,042)	\$ 155,868		\$	536,189		\$	692,057
.23	23 Less: Medi-Cal Billing Review Results				\$ 3,581	6	\$	4,465	10	\$	8,046
24	24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (54,952)	(185,090)	\$ (240,042)	\$ 152,287		\$	531,724		\$	684,011
•											

# ⊏	Provider Legal Name		Fiscal Period	Provider NPI		Adjustments
COMMUNITY HEALTH	입	UNDA:	BORREGO COMMUNITY HEALTH FOUNDATJULY 1, 2020 THROUGH JUNE 30, 2021 Report References	1548795453		10
Reconciliation Reconciliation Review Request	sconciliati Request	ation				
Line Worksheet		Line	Explanation of Audit Adjustments  MEMORANDUM ADJUSTMENTS	As Reported	increase (Decrease)	As Adjusted
<del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del>		<del>6</del> <del>6</del>	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$166.60 166.60	\$111.45 116.73	\$278.05 283.33
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Prov	Provider Legal Name	l Nan	Je		Fiscal Period	Provider NPI	_	Adjustments
FOUN	BORREGO CON FOUNDATION	AMCN N	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021	1548795453		10
Ą	Reconciliation Review	rt Refe tion v	Report References conciliation Reconciliation Review Request	uo				
2	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
ω 4	<del></del>	2 2	- +	0 0	Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)	1,897 6,202	- (3)	1,895 6,203
ന ശ		5 5	~ ~	တ တ	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$195,399 642,961	(\$208) 52	\$195,191 643,013
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2020 through November 28, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: November 28, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	· .		
								Page 2

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Adjustments	10		Adjusted	\$828 8,307	\$3,581 4,465	
Adju					<b>V</b>	
			(Decrease)	\$253 2,912	\$3,581 4,465	
Provider NPI	1548795453	,	Reported	\$575 5,395	g o	
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021		Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	Medicare PPS/UPL/FFS, FI Medicare PPS/UPL/FFS, FI To adjust Medicare payr managed care patients. 42 CFR 413.20 and 413 CMS Pub. 15-1, section W&I Code, section 1413	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 476) and 10th through the 12th month (RAD Code 476) affer the month of services, respectively.  42.CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	
ø	BORREGO COMMUNITY HEALTH FOUNDATION	ences Reconciliation Request	Worksheet Line	1 1 0 1	Not Reported Not Reported	
Nam I	MMONI	Report References		5 5	8 8	
Provider Legal Name	BORREGO CON FOUNDATION	Reconciliation Review	Schedule Line		<del></del>	
Provic	30RRI	₩ ;	o Z	7 88	o 6	

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral
Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





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#### APR 1 9 2023

Rose MacIsaac, CEO Borrego Medical Clinic Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: BORREGO MEDICAL CLINIC FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$58,759, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

1. Schedule 1—Computation of Medi-Cal Settlement

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Rose MacIsaac Page 2

APR 1 9 2023

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

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## FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD FROM: JULY 1, ZUZO

FISCAL PERIOD TO: JUINE 30, 2021

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VISITS	PERIOD 1	PERIODIZ	TOTAL	PERIOD 1	PERIOD 2	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)	-	-	1			
Medi-Cal Managed Care (Formerly Code 18)	222	3,144	3,721	577	3,144	3,721
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	1	-				'
Total Visits	577	3,144	3,721	577	3,144	3,721
Less: Duplicate and Unallowable Visits	N/A	NA	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
Payable Visits	277	3,144	3,721	577	3,144	3,721
		REPORTED			ACCEPTED AS FILED	
PAYMENTS	PERIOD 1	PERIOD 2	TOTAL	PERIODO	PERIODIZ	Z G
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	-	\$	- *	•	•	۱ نج
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	· ·	•	, \$5	€		·
3rd Party Payers	•		- *	69	€9	69
Medi-Cal Managed Care (Formerly Code 18):					1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	109,011	\$ 603,987	\$ 712,998	\$ 109,011	\$ 603,987	\$ 712,998
Medi-Cal Managed Care Plans - TOTAL	\$ 53,754	\$ 293,385	\$ 347,139	\$ 53,754	\$ 293,385	\$ 347,139
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 1,028	\$ 4,926	\$ 5,954	\$ 1,028	\$ 4,926	\$ 5,954
3 3rd Party Payers	. ↔	٠	·		- *	4
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Former)	v Code 20):					
4 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		s	٠ د	6	\$	
5 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled			· ·		-	- \$
3rd Party Payers	·		٠.	€		59
Total Payments	\$ 163,793	\$ 902,298	1,066,091	\$ 163,793	\$ 902,298	\$ 1,066,091

		277	
	69	153,736	67
	€9	163,793	67
	€	(10,057)	97
_	\$	_	47
Г		1	ľ

1,007,332 3,721

1,066,091

902,298 (48,702)

853,596

153,736 \$ 163,793 \$

⇎

Reconciliation Amount Due Clinic (State) (L 20 - L 21)

22

Less: Total Payments (From Line 17)

Total Medi-Cal Visits (From Line 6) PPS Amount (Line 18 x Line 19)

PPS Rate

18 19 20

13

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4 2 0

7 က 41 15 16 17

Less: Medi-Cal Billing Review Results

Total Amount Due Clinic (State) (L 22 - L 23)

(10,058) (10,058)

(58,759)

(48,702)

(48,702)

1,007,332 1,066,091

ACCEPTED AS FILED RECONCILIATION

REPORTED RECONCILIATION

PERIODIZ

PERIODA

SETTLEMENT

271.50 3,144

266.44 577

ADS:

271.50 853,596

266.44 PERIODA

3.14 4 902,298

*Adjust rounding error

(58,759)

NX

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez



#### State of California—Health and Human Services Agency

#### Department of Health Care Services



#### APR 1 9 2023

Rose MacIsaac, CEO Centro Medico Cathedral City P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO CATHEDRAL CITY

NATIONAL PROVIDER IDENTIFIER (NPI): 1619036514

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,673,815, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7020 2450 0000 6812 6863

# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

ROBBECO COMMINITY HEALTH COUNDATION

PROVIDER LEGAL NAME: GOOF					N H H	NPI: 1619036514		
FISCAL PERIOD FROM: JULY 1, 2020	10LY 1 2020			FISCAL PERIC	o To:	FISCAL PERIOD TO: JUNE 30, 2021		
VISITS	PERIODIA	REPORTED PERIOD 2	7/101	PERIODA	Q o	AUDITED PERIODIZ	ĝ <b>e</b>	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)		-	•	•		•		•
Medi-Cal Managed Care (Formerly Code 18)	9,465	29,094	38,559	9,452	-	27,083	2	36,535
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	•	•	-		,		•
Total Visits	9,465	29,094	38,559	9,452		27,083		36,535
5 Less: Duplicate and Unallowable Visits				5	4,6	951	5,7,8	956
Payable Visits	9,465	29,094	38,559	9,447		26,132		35,579

PAYMENTS	<b>≯</b> 00/23-d	REPORTED PERIOD 2	TVIQII	PERIOD (	ą2	AUDITED PERIODIZ	- 2 €	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	그 에게 하게 가지 않는데							
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	\$	- 8	-	***			· .
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled				\$		· ·		,
9 3rd Party Payers	·		- 8			- *		- \$
ed Care (Formerly Code 18):							17,	
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,724,177	\$ 5,347,872 9	\$ 7,072,049	\$ 1,724,177	<u> </u>	\$ 5,348,058	က	\$ 7,072,235
11 Medi-Cal Managed Care Plans - TOTAL	\$ 869,129	\$ 2,670,925	\$ 3,540,054	\$ 869,129		\$ 2,670,925		\$ 3,540,054
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 1,869	\$ 6,833	\$ 8,702	\$ 3,955	6	\$ 17,310	9	\$ 21,265
13 3rd Party Pavers	\$			£		- *		
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):	/ Code 20):	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Arthur To Carlotte Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of the Comments of	Secretary beneath the secretary as the second	•		Ì	
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	· \$	€ <del>5</del>	٠ ح	· <del>У</del>				,
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$	· ·		· УЭ		٠.		·
16 3rd Party Payers	- \$			· \$		- 8		
17 Total Payments	\$ 2,595,176	\$ 8,025,630	\$ 10,620,806	\$ 2,597,261		\$ 8,036,293		\$ 10,633,554
SETTLEMENT	REGODA	OKTED RECENCIBAT	COMPANY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	PEROD (	9 89	IED RECONCLUMIC PERIODIZ	, ijg	A TOTAL
18 PPS Rate	\$ 249.94	\$ 254.68		\$ 249.94		\$ 254.68	200-20	
					UNIONAL HEAD	盂 ( ) ( )		

(1,617,073) 10,633,554

35,579 9,016,481

26,132

6,655,298 8,036,293

2,361,183 9,447

> 9,775,342 10,620,806

38,559

29,094 7,409,660 8,025,630

> 2,365,682 \$ 2,595,176 \$ (229,493) \$

> > ↔

Reconciliation Amount Due Clinic (State) (L 20 - L 21)

82882

Less: Total Payments (From Line 17)

Total Medi-Cal Visits (From Line 6) PPS Amount (Line 18 x Line 19)

13

Less: Medi-Cal Billing Review Results Total Amount Due Clinic (State) (L 22 - L 23)

9,465

2,597,261

56,742 (1,673,815)

11, 13

50,352 (1,380,995)

₩

(236,078)

6,390

(845,464) (845,464)

(615,970)

(615,970)

(229,493)

(242,468)

(1,431,347)

Prov	Provider Legal Name	ne	Fiscal Period	Provider NPI		Adjustments
BOR!	BORREGO COMMUNITY HEALTH FOUNDATION	IITY HEALTH	JULY 1, 2020 THROUGH JUNE 30, 2021	1619036514		13
Adj.	Reconciliation Recon	erences Reconciliation Request				
Š	Schedule Line	Worksheet Line	ne Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
- 0	11	1 1	<ul><li>2 Medi-Cal Managed Care Visits (Period 1)</li><li>2 Medi-Cal Managed Care Visits (Period 2)</li></ul>	9,465 29,094	(13) (2,011)	9,452 27,083
ო	1 10		8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$5,347,872	\$186	\$5,348,058
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data and the correct billing NPI: Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Provi	Provider Legal Name	l Nan	ne	Fiscal Period	Provider NPI		Adjustments	_
BORR	EGO CON	AMUN	BORREGO COMMUNITY HEALTH	1000 00 LIM II 100100 1000 1000 1000 1000 1000 10	4640000644		ç	
NOON N	FOUNDALION	1	ION Bonort Doforonoon	JULY 1, 2020 I HROUGH JUINE 30, 2021	1019030314		2	-
Adi	Reconciliation Review	ation	Reconciliation Request					
Š	Schedule	Line	Worksheet Line	Ü	As Reported	Increase (Decrease)	As Adjusted	- 1
				ADJUSTMENTS TO OTHER MATTERS				
4 rð	~ ~	വ	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	00	0 <del>-</del>	%	
9 \		ro ro	Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To recover visits incorrectly billed by the provider.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	* *	ε O	æ <u>₽</u>	
∞ .	-	ഹ	Not Reported	Duplicate and Unallowable Visits (Period 2)  To recover visits incorrectly billed by the provider.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	*	860	951	
01 10	<del></del>	5 5.		<ul> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$1,869 6,833	\$2,086 10,477	\$3,955 17,310	
				*Balance carried forward from prior/to subsequent adjustments			Page 2	$\neg$

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Provider NPI Adjustments	1619036514			As Increase As Reported (Decrease) Adjusted		\$0 \$255 \$255	\$0 \$6,390 \$6,390	
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021				ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	
Je	BORREGO COMMUNITY HEALTH FOUNDATION	erences	Reconciliation Request	Worksheet Line		Not Reported	Not Reported Not Reported	
Provider Legal Name	SO COMMUNICATION	Report References	Reconciliation Review	Schedule Line		1 23	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
Provide	BORREGO CO FOUNDATION		Adj.	No. Sc		<del></del>	<u>ά</u> ῶ	_

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez





APR 1 9 2023

Rose MacIsaac, CEO Centro Medico, Coachella P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO, COACHELLA

NATIONAL PROVIDER IDENTIFIER: 1730249947

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$552,416, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule

Rose MacIsaac Page 2

APR 1 9 2023

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief

Department of Health Care Services Office of Administrative Hearings and Appeals, MS 0016 3831 North Freeway Boulevard, Suite 200 Sacramento, CA 95834 (916) 322-5603

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7020 2450 0000 6812 6870

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1730249947

3,479 3,479 953 4,432 TOTAL ₫ છ 4.5 2,338 950 3,288 2,338 FISCAL PERIOD TO: JUNE 30, 2021 PERIOD 2 AUDITED § 5 1,141 <u>*;</u> 1,141 PERIOD 1 1,433 1,433 1,433 TOTAL 305 305 305 REPORTED PERIOD 2 1,128 1,128 1,128 PERIOD 1 FISCAL PERIOD FROM: UNLY 1, 2020 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20) Non-Managed Care Crossovers (Formerly Code 02) Medi-Cal Managed Care (Formerly Code 18) VISITS Other Allowable Visits*
Payable Visits Total Visits

PAYMENTS		REPORTED		A control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the 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	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1			PERIOD 2	9	Ĕ	diameter (
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):										
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	- *	*	\$	69	t	8	-	€9		ı
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	*	*	*	69	1	\$	-	\$		,
9 3rd Party Payers	· •>	69	69	¢.	•	€\$	1	\$		,
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10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 92,878	\$ 25,257	\$ 118,136	\$	92,878	\$	25,257	₩	•	18,135
11 Medi-Cal Managed Care Plans - TOTAL	\$ 113,313	\$ 30,702	\$ 144,015	\$	113,313	€9	30,702	\$		144,015
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 863	\$ 144	\$ 1,007	\$	2,912 6	\$	324	7 \$		3,236
13 3rd Party Payers	\$	\$	- \$	69		\$	1	₩		<u> </u>
Medi-Cal Non-Managed Care Grossovers with Capitated MAP (Formerly Code	y Code 20):						Te. atamen meren agunusa	marking management		:
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		-	-	€>	1	€9	-	69		
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled		· &		<b>G</b>	,	69	•	₩		1
16 3rd Party Payers		· •	\$	ક	-	\$	•	#		1
17 Total Payments	\$ 207,054	\$ 56,103	\$ 263,157	ક	209,103	\$	56,283	\$	265,386	386
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s								MARKATERS		100

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18 PPS Rate	\$ 182.05	\$ 185.50		\$ 182.05	\$	185.50		
19 Total Medi-Cal Visits (From Line 6)	1,128	305	1,433	1,144		3,288 開開開	臘	4,432
20 PPS Amount (Line 18 x Line 19)	\$ 205,352 \$	\$ 829'99 \$	\$ 261,930	\$ 208,265		609,924	s m	818,189
21 Less: Total Payments (From Line 17)	\$ 207,054	\$ 56,103	\$ 263,157	\$ 209,103	\$	56,283	s Hill	265,386
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(1,702)	\$ 475	\$ (1,227)	(828)		553,641	s	552,803
23 Less: Medi-Cal Billing Review Resulfs				\$ 387	8	-	\$	387
24 Total Amount Due Clinic (State) (L 22 - L 23)	(1,702)	\$ 475	\$ (1,227)	\$ (1,225)	\$	553,641	\$	552,416
				"Visits added back that	were rec	"Visits added back that were recovered from a different NPI		

Provi	Provider Legal Name	16	Fiscal Period	Provider NPI		Adjustments
BORF	BORREGO COMMUNITY HEALTH	ІТҮ НЕАLТН	IIII Y 1, 2020 THROUGH JUNE 30, 2021	1730249947		80
5	Report References	rences				
Pd∷	Reconciliation Review	Reconciliation Request		۵۵	9000	As
ė Ž	Schedule Line	Worksheet Line		Reported	(Decrease)	Adjusted
		1	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
− N	- <del>-</del> - 4	 0 0	Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)  To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 42 CFR 413-20, 413-60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	305	2,033	2,338
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Prov	Provider Legal Name	al Naı	ne		Fiscal Period	Provider NPI		Adjustments	G
FOCK	BORREGO CO FOUNDATION	DWWC	BORKEGO COMMUNII Y HEALIH FOUNDATION	JU	JULY 1, 2020 THROUGH JUNE 30, 2021	1730249947		∞	
Adj	Report Re Reconciliation Review	oort Re liation ∋w	Report References conciliation Reconciliation Review Request	٦					
§.	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted	ĺ
ω 4	← ← .	மம	Not Reported Not Reported	<u> </u>	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To include visits incorrectly billed by the provider through a different NPI.	00	3	* & 06	
•			·		42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D				
ις	-	<b>ι</b> Ω	Not Reported	Ω	Duplicate and Unallowable Visits (Period 2)  To include visits incorrectly billed by the provider through a different NPI.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	*	098	6920	•
ω ト	~ ~	2 2		10 Me	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$863 144	\$2,049 180	\$2,912 324	
<b>∞</b> · .	<del>-</del>	73	Not Reported	×	Medi-Cal Billing Review Results (Period 1)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, sections 2300 and 2304  W&I Code, section 14115	OS .	\$387	\$387	
	•				*Balance carried forward from prior/to subsequent adjustments			Page	2

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



## State of California—Health and Human Services Agency

## Department of Health Care Services



APR 1 9 2023

Rose MacIsaac, CEO Centro Medico El Cajon Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO EL CAJON FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$5,295,729, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1154480069

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD TO: JUNE 30, 2021

FISCAL PERIOD FROM: JULY 1, 2020

52,103 59,687 59,687 7,584 TOTAL ₹ 9 4,6 5,704 44,046 44,046 38,342 PERIOD 2 AUDITED ₫ 8 3,5 15,641 13,761 15,641 PERIOD 1 59 680 59,680 59,680 TOTAL PERIOD 2 44,039 44,039 44,039 REPORTED 15,641 15,641 15,641 PERIOD 1 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20) Non-Managed Care Crossovers (Formerly Code 02) Medi-Cal Managed Care (Formerly Code 18) VISITS ess: Duplicate and Unallowable Visits Payable Visits Total Visits

61,438 13,276,633 5,501,907 18,839,978 TOTAL ₹ 9 9,841,963 53,104 13,952,928 4,057,861 AUDITED PERIOD 2 ₹2 8,334 3,434,670 1,444,046 4,887,050 PERIOD 1 13,275,846 36,142 5,501,907 18,813,895 TOTAL 9,841,176 | \$ 4,057,861 30,121 13,929,158 REPORTED PERIOD 2 3,434,670 \$ 1,444,046 6,021 4,884,737 PERIOD 1 3rd Party Payers Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20) 69 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Capitated Medicare Advantage Plans, Code 519 & Part D Totaled fedi-Cal Non-Managed Care Crossovers (Formerly Code 02) Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Medi-Cal Fiscal Intermediary for Managed Care Interim **PAYMENTS** 3rd Party Payers Medi-Cal Managed Care (Formerly Code 18) Medi-Cal Managed Care Plans - TOTAL 3rd Party Payers Total Payments

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SETTLEMENT	0.	REPORT	RTEDRECONGUE PERCOC	TON	YERODI	9 * 92	TED RECONCILIA		TOTAL
18 PPS Rate	ь	266.83 \$	\$ 271.89		\$ 266.83	07	271.89		
19 Total Medi-Cal Visits (From Line 6)		15,641	44,039	59,680	13,761		38,342		52,103
20 PPS Amount (Line 18 x Line 19)	မ	4,173,488 \$	\$ 11,973,764 \$	\$ 16,147,252	\$ 3,671,848		10,424,806		14,096,654
21 Less: Total Payments (From Line 17)	49	4,884,737 \$	\$ 13,929,158	\$ 18,813,895	\$ 4,887,050		13,952,928		18,839,978
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	69	(711,249) \$	\$ (1,955,394)	\$ (2,666,643)	\$ (1,215,202)		(3,528,122)		(4.743.324)
23 Less: Medi-Cal Billing Review Results					\$ 144,748	144,748 9,11,13	407,657	407,657 10,12,14	5 552,405
24 Total Amount Due Clinic (State) (L 22 - L 23)	S	(711,249) \$	\$ (1,955,394)	\$ (2,666,643)	\$ (1,359,950)	\$ ((	(3,935,779)		(5,295,729)

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Adjustments	41	ο	Adjusted	44,046	\$9,841,963	
		9309770	(Decrease)	7	\$787	
	1154480069	٥	Reported	44,039	\$9,841,176	
	JULY 1, 2020 THROUGH JUNE 30, 2021		Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 42 CFR 413.20, 413.60, and 413.84 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4
i	`	Reconciliation Request	Worksheet Line	1	60	
	BORREGO COMMUNITY HEALTH FOUNDATION	Reconciliation Revol	Schedule Line	1 2	1 10	
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Provi	Provider Legal Name	l Nan	ne		Fiscal Period	Provider NPI		Adjustments	<u>s</u>
BORF	BORREGO CON FOUNDATION	NAC MAC	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021	1154480069		14	-
	Repo	nt Ref	Report References						
Adj.	Reconciliation Review	ation ^	Reconciliation Request	r.					
Š O	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
					ADJUSTMENTS TO OTHER MATTERS				
ω 4		က္က	Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2	0 0	<b>εν Ε</b>	w <del>E</del> ∗ ∗	
					CCR, Trite 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D				
<b>ч</b> ю		ന ന	Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at FQHC service locations not approved by Medi-Cal.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)  State Plan Amendment Attachment 4.19B, Section J	* * 	1,877 5,693	1,880 5,704	*****
V 80 ·	<del></del>	<del>2</del> <del>2</del>	<b>← ←</b>	5 5	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$6,021 30,121	\$2,313 22,983	\$8,334 53,104	
					*Balance carried forward from prior/to subsequent adjustments			Page	7

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Prov	Provider Legal Name	il Nan	пе		Fiscal Period	Provider NPI		Adjustments
BORF FOUN	BORREGO CON FOUNDATION	MMUN	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021	1154480069		<del>1</del>
	Repo	ort Ref	Report References					
Adj.	Reconciliation Review	ation **	Reconciliation Request	c				
Ö	Schedule Line	Line	Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO OTHER MATTERS			
o 6		. 53	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Og O	\$1,601 272	\$1,601 * 272 *
<del>- 7</del>	<b>₹</b> ₹	3 33	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* \$1,601	\$13,935 21,955	\$15,536 * 22,227 *
£ <del>4</del>	<b>← ←</b>	23 23	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate payments to the provider for services provided at FQHC service locations not approved by Medi-Cal, 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* \$15,536 * 22,227	\$129,212 385,430	\$144,748 407,657
					*Balance carried forward from prior/to subsequent adjustments			Page 3

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



### APR 1 9 2023

Rose MacIsaac, CEO Centro Medico Escondido P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO ESCONDIDO

NATIONAL PROVIDER IDENTIFIER (NPI): 1023349883

FISCAL PERIOD ENDED: JUNE 30, 2021

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,375,510 as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustments Schedule

Rose MacIsaac Page 2

APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

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If you have questions regarding this report, you may call the FQHC/RHC Section— Sacramento at (916) 322-1681.

Allison Clinton, CPA FQHC/RHC Chief

Financial Audits Branch

ColuBation

Certified

2020 24500000 6812 6870

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD TO: JUNE 30, 2021

NPI: 1023349883 FISCAL PERIOD FROM: JULY 1, 2020

VISITS										A CONTROL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
	PERIOD 1		PERIOD 2	TOTAL	PERIOD 1	_ §8		PERIÓD 2	§ Š	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)		•	•			-		,		•
2 Medi-Cal Managed Care (Formerly Code 18)		6,095	15,196	21,291		6,095		15,285	2	21,380
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		-		-		_		•		
_		6,095	15,196	21,291		6,095		15,285		21,380
5 Less: Duplicate and Unallowable Visits						628 4		1,760	5	2,388
6 Payable Visits		6,095	15,196	21,291	,	5,467		13,525		18,992
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	PERIOD 1		PERIOD 2	TOTAL	PERIOD 1	2		PERIOD 2	<b>3</b> 2	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):										
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	8	<b>€</b> >		\$	\$		€	-	€9	•
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	49	€9	_	\$	€\$		ь	,	69	-
	6	69	.'	· 69	69	,	₩	•	49	٠
Medi Cal Managed Care (Fornerly Code 18):										
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,1	1,185,897 \$	3,010,391	\$ 4,196,287	\$ 1,18	,185,897	€	3,020,269	<del>დ</del>	4,206,166
11 Medi-Cal Managed Care Plans - TOTAL	8	554,644 \$	1,377,171	\$ 1,931,815	\$ 55	554,644	↔	1,377,171	69	1,931,815
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	ક્ક	2,056 \$	14,535	\$ 16,590	φ.	2,423 6	\$	30,258	4	32,681
13 3rd Party Payers	ક	<b>€</b> >	_		ь	-	69		€9	•
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	Code 20):		THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O		100					
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP   \$	S	•	,		<del>6</del>	,	49	•	ક્ક	1
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	S	*	-		<del>.</del>	,	မာ	,	↔	•
	s	\$	1	\$	<del>(A</del>	-	₩.	•	8	-
17 Total Payments	\$ 1,7	1,742,597 \$	4,402,096	\$ 6,144,693	\$ 1,742	1,742,964	↔	4,427,698	\$	6,170,662
SETTLEMENT	( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c ) ( a c	REFORMED	DIRECTOR LATIO	<u>1918.</u>	00 X26	¥ gʻʻʻʻ	1 <u>=</u>	IRECONCILIATIO PERIODIZI	6 8 %	1.0c.
18 PPS Rate	\$	251.54 \$	256.32		\$ 25	251.54	\$	256.31	1	
19 Total Medi-Cal Visits (From Line 6)		6,095	15,196	21,291		5,467		13,525		18,992
	\$ 1,5	1,533,136 \$	3,895,039	\$ 5,428,175	\$ 1,378	1,375,169	\$	3,466,593	\$	4,841,762
21 Less: Total Payments (From Line 17)	\$ 1,7	1,742,597 \$	4,402,096	\$ 6,144,693	\$ 1,742	1,742,964	φ.	4,427,698	s	6,170,662
ate) (L 20 - L 21)	\$ (2)	(209,460) \$	(507,057)	\$ (716,518)	\$ (36)	(367,795)	\$	(961,105)	\$	(1,328,900)
23 Less: Medi-Cal Billing Review Results					\$ 12	12,752 9,11	┪	_	8,10,12 \$	46,610
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (2	(209,460) \$	(507,057)	\$ (716,518)		(380,547)	\$	(894,963)	\$	(1,375,510)

Provi	Provider Legal Name	Name			Fiscal Period	Provider NPI		Adjustments
ROB F	BORREGO COMMUNITY HEALTH FOUNDATION	MUNITY	HEALTH		JULY 1, 2020 THROUGH JUNE 30, 2021	1023349883		12
	Rep	Report References	rences					
Adj	Reconciliation Review	liation w	Reconciliation Request	ation st				
Š	Schedule	Line	Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted
					-			
<del></del>	₽	<del>6</del>	<del>-</del>	9	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$ 256.32	\$ (0.01)	\$ 256.31
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Prov	Provider Legal Name	me	Fiscal Period	Provider NPI		Adjustments
N DOT	BORREGO COMMUNITY HEALTH FOUNDATION	NIIY HEALIH	JULY 1, 2020 THROUGH JUNE 30, 2021	1023349883	•	12
	Reconciliation Recon	ferences Reconciliation				
Ą Ś	Review Schedule Line	Request Worksheet Line	Explanation of Audit Adjustments	As Reported (I	Increase (Decrease)	As Adjusted
			ADJUSTMENTS			
7	1 2	1 2	Medi-Cal Managed Care Visits (Period 2)	15,196	88	15,285
ო	1 10	- 8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$3,010,391	\$9,878	\$3,020,269
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
		,				
						Page 2

Prov	Provider Legal Name	I Nai	Ше		Fiscal Period	Provider NPI		Adjustments	
BORF FOUN	BORREGO CON FOUNDATION	AMU.	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021	1023349883		12	
Adj	Reconciliation Review	ort Re	Report References conciliation Reconciliation Review Request	Ę				,	
Š.	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted	Ţ
4 rò		വ വ	Not Reported Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at an FQHC service location unapproved by Medi-Cal.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (j)(1)  State Plan Amendment Attachment 4.19B, Section J		628 1,760	628 1,760	
9 \	' <del></del>	2 2	<del></del>	5 6	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$2,056 14,535	\$367 15,723	\$2,423 30,258	
ω	-	53	Not Reported		Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>Q</b> <b>∯</b>	\$256	* \$256	
	. "								
					*Balance carried forward from prior/to subsequent adjustments			Page	က

Pro	Provider Legal Name	al Nar	ne	Fiscal Period	Provider NPI		Adjustments
BOR	REGO CO!	MMUN	BORREGO COMMUNITY HEALTH				•
Fou	FOUNDATION	ľ		JULY 1, 2020 THROUGH JUNE 30, 2021	1023349883		12
	Reconciliation	ation	Report References				
Ą Ś	Review Schedule Line	¥	Request Morksheet Line	Explanation of Anditetments	As	Increase	As
		1		<del>AD</del>	perioder	(Declease)	parantar
o C	~ ·~	23 23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304	\$0 \$22 *	\$4,030 12,145	\$4,030 * 12,401 *
				W&I Code, section 14115			
<del></del>	<del>**</del> <del>**</del>	23 23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To eliminate payments to the provider for services provided at an FQHC service location unapproved by Medi-Cal. 42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (j)(1)  State Plan Amendment Attachment 4.19B, Section J	\$4,030 12,401	\$8,722 21,457	\$12,752 33,858
				*Balance carried forward from prior/to subsequent adjustments			Page 4

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS NATIONAL PROVIDER IDENTIFIER: 1255490819

> FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



## State of California—Health and Human Services Agency

## Department of Health Care Services



APR 1 9 2023

Rose MacIsaac, CEO Centro Medico Oasis P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

CENTRO MEDICO OASIS

DBA: CENTRO MEDICO OASIS

NATIONAL PROVIDER IDENTIFIER: 1255490819

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$197,411, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

1. Schedule 1—Computation of Medi-Cal Settlement

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates.

Rose MacIsaac Page 2

APR 1 9 2023

The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

7020 24500000 6812 6863

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1255490819

FISCAL PERIOD FROM: JULY 11, 2020

FISCAL PERIOD TO: JUNE 30, 2021

VISITS	PER	PERIODA	KEPOKIED PERIOD 2	TOTAL		PERIOD 1	ACCEPI	ACCEPTED AS FILED		TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)		'	•						_	1
2 Medi-Cal Managed Care (Formerly Code 18)	i	1,798	4,292		6,090	1,7	1,798	4,292	32	6,090
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		1	•							-
		1,798	4,292		6,090	1,7	1,798	4,292	35	060'9
	NA	A		NA III						-
6 Payable Visits		1,798	4,292		6,090	1,7	1,798	4,292	95	6,090
	THE PERSON IN COLUMN	TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH			BARRA PARK	312 32 32 32 32 33 33 33 33 33 33 33 33 33	Hillian Haranda		THE BEST OF STREET	ASSASSASSASSASSASSASSASSASSASSASSASSASS
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Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):										
7 Medi-Cai Fiscai Intermediary for Non-Managed Care Crossovers	8	•	· -	↔	ь		69	'	4	'
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_	\$	-	5	69	49	,	€9		G	•
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10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	€9	182,676	\$ 444,890	\$ 627,566	999	182,676	\$ 92	444,890	\$ 06	627,566
11 Medi-Cal Managed Care Plans - TOTAL	s	166,879	\$ 395,943	3 \$ 562,822	\$22	166,879	\$ 82	395,943	43	562,822
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	€>	'	\$ 3,813	\$	3,813	Ì	69	3,813	3	3,813
13 3rd Party Payers	€9	•	٠ &	G	\$	•	\$	•	s	•
	Iv Code 20):								-	
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	69	,		€	φ <u> </u>		€\$		49	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	69	,	₩	₩	69		€9		S	'
16 3rd Party Payers	€>	'	<b>↔</b>	€	=		69		-	-
17 Total Payments	₽	349,554	\$ 844,646	1,194,201	\$01	349,555	355 \$	844,646	46 &	1,194,201
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		REPO	REPOR ED RESONOLIATO	60		(n) (		ACCEPTED AS FILED RECONDIL ATION	10 10	
SETTLEMENT	Ä	PEROD	PERCO	TOTAL		PERIODA		PERIODS	19	1010
18 PPS Rate	s	161.52	\$ 164.58	S NAME OF STREET	\$	161.52	ક્ક	164.58		Z
19 Total Medi-Cal Visits (From Line 6)		1,798	4,292		060'9	1,798		4,292		6,090
20 PPS Amount (Line 18 x Line 19)	69	290,413	\$ 706,377	7 \$ 996,790	90	290,413	\$	706,377	\$	996,790
21 Less: Total Payments (From Line 17)	69	349,555	\$ 844,646	5 \$ 1,194,201	6	349,555	*	844,646		1,194,201
22 Reconciliation Amount Due Clinic (State) (I. 20 - L 21)	ь	(59,141)	\$ (138,269)			(59,142)	e	(138,269)	*	(197,411)
23 Less; Medi-Cal Billing Review Results		Z Z	2	Ž		•	₩.	,	€	•
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$	(59,141) \$	\$ (138,269)	(197,411)	111) \$	(59,142)	æ	(138,269)	s,	(197,411)

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1780038042

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Section Chief: Allison Clinton, CPA Audit Supervisor: Pasia Gutierrez

Auditor: Bradley Miler



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



APR 1 9 2023

Rose MacIsaac, CEO D Street Medical Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA D STREET MEDICAL CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1780038042 FISCAL PERIOD ENDED JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$3,679,228, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834

(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7020 2450 0000 6812 6870

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1780038042

FISCAL PERIOD FROM: UNIT (1), 2020

FISCAL PERIOD TO: JUNE 30, 2021

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	PERIOD 1	PERIODIZ	TOTAL	PERIODA	2	PERIOD 2		0	ТОТАГ
1 Non-Managed Care Crossovers (Formerly Code 02)	,				-		-		1
2 Medi-Cal Managed Care (Formerly Code 18)	6,781	11,468	18,249	9	6,856 3	11	11,735	4	18,591
	ı	-	-						ı
4 Total Visits	184'9	11,468	18,249	9	6,856	11	11,735		18,591
_				S	5,576 7,9	7	_	6,8,10	13,493
_	6,781	11,468	18,249		1,280	3	3,818	=	5,098
PAYMENTS		REPORTED PERSON		00124	₹9	AUDITED	A Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp	§ §	TOTAL
Medi-Cal Non-Managed Gare Crossovers (Formerly Code 02):	Helifold Total Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	41D8305050577777777				1000			
Medi.Cal Fiscal Intermediany for Non-Managed Care Crossovers	€	5		B	-	<del>6</del>	-	49	-
	s	- 9	-	69		₩.	-	\$	ı
_		\$	·	49	•	\$	-	છ	ı
			77.24.5 35.00.00		-				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 942,756	\$ 1,847,819	\$ 2,790,575	\$ 942	942,756		_	2	2,790,819
11 Medi-Cal Managed Care Plans - TOTAL	\$ 635,823	\$ 1,073,380	\$ 1,709,203	\$ 635	635,823	\$ 1,073,380	380	(A)	1,709,203
	\$ 1,150	\$ 4,941	\$ 6,091	€ 10	5,932 11	\$ 10	10,795	12 \$	16,727
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	(Code 20):	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constante de la constant				_	-	
14 Medi-Cal Fiscal Intermediary for Non-Wgd Care Crossovers with Cap MAP	·			€	-	ь	-	es.	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled		49		49		€\$	+	မ	1
16 3rd Party Payers	· 69		٠.		-			es l	
17 Total Payments	\$ 1,579,730	\$ 2,926,140	\$ 4,505,870	\$ 1,584,511	,511	\$ 2,932,238	,238	₩.	4,516,749
		ALFOR SECOND IN	,			Alloyeese destable			
SETTLEMEN	PERIODA	PERIOD 2	TOTAL	(A)		2/40/12/24		9	<b>101/4</b>
18 PPS Rate	\$ 225.87	\$ 225.87		\$ 25	259.72 1	\$ 26		2	
19 Total Medi-Cal Visits (From Line 6)	6,781	11,468	18,249		1,280	3			5,098
	\$ 1,531,624	\$ 2,590,277	\$ 4,121,902	\$ 332	332,442	69	-	8	1,342,876
	\$ 1,579,730	\$ 2,926,140	\$ 4,505,870	\$ 1,584,511	511	\$ 2,932,238	238	\$	4,516,749
	\$ (48,105)	\$ (35	100	1		\$ (1,	,804)		(3,173,873)
23 Less: Medi-Cal Billing Review Results				i	211,691 13,15,17	es.	293,664 14,16,18		505,355
<u>.                                    </u>	\$ (48,105)	(335,863) \$	\$ (383,968)	\$ (1,463,760)	,760)	\$ (2,215,468)	,468)	es.	(3,679,228)

				-		
Adjustments	18			As Adjusted	,	\$259.72 264.65
				Increase (Decrease)		38.78
Provider NPI	1780038042			As Reported		\$225.87
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304
	Ŧ		Reconciliation Request	heet Line		<del>δ</del> <del>δ</del>
	/ HEALT	erences	Reco	Worksh	Worksheet	<del>v= v-</del>
Name	LEINOM	Report References	liation	Line	-	<del>60 60</del>
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Re	Reconciliation Review	Schedule		<del></del>
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Pro	Provider Legal Name	ıl Nan	7e		Fiscal Period	Provider NPI		Adjustments
FOU.	BORREGO CON FOUNDATION	Z O M M	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021	1780038042		18
	Repo	ort Refu	Report References					į
. Adj	Reconciliation Review	ation	Request Request	<u></u>		•		
Ö Ö	Schedule Line	Line	Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
დ 4		0.0	~ ~	0.0	Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)	6,781	75	6,856
	- 4	, <del>(</del>		1 a	Modi Cal Eisand Intermedian, for Managed Care Interim December (Desired o)	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	7 2	ě
o —	-	2	_	o	Medical Fiscal III (Fellod 2)	91,047,019	# 74	41,040,005
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
								Page 2

Prov	Provider Legal Name	I Nan	Je	Fiscal Period	Provider NP	10	Adjustments
BOR	REGO CON	MMUN	BORREGO COMMUNITY HEALTH			•	
진	FOUNDATION	1		JULY 1, 2020 THROUGH JUNE 30, 2021	1780038042		18
Adj	Reconciliation Review	ation	report References conciliation Reconciliation Review Request				
Š	Schedule Line	Lie	Worksheet	Line Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted
<b>v</b>	<del>-</del>	co.	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	O	м	.* m
<b>~</b> ∞	· + +	က က	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at an FQHC service location not approved by Medi-Cal.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	ο es	5,542 7,878	5,542 * 7,881 *
o C		ന ന	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To include visits incorrectly billed by the provider.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	5,542 7,881	£ &	5,576 7,917
7 7	<del>-</del> -	<del>4</del> <del>4</del>	<del></del>	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 1413.2100 (h)</li> </ul>	\$1,150 4,941	\$4,782 5,854	\$5,932 10,795
				*Balance carried forward from prior/to subsequent adjustments			Page 3

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Adjustments	4			As Adjusted		\$226 452 *	\$26,316 *	\$211,691 293,664	Page
				Increase (Decrease)		<b>\$</b> 226 452	\$26,090 14,940	\$185,375 278,272	
<b>Provider NPI</b>	1780038042			As Reported		Q O	\$226 452	\$26,316 15,392	
<u>-</u>	17						* *	* *	
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021			Line Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)  State Plan Amendment Attachment 4.19B, Section J	*Balance carried forward from prior/to subsequent adjustments
e e	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	Reconciliation Request	Worksheet		Not Reported	Not Reported	Not Reported Not Reported	
≀l Nam	MMON	ort Refe	ation *	Line		23	23	8 8	
Provider Legal Name	BORREGO CON FOUNDATION	Repo	Reconciliation Review	Schedule Line		F F	~ ~	<b>← ←</b>	
Provi	BORF		Adj.	 No.:		£ <del>4</del>	<del>2</del> <del>2</del>	<u>7</u>	

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



### APR 1 9 2023

Rose MacIsaac, CEO Desert Hot Springs Community Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: DESERT HOT SPRINGS COMMUNITY FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283 FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$2,700,322, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1275849283

FISCAL PERIOD FROM: JULY 1, 2020	JULY 1, 2020			FISCAL PERIOD	FISCAL PERIOD TO: JUNE 30, 2021	
VISITS	PERIOD 4	REPORITED IN THE PRINCIPLE IN THE PERIOD   2   2   2   3   3   3   3   3   3   3	ToTAL	PERIOD	AUDITED ADJ. PERIOD 2	Abu No Torral
Non-Managed Care Crossovers (Formerly Code 02)			•	1	•	
Medi-Cal Managed Care (Formerly Code 18)	10,206	26,199	36,405	10,206	26,267	1 36,473
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	-	•	•	•	
Total Visits	10,206	26,199	36,405	10,206	26,267	36,473
			SESSECTION OF THE SECTION OF THE SEC			

36,469

26,263

10,206

36,405

26,199

10,206

Less: Duplicate and Unallowable Visits Payable Visits

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PAYMENTS	PERIODI	REPORTED PERIOD 2	RIED 30.2	TOTAL	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	PERIOD 1	32	AUDITED PERIOD 2		₫9	TOTAL	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):												
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	-	\$	-	- \$	မာ	-		\$	-		\$	-
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	*	8	•	- \$	G	•		\$	-		\$	
9 3rd Party Payers	9	\$	•	- 9	8	-		\$			₩	1
										-		
10 Medi-Cai Fiscal Intermediary for Managed Care Interim	\$ 2,715,999	9 8 7	,090,753	\$ 9,806,752	↔	2,715,999		360,7	7,090,595	2	\$ 9,8	9,806,594
11 Medi-Cai Managed Care Plans - TOTAL	\$ 977,600	\$	2,504,331	\$ 3,481,931	↔	977,600		\$ 2,504,331	1,331		\$ 3,4	3,481,931
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 2,013	3 8	13,122	\$ 15,135	₩	12,547	4	\$ 33	33,624	5	\$	46,171
13 3rd Party Pavers	s	\$	'	- د	69	į		\$			69	
Medi-Cai Non-Managed Care Crossovers with Capitated MAP (Formerly Cod	ly Code 20):		AND THE PROPERTY OF STREET	toward of the same of the same of the same								
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	- \$	\$	-	- \$	<b>6</b>	ı		\$	-		\$	1
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$	8	•		↔	•		\$	•		\$	
16 3rd Party Payers	\$	69	•		€			\$	•		\$	,
17 Total Payments	\$ 3,695,612	€	9,608,207	\$ 13,303,819	ь	3,706,146		329'6 \$	9,628,550		\$ 13,3	13,334,696
-												
SETTLEMENT	PERIODA	REPORTED RECON	RECONCIDATION ERIODZI	NO TOTAL		PERIODÍA	9 9 Q	OTED RECONGULA		e 1 1 1 2	TOTAL	
18 PPS Rate	\$ 287.98	8	293.45		ક્ક	287.98		\$ 29	293.45	-		
19 Total Medi-Cal Visits (From Line 6)	10,206	3	26,199	36,405		10,206		36	26,263			36,469
20 PPS Amount (Line 18 x Line 19)	\$ 2,939,124	- <del>-</del>	,688,097	\$ 10,627,220	ь	2,939,124		\$ 7,706,877	3,877		\$ 10,6	10,646,001
21 Less: Total Payments (From Line 17)	\$ 3,695,612	(A)	9,608,207	\$ 13,303,819	ક્ક	3,706,146		\$ 9,628	9,628,550		\$ 13,3	13,334,696
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (756,488)	ø	(1,920,110)	\$ (2,676,598)	ક્ક	(767,022)		\$ (1,921,673)	(673)		\$ (2,6	(2,688,695)
23 Less: Medi-Cal Billing Review Results					မာ	4,116	6,8	\$ 7	7,511	7,9	&	11,627
24 Total Amount Due Clinic (State) (L 22 - L 23)	(756,488)	\$	(1,920,110)	\$ (2,676,598)	છ	(771,138)		\$ (1,929,184)	9,184)		\$ (2,7	(2,700,322)

Adjustments	6		e As e	68 26,267	(\$158) \$7,090,595	
Provider NPI	1275849283		As Increase Reported (Decrease)	26,199	\$7,090,753	
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021		Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4
<b>ne</b> H		erences Reconciliation Request	Worksheet Line	1 2	<del>د</del> -	
Provider Legai Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References Reconciliation Recon	Schedule Line	7	1 10	
Frovit	FOUNE	Adj.		<b>.</b>	7	

Prov	Provider Legal Name	ате	Fiscal Period	Provider NPI		Adjustments	
BOR	BORREGO COMMU FOUNDATION	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2020 THROUGH JUNE 30, 2021	1275849283		O	
	Report R	Report References					
Adj.	Reconciliation Review	Reconciliation Request				,	
o.	Schedule Line	le Worksheet Line		As I Reported (D	Increase (Decrease)	As Adjusted	
			ADJUSTMENTS TO OTHER MATTERS				Γ
ო	. 5	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider  due to duplicates, or non-allowable billings.	0	4	4	
			CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D				
4 to	L L 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$2,013 13,122	\$10,534 20,502	\$12,547 33,624	
ω <b>ト</b>	1 23	3 Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Og O	\$288 2,603	\$288 * 2,603 *	
			*Balance carried forward from prior/to subsequent adjustments			Page	2

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State

Provider Legal Name	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2020 THROUGH JUNE 30, 2021	1275849283		6
Reconciliation Reconciliation Adj. Review · Request				
No. Schedule Line Worksheet Line	ne Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	ADJUSTMENTS TO OTHER MATTERS			
8 1 23 Not Reported 9 1 23 Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 476) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(a)(1) CCM Title 22, section 51008 CMS Pub. 16-1, sections 2300 and 2304 W&I Code, section 14115	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$3,828 908 8	7,511
	*Balance carried forward from prior/to subsequent adjustments			Page 3

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



APR 1 9 2023

Rose MacIsaac, CEO Desert Hot Springs Health Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: DESERT HOT SPRINGS HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1184065088

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$43, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the

APR 1 9 2023

impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

MAllison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Call Shin

Certified

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SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1184065088

FISCAL PERIOD FROM: WULKING ZOZO

FISCAL PERIOD TO: JUNE 30, 2021

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1 Non-Managed Care Crossovers (Formerly Code 02)			,			-				
2 Medi-Cai Managed Care (Formerly Code 18)		1	1	-				-		7
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)			,	1		'		,		Ţ.
4 Total Visits		-	-	7-		,		-		-
5 Less: Duplicate and Unallowable Visits	NA I	NA		N'A III		,				
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Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):			Ž			1133341033	LEKIOD Z	A	A IO	
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	69	€	1	·	69	'	69	,	€	١,
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	s ₂	€		· •	69		s	'	G	
9 3rd Party Payers	s	\$ -	-	9	s			,	G	<u> </u>
Medi-Cal Managed Care (Formerly Code 18):				7,74,75						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	69	€	134	\$ 134	8	-	\$	134	¢÷	134
11 Medi-Cal Managed Care Plans - TOTAL	ક	69	88	89	49	-	\$	68	<del>so</del>	80
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	s	€9-	'	\$	89	-	\$	-	8	•
13 3rd Party Payers	\$	\$	-		\$	-	\$	-	·	
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Former	v Code 20):	Jaharan T. Carlo								
14 Medi-Cal Fiscal intermediary for Non-Mgd Care Crossovers with Cap MAP	ss.	89	•	· •	69	•	es.	1	₩	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	G	69		ι <del>(</del>	မာ	'	8		*	ı
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17 Total Payments	69	\$ -	223	\$ 223	69	-	\$	223	s	223
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SETTLEMENT	PERIOD (	PERIC	00 2	TOTAL	PERIOD	o P	PERIOD2	ν _ο	TOTAL	
18 PPS Rate	\$	<b>&amp;</b>	179.51		\$ 179.51	1	\$ 179.51	****		
19 Total Medi-Cal Visits (From Line 6)		-	+	-	,		1			-
20 PPS Amount (Line 18 x Line 19)	\$	€9	180	\$ 180	€9		\$ 180		₩.	180
21 Less: Total Payments (From Line 17)	G	<del>69</del>	223	\$ 223	8		\$ 223		49	223
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	69	e9	(44)		<i>₩</i>		\$ (43)		\$	(43)
23 Less: Medi-Cal Billing Review Results	THE NAME OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE	NA		NA	\$		9		8	
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$	€>	(44)	\$ (44)			\$ (43)		€9	(43)

*Fixed rounding emor

Adjustments	~	As	Adjusted	\$179.51	Page 1
		Increase	(Decrease)	. \$179.51	
Provider NPI	1184065088	As	Reported	00.00	
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDAT JULY 1, 2020 THROUGH JUNE 30, 2021		Explanation of Audit Adjustments MEMORANDUM ADJUSTMENT	PPS Rate (Period 1)  To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	
	ALTH FOUNDAT	Reconciliation Request	Worksheet Line	5-	
Name	AUNITY HE		Line Wo	60	
Provider Legal Name	EGO COMA	Reconciliation Review	Schedule	<del>-</del>	
Provi	BORR	Adj.		<b>\(\tau\)</b>	

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



APR 1 9 2023

Rose MacIsaac, CEO Desert Oasis Womens Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

**DBA: DESERT OASIS WOMENS HEALTH** 

NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$830,158, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule

APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2020

FISCAL PERIOD TO: JUNE 30, 2021

NPI: 1386069995

O HI O DA			REPORTED					AUDITED		
SIISIA	•	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.		PERIOD 2	ADJ NO.	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)		-	-			1		_		
Medi-Cal Managed Care (Formerly Code 18)		1,393	5,927	7,320		1,393		5,927		7,320
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		-	•			-		-		
Total Visits		1,393	5,927	7,320		1,393		5,927		7,320
Less: Duplicate and Unallowable Visits						,		-		
Payable Visits		1,393	5,927	7,320		1,393	_	5,927		7,320
PAYMENTS	۵	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIOD 1	ADJ NO.		AUDITED PERIOD 2	ADJ.	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):					100			A		
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	69	,	· •Э	· 69	ક	-	<del>(A)</del>	_		\$
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	89	ε	·	*	49		₩	,		φ.
3rd Party Payers	↔	-	· Ф	· •	<del>69</del>	,	€9			69
Medi-Cal Managed Care (Formerly Code 18):							-			
Medi-Cal Fiscal Intermediary for Managed Care Interim	69	203,954	\$ 868,975	\$ 1,072,928	\$ 20:	203,954	€9	868,975		\$ 1,072,929
Medi-Cal Managed Care Plans - TOTAL	69	125,486	\$ 533,945	\$ 659,431	\$ 12	125,486	69	533,945		\$ 659,431
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	69	144	\$ 587	\$ 730	€9	122 3	ь	991	4	1,113
3rd Party Payers	69		, 69	· 69	69	,	69	-		€
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Co	rly Code 20)	20):					-			
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	€9	•	69	· ·	₩		69			€
Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	ы	,		,	€9		ь			€
3rd Party Payers	မာ	,	. ↔	<del>69</del>	€9		ь			€9
Total Payments	t/s	329,583	\$ 1,403,507	\$ 1,733,090	32	329,562	S	1,403,911		\$ 1,733,473
		REP(	REPORTED RECONCILIATION	ATION			AUDITED	AUDITED RECONCILIATION	NOI	
SETTLEMENT	3								ADJ	
	Д.	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	NO.	-	PERIOD 2	NO	TOTAL
18 PPS Rate	69	182.16	\$ 182.16		\$	121.55 1	€9	123.86	2	
19 Total Medi-Cal Visits (From Line 6)		1,393	5,927	7,320		1,393		5,927		7,320
20 PPS Amount (Line 18 x Line 19)	↔	253,749	\$ 1,079,662	\$ 1,333,411	\$ 16	169,319	69	734,118		\$ 903,437
21 Less: Total Payments (From Line 17)	49	329,583	\$ 1,403,507	\$ 1,733,090	\$ 32	329,562	69	1,403,911		\$ 1,733,473
Reconciliation Amount Due Clinic (State) (L 20 - L 21)	8	(75,834)	\$ (323,844)	(399,678)	\$ (16)	(160,243)	( <del>s)</del>	(669,793)		\$ (830,036)
23 Less: Medi-Cal Billing Review Results						71 5		51	ဖ	
24 Total Amount Due Clinic (State) (L 22 - L 23)	ક્ક	(75,834)	\$ (323,844)	(399,678)	\$ (16	(160,314)	↔	(669,844)		\$ (830,158)

Adjustments	ယ			As Adjusted		\$121.55 123.86 Page 1
	•			Increase (Decrease)		(\$80.61)
Provider NPI	1386069995			As Reported	-	\$187 182.16 182.16
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDAT JULY 1, 2020 THROUGH JUNE 30, 2021			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENTS	PPS Rate (Period 1) PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304
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	HEALTH F	ences	Reconciliation Request	Worksheet		F F
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Provider Legal Name	EGO COMI	Rep	Reconciliation Review	Schedule		~ ·-
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Provider NPI Adjustments	1386069995		Increase	Reported (Decrease) Adjusted	\$144 (\$22) \$122 587 404 991	\$0 \$71 \$71 \$71 \$71
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021			Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, sections 2300 and 2304  W&I Code, section 14115
e.	ІТҮ НЕАLТН	rences	# #	Worksheet	100	Not Reported Not Reported
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	Reconciliation Review	Schedule Line	1 1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	2 3 3
Provid	BORRI		A S		w <b>4</b>	ν, ω

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



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



### APR 1 9 2023

Rose MacIsaac, CEO Eastside Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: EASTSIDE HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER (NPI): 1790075315

FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$2,395,762, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule

Rose MacIsaac Page 2 APR 1 9 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 APR 1 9 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

7020 2450 0000 6812 6893

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1790075315

FISCAL PERIOD FROM: JULY 1, 2020

FISCAL PERIOD TO: JUNE 30, 2021

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ments			As justed		59	8		Page 1
Adjustments	17		As Adjusted		14,829	\$3,102,104		п
			Increase (Decrease)		7	\$738		
Provider NPI	1790075315		As Reported		. 14,822	\$3,101,366		
Fiscal Period	JULY 1, 2020 THROUGH JUNE 30, 2021		Explanation of Audit Adjustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2020 through September 6, 2022 Service Period: July 1, 2020 through June 30, 2021 Run On: September 6, 2022 A CFR 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4	
i :	ту неастн	rences Reconciliation Request	Worksheet Line		1 2	1 8		
egal Nam	COMMUNI	Reconciliation Recon	Schedule Line		7	10		
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Recon Adj. Rel	J		<u>-</u>	2 1		

Prov	Provider Legal Name	al Nar	Provider Legal Name	Fiscal Period	Provider NP	_	Adjustments
N N	FOUNDATION	2		JULY 1, 2020 THROUGH JUNE 30, 2021	1790075315		17
	Repo	ort Ref	Report References				
Adj	Reconciliation Review	ation	Reconciliation Request				
. o	Schedule Line	Line	Worksheet	Line Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
m 	₩.	ဟု	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	•		* ~
4 ω	<del></del>	വ വ	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate visits paid to the provider for services provided at an FQHC service location not approved by Medi-Cal. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	*	1,585 2,952	1,585 2,954 *
9 1		വ വ	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate visits paid to the provider for services billed through the incorrect FQHC service location. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* * * * * * * * * * * * * * * * * * *	352	1,660 3,306
<b>დ</b> თ		5 5	F.F.	<ul> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	\$3,020 7,279	\$1,689 2,559	\$4,709 9,838
				*Balance carried forward from prior/to subsequent adjustments			Page 2

Pro BORI FOU!	Provider Legal Name BORREGO COMMUNIT FOUNDATION	Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION	_	Fiscal Period JULY 1, 2020 THROUGH JUNE 30, 2021	<b>Provider NPI</b> 1790075315		Adjustments
	Report Re Reconciliation	sferenc Re	jon				
A Š Š	Review Schedule	V. Request	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
				AD	-		
6 2	<del></del>	23 Not Reported 23 Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<u>Q</u> , 0	\$245 937	\$245 * 937 *
7 t	F F	23 Not Reported 23 Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	* \$245 * 937	\$8,618 11,863	\$8,863 * 12,800 *
4 6	~ ~	23 Not Reported 23 Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate payments to the provider for services provided at an FQHC service location not approved by Medi-Cal. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* * * 12,800	\$16,483 19,208	\$25,346 * 32,008 *
-				*Balance carried forward from prior/to subsequent adjustments			Page 3

Prov	Provider Legal Name	Nan	ЭL	Fiscal Period	Provider NPI		Adjustments
BOR!	BORREGO COM FOUNDATION	NOM!	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2020 THROUGH JUNE 30, 2021	1790075315		17
	Repor	rt Ref	Report References				
Ā	Reconciliation Review	tion	Reconciliation Request		-		
ò	Schedule Line	Line	Worksheet Line		As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
9 7 7	<del></del>	33 33	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate payments to the provider for services To eliminate payments to the provider for services billed through the incorrect FQHC service location. 42 CRR 419.4 22 CCR Section 51458.1 W&I Code 14443.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* \$25,346 32,008	\$7,843 8,669	\$33,189 40,678
				*Balance carried forward from prior/to subsequent adjustments			Page 4

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED JUNE 30, 2021

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



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



APR 1 9 2023

Rose MacIsaac, CEO Women's Health and Wellness Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION DBA: WOMENS'S HEALTH AND WELLNESS CENTER NATIONAL PROVIDER IDENTIFIER: 1568747137 FISCAL PERIOD ENDED: JUNE 30, 2021

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Review Request for the above-referenced fiscal period. We conducted our examination under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement due the State in the amount of \$180,326, for the above-referenced fiscal period, which was accepted as filed.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the:

Schedule 1—Computation of Medi-Cal Settlement

The Statement of Account Status will incorporate the accepted settlement, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary will forward the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

APR 1 9 2023

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to Section 51458.1, Article 6 of Division 3, Title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

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SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1568747137

FISCAL PERIOD FROM: WINEX A 2020

FISCAL PERIOD TO: JUNE 30, 2021

VISITS	PERIODIA	REPORTED PERIOD 2	TOTAL	PERIODIA	ACCEPTED AS FLED PERIOD 2	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	•	-	1
2 Medi-Cal Managed Care (Formerly Code 18)	1,415	4,714	6,129	1,415	4,714	6,129
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	•	-	'		•
4 Total Visits	1,415	4,714	6,129	1,415	4,714	6,129
5 Less: Duplicate and Unallowable Visits	NA WA	YN III	i NA	•	•	-
_	1,415	4,714	6,129	1,415	4,714	6,129
PAYMENTS		REPORTED			ACCEPTED AS FILED	
Medi-Cal Non-Wanagad Cara Ordssovers (Formerty Code 02):			Allian and and an analysis of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		
Medi-Cal Fiscal Intermediaty for Non-Managed Care Crossovers	cs.	6	69	φ.	€	· ·
	G	· ·	\$	€	49	₩
9 3rd Party Payers	·	69	-	·	\$	-
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 257,582	\$ 874,346	\$ 1,131,928	\$ 257,582	\$ 874,346	\$ 1,131,928
11 Medi-Cal Managed Care Plans - TOTAL	\$ 126,457	\$ 421,226	\$ 547,683	\$ 126,457	\$ 421,226	\$ 547,683
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 147	\$ 595	\$ 742	\$ 147	\$ 595	\$ 742
13 3rd Party Payers	€	, 49	· •	<b>₽</b>	49	€7
14 Medi-Cai Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	€	- 49	· <del>69</del>	€	4	9
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled		€>	59	₽	G	€
16 3rd Party Payers	· ·	8	- ·	\$	65	1
17 Total Payments	\$ 384,186	\$ 1,296,167	\$ 1,680,353	\$ 384,186	\$ 1,296,167	\$ 1,680,353
						Historican
	S S	REPORTED RECONCILIATION	iro).	GENERAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	ON 68 28 63 12 89	K)
SETTLEMENT	PERIODIA	PERIODZ	TOTAL	PERIOD ( NO.	PERIODZ	TOTAL
18 PPS Rate	\$ 241.22	\$ 245.80		\$ 241.22	\$ 245.80	
19 Total Medi-Cal Visits (From Line 6)	1,415	4,714	6,129	1,415	4,714	6,129
20 PPS Amount (Line 18 x Line 19)	\$ 341,326	\$ 1,158,701	\$ 1,500,028	\$ 341,326	\$ 1,158,701	\$ 1,500,027
	\$ 384,186	\$ 1,296,167	\$ 1,680,353	\$ 384,186	\$ 1,296,167	\$ 1,680,353
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (42,860)	ß		\$ (42,860)		(180,326)
23 Less: Medi-Cal Billing Review Results	N/A	2	2	. 8		l
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (42,860)	(137,465)	(180,325)	(42,860)	\$ (137,466)	\$ (180,326)
				4		

*Corrected rounding error

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1942623657

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



Michelle Baass | Director

DEC 1 3 2023

Rose MacIsaac, CFO Anza Community Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ANZA COMMUNITY HEALTH

NATIONAL PROVIDER IDENTIFIER (NPI): 1942623657

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$323,467, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule



DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento. CA 95834

(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

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SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1942623657

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2021

FISCAL PERIOD TO: JUNE 30, 2022

VISITS			REPORTED			AD.	AUDITED	A	ADJ	
	PERIOD 1		PERIOD 2	TOTAL	PERIOD 1	NO.	PERIOD 2	Ž	NO.	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)		31	167	198		2		,,	8	1
Medi-Cal Managed Care (Formerly Code 18)	3,0	,038	6,710	9,748	3,069	4	6,6	937	5	10,006
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)		-	,	-	•					
Total Visits	3,0	3,069	6,877	9,946	3,070		6,9	6,937		10,007
Less: Duplicate and Unallowable Visits					-			30 1	10	30
Payable Visits	3'(	3,069	6,877	9,946	3,070		3'9	206'9	Н	9,977
			REPORTED				AUDITED			
PAYMENTS	PERIOD 1		PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	AD.	ADJ NO.	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):								-		
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 6,	,912 \$	39,386	46,298	\$ 14	9	€9	-	\$ 2	14
	\$	69	*		\$ 147	11	€	-	€9	147
	\$	<del>€9</del>	49	-	€		€9	_	69	,
Medi-Cal Managed Care (Formerly Code 18):						<u> </u>		-	-	
Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 710,398	398 \$	1,592,778 \$	2,303,176	\$ 717,309	ω	\$ 1,641,192		6	2,358,501
Medi-Cal Managed Care Plans - TOTAL	\$ 241,090	\$ 060	714,542 \$	955,632	\$ 241,090		\$ 714,542	542	€9	955,632
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	69	69	1		\$ 4,803	12	\$ 27,730		13	32,533
3rd Party Payers	8	<del>69</del>	1		69		€	_	69	
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):	Code 20):		-					-		
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	€9	69	·	3	9		€	-	↔	•
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	€9	69		-	,		\$	-	€9	,
	\$	69	,	-	, <del>()</del>		€		69	,
17 Total Payments	\$ 958,399	399 \$	2,346,706 \$	3,305,106	\$ 963,363		\$ 2,383,464	164	₩	3,346,827
de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la	1	REPORTE	REPORTED RECONCILIATION	NO		AU	AUDITED RECONCILIATION	LIATION	ļ.,	
SETTLEMEN						AD	4	AD	2,	1
	PERIOD 1		PERIOD 2	TOTAL	PERIOD 1	NO.	PERIOD 2	ı		TOTAL
18 PPS Rate	\$ 300	300.92 \$	311.53		\$ 300.92	4.	\$ 305.13	13		
19 Total Medi-Cal Visits (From Line 6)	3,0	3,069	6,877	9,946	3,070		3'9	206'9		9,977
20 PPS Amount (Line 18 x Line 19)	\$ 923,523	523 \$	2,142,392 \$		\$ 923,824		\$ 2,107,533	933	69	3,031,357
21 Less: Total Payments (From Line 17)	\$ 958,399	399 \$	2,346,706 \$	3,305,106	\$ 963,363		\$ 2,383,464	164	69	3,346,827
Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (34,8	(34,876) \$	(204,315) \$	(239,190)	\$ (39,539)	()	\$ (275,931)		643	(315,470)
23 Less: Medi-Cal Billing Review Results					\$ 1,804	14, 15	\$ 6,1	6,193 16	<del>69</del>	7,997
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (34,8	(34,876)	(204,315) \$	(239,190)	\$ (41,343)	()	\$ (282,124)	24)	69	(323,467)

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Adjustments	<del>á</del>	2		As Adjusted		\$305.13	Page
				Increase (Decrease)		(\$6.40)	
Provider NPI	1942623657	1942023037		As Reported		\$311.53	
Fiscal Period	11   > 4 2024 TUBOLIGH ILINE 30 2022	JULI 1, ZUZI I MINOUGH JUINE JU, ZUZZ		Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENT	PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
	ЧЕАСТН	90000	Reconciliation Request	Worksheet Line		<i>€</i>	
Vame	I YTINON	Penort References	ation	Line		<del>6</del>	
Provider Legal Name	BORREGO COMMUNITY HEALTH	Per	Reconciliation Review	Schedule			
Provi	BORR		Adi	Š		<del>-</del>	·

Provide	Provider Legal Name	Nam	<b>e</b>		Fiscal Period	Provider NPI		Adjustments	_{LO}
BORREGO CC FOUNDATION	GO COM ATION	IMUMI IMUNI	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022	1942623657		16	
Ad:	Report Reconciliation Review	rt Refe tion '	Report References onciliation Reconciliation Review Request						
	Schedule	Line		Line	Explanation of Audit Adjustments	As Reported	increase (Decrease)	As Adjusted	
					ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA				
7	-	<b>/</b>	, ,		Non-Managed Care Crossover Visits (Period 1)	31	(30)	~	
<u>ო </u>	~ ~	<del>ر.</del> د	· ·		Non-Managed Care Crossover Visits (Period 2) Modi.Cal Managed Care Visits (Period 1)	167 3 038	(167)	3.060	
r чо		1 7		10	Medi-Cal Managed Care Visits (Period 2)	6,710	227	6,937	
9	<b>-</b>	7	-		Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1)	\$6,912	(\$6,898)	\$14	
۲ (	<del>-</del> -	۲,		un o	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2)	39,386	(39,386)	0 6 777	
<b>0</b> 00		2 은			wedt-Cai riscai intermediary for wanaged Care interim Paymens (Period 1) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	1,592,778	0,911 48,414	1,641,192	
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4				
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Adjustments	16	As Adjusfed	98	\$147	\$4,803 27,730	* \$527	Page 3
		Increase (Decrease)	8	\$147	\$4,803 27,730	\$527	
Provider NPI	1942623657	As Reported	. 0	9	<b>Q</b> 0	<b>&amp;</b>	
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022	Explanation of Au	ADJUSTMENTS TO OTHER MATTERS  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled Payments (Period 1)  To adjust Medicare payments received for the Medi-Cal crossover (Formerly Code 02) visits.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (h)	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	Medi-Cal Billing Review Results (Period 1)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	*Ralance carried from prior/to subsequent adjustments
<b>a</b>	BORREGO COMMUNILY HEALTH FOUNDATION	rences Reconciliation Request Worksheet Line	Not Reported	- ω	1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Not Reported	
Provider Legai Name		Report References onciliation Recol Review Re	ι _Ω	ω	5 5	23	
der Leg	BORREGO CO FOUNDATION	Report Re Reconciliation Review Schedule   Line	←	~	F F	<b>~</b>	
Provi	FOUN	Adj. No.	10	<del></del>	<u>6</u> 6	4	

	Fiscal Period	Provider NPI		Adjustments
AL I H	JULY 1, 2021 THROUGH JUNE 30, 2022	1942623657		16
Report References Reconciliation Reconciliation Adj. Review Request				
No. Schedule Line Worksheet Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Inc Reported (De	Increase (Decrease)	As Adjusted
15 1 23 Not Reported 16 1 23 Not Reported	Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CRR 413.20 and 447 45(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, sections 2300 and 2304.  W&I Code, section 14115	\$ \$25.7 *	\$1,277 6,193	\$1,804 6,193
	*Balance carried forward from prior/to subsequent adjustments			Page 4

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



DEC 1 3 2023

Michelle Baass | Director

Rose MacIsaac, CEO Arlanza Family Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: ARLANZA FAMILY HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER: 1306131545

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

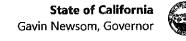
Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$886,444, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule





Rose MacIsaac Page 2

DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3

DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

For Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1306131545

FISCAL PERIOD FROM: JULY 11, 2021

FISCAL PERIOD TO: JUNE 30, 2022

	PERIOD 1	PERIODIZ	TOTAL	PERIOD 1	Š	PERIODZ	30	TOTAL
	6	96	105	•	2	-	3	'
	2,658	7,948	10,606	2,667	4	8,064	9	10,731
-	7	1	'	'		'		
4 Total Visits	2,567	8,044	10,711	2,667		8,064		10,731
5 Less: Duplicate and Unallowable Visits				•		10	10	10
6 Payable Visits	2,667	8,044	10,711	2,667		8,054		10,721
PAYMENTS		REPORTED PERIOD 2			₹2	AUDITED FERIOD 2	48	
Madi-Cal Non-Managed Gare Crossovers (Formerly Gode 02):								
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	1,102	\$ 15,525	\$ 16,627	•	9	- \$	7 \$	-
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	-	- \$	- \$	- €9		٠ «	မ	'
3rd Party Payers		-		- د		- ج	€	1
Medi-Cal Managed Gare (Formerly Code 18):							ŀ	
10 Medi-Cal Fiscal Intermediary for Managed Care Interim		\$ 1,314,985			ω 21	<u>,</u>	တ	
11 Medi-Cal Managed Care Plans - TOTAL	\$ 333,222	\$ 925,018	\$ 1,258,241	88	4	٥ ا	十	7
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled \$		· &	69	\$ 1,393	77	\$ 16,227	12 \$	17,620
13 3rd Party Payers		- &		•	_		69	
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly	code 20):						ľ	
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP \$		·		ω.	_	4	8	<u>'</u>
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	· •	- 8		· •	_	\$	\$	
16 3rd Party Payers			1		1		\$	
17 Total Payments	\$ 768,184	\$ 2,255,528	\$ 3,023,712	\$ 769,577		\$ 2,274,073	69	3,043,650
						100	SEGMENTALISMEST	HERMINANTHIMINANTHIA
SETTLEMENT	PERCOS!	AEP ORTED RECONCIENTION	TOTAL F	U PERIOD	300	ALIBARECONGILIA PEKGO Z	g (9.0)	TOITAL
18 PPS Rate	\$ 199.24	\$ 206.26		\$ 199.24	1	\$ 202.02	1	
	2,667	8,044	10,711	2,667		8,054		10,721
PPS Amount (Line 18 x Line 19)	\$ 531,373	\$ 1,659,155	\$ 2,190,529	\$ 531,373			S	
	\$ 768,184	\$ 2,255,528	\$ 3,023,712	\$ 769,577		2		8
ate) (L 20 - L 21)	\$ (236,811)	\$ (596,373)	\$ (833,184)	(238,		26		38)
					4		2, 2	1,230
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (236,811)	\$ (596,373)	\$ (833,184)	\$ (238,327)		(648,117)		

Adjustments	15			As		\$202.02	Page 1
				Increase (Decrease)	(2)	(\$4.24)	
<b>Provider NPI</b>	1306131545			As		\$206.26	
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022			Explanation of Audit Adiustments	MEMORANDUM ADJUSTMENT	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	
	<b>І</b> ЕАLТН	suces	Reconciliation Request	Worksheet		<del></del>	
lame	H YTINO!	Report References	ation v	eni	1	<b>6</b>	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Repo	Reconciliation Review	Schedule		-	
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Provide	Provider Legal Name	Provider Legal Name		Fiscal Period	Provider NPI	<b>T</b>	Adjustments	w
FOUNDATION	TION			JULY 1, 2021 THROUGH JUNE 30, 2022	1306131545		15	
	Reconciliation Recon	ferences Reconciliation Request	ا ا					
	Schedule Line	Worksheet	Line	Explanation of Audit Adjustments ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	As Reported	Increase (Decrease)	As Adjusted	
0 to 4 to	44		00	Non-Managed Care Crossover Visits (Period 1) Non-Managed Care Crossover Visits (Period 2) Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)	9 96 2,658 7,948	(9) (96) 9	0 0 2,667 8,064	
<b>७</b> ► ∞ ज	1 7 7 10 10 10	<del>-</del>	നനയയ	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1) Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$1,102 15,525 433,860 1,314,985	(\$1,102) (15,525) 1,102 17,843	\$0 0 434,962 1,332,828	
				To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4				
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Provide	Provider Legal Name	Nam	ē	Fiscal Period	Provider NPI		Adjustments
BORRE	GO COMI	MUM	BORREGO COMMUNITY HEALTH				
FOUNDATION	ATION			JULY 1, 2021 THROUGH JUNE 30, 2022	1306131545		15
Adj.	Report Re Reconciliation Review	rt Refe	Report References onciliation Reconciliation Review Request				
o o o	Schedule Line	Line	Worksheet Lin	Line Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted
- 0	-	ŀΩ	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	•	0	
£ 5	<del>-</del> -	5 5	<del></del>	<ul> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	<b>Q</b> 0	\$1,393 16,227	\$1,393 16,227
<del>6</del>	-	23	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>9</b>	\$203	* \$202
				*Balance carried forward from prior/to subsequent adjustments			Page 3

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Commonweight   Figure   Figu	Provider Legal Name	ıme	Fiscal Period	Provider NPI		Adjustments
Regarded   Line	BORREGO COMMU FOUNDATION	JNITY HEALTH	JULY 1, 2021 THROUGH JUNE 30, 2022	1306131545		15
Schedule   Line   Worksheet   Line   Explanation of Audit Adjustments   Reported   Quecuaseo   Adjusted	Rec	ere				
1 23 Not Reported   Modit-Cal Billing Review Results (Portod 1)   20 Not Reported   Modit-Cal Billing Review Results (Portod 1)   20 Not Reported   Modit-Cal Billing Review Results (Portod 2)   202   911   1,113		Request		As	Increase (Decrease)	As
1 23 Not Reported   Medi-Cal Billing Review Results (Penicd 1)   20				- 		
Page	·		outbacks of 25% and h through 9th month (RAD Code A76) after the month b4.		\$123 8111	\$ 1, 1, 1, 1, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,
			*Balance carried forward from prior/to subsequent adjustments			

### REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1548795453

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



### DEC 1 3 2023

Michelle Baass | Director

Rose MacIsaac, CEO Barstow Community Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA BARSTOW COMMUNITY HEALTH CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1548795453 FISCAL PERIOD ENDED JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

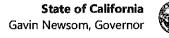
Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$95,633, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule





Rose MacIsaac Page 2 DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

### Chief

Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1548795453

PROVIDER LEGAL NAME. BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2021

FISCAL PERIOD TO: JUINE 30, 2022

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1 Non-Managed Care Crossovers (Formerly Code 02)		2		21	41	_	2		1	လ		1
2 Medi-Cai Managed Care (Formerly Code 18)		2,193		975	3,168	2,213	3 4		666	5		3,212
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6 Payable Visits		2,213		966	3,209	2,213	13		966			3,209
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Wedit.Cal Non-Managed Care Crossovers (Formerly Code 02):	בים בים איני			(GRIDENIER)			2	11.00 1836 B	XIO DIX	2	2	
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$	2,081	\$ 5	2,159 \$	4,240	69	ဖ	₩	, 	7	€>	1
	€9	,	\$	<b>↔</b>		₩		છ	-		s,	1
9 3rd Party Pavers	es es	•	ક	\$	-	\$		\$	•		s	
Medi-Cal Managed Care (Formerly Code 18):	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon				and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	a december of the second	-	_			Transport Management	
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	69	228,126	\$ 101,	101,328 \$	329,454	\$ 230,207	8	€9	103,644	6	\$	333,851
11 Medi-Cai Managed Care Plans - TOTAL	*	199,375	\$ 277,	277,145 \$	476,520	\$ 199,375	'n,	69	277,145		ss.	476,520
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$	•	\$	<b>€</b> >	-	\$ 3,338	38	€\$	3,370	12	s	6,708
13 3rd Party Payers	\$	•	\$	<b>€</b>	_	- \$7		\$	-		\$	-
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 2	erty Code 20):		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon						•			
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	ъ   \$ Т	-	\$	↔	•	· 69		ঞ	,		ક્ક	,
15 Capitated Medicare Advantage Pians, Code 519 & Part D Totaled		-	\$	φ.	•	θ		æ	,		ക	•
16 3rd Party Payers	\$	-	\$	49	•	· <del>У</del>		€9	•		ક	•
17 Total Payments	\$	429,582	\$ 380,	380,632 \$	810,215	\$ 432,920	Q;	\$	384,159		æ	817,079
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SETTLEMENT		0412 + 68	RIEDRECONCLUANO PERIOD2	OF VICE	7 1878	PEROP	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	7 (2) (4)	EDREGONGE MI		io L	
18 PPS Rate	69	283.33	\$ 290	293.25		\$ 283.33	33	€9	287.30	Ţ		
		2,213		986	3,209	2,213	3		966			3,209
20 PPS Amount (Line 18 x Line 19)	\$	627,009	\$ 292,	292,074 \$	919,083	\$ 627,009	6	\$	286,151		8	913,160
21 Less: Total Payments (From Line 17)	\$	429,582	\$ 380,632	632 \$	810,215	\$ 432,920	0	\$	384,159		ક	817,079
	\$	197,427	\$ (88)	\$ (655,88)	108,868	\$ 194,089	6	S	(98,008)		8	96,081
							13	<b>6</b> 9	347	7.	ક	448
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$	197,427	\$ (88)	\$ (655,88)	108,868	\$ 193,988	80	69	(98,355)		s	95,633

Adjustments	4		As	Adjusted		\$287.30	Page 1
			Increase	(Decrease)		(\$5.95)	
Provider NPI	1548795453		As	Reported		\$293.25	
Fiscal Period	BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2021 THROUGH JUNE 30, 2022			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENT	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	
	ALTH FOUNDATION	ences Reconciliation	Request	Worksheet Line		<del>ν</del>	
Name	JNITY HEA	Report References		Line		<b>∞</b>	
Provider Legal Name	GO COMML	Recordistion	Review	Schedule		-	
Provic	BORRE		Ş Ş			-	

Pro	Provider Legal Name	me	Fiscal Period	Provider NPI		Adjustments
BOR FOU	BORREGO COMMUNITY HEALTH FOUNDATION	NITY HEALTH	JULY 1, 2021 THROUGH JUNE 30, 2022	1548795453		14
	Reconciliation Reco	ferences Reconciliation				
Ą S S	Review Schedule Line	Request Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adiusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	-		
7	۲-	-	Non-Managed Care Crossover Visits (Period 1)	20	(20)	0
ი .		← ·	Non-Managed Care Crossover Visits (Period 2)	21	(21)	0
4 ro	1 - 1 - 2 - 7		Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)	2,193 975	2 20	2,213 999
ω	1 7	7	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1)	\$2,081	(\$2,081)	20
۰ ،	L ;	<del></del> σ	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2)	2,159	(2,159)	0
၀ တ		- 1-	Medi-Cal Fiscal Intermediaty for Managed Care Interim Payments (Period 1) Medi-Cal Fiscal Intermediaty for Managed Care Interim Payments (Period 2)	228,126 101,328	2,316	230,207 103,644
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			,
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Prov	Provider Legal Name	al Nar	me	Fiscal Period	Provider NPI		Adjustments	_
SOR TOUN	BORREGO COI FOUNDATION	MM	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2021 THROUGH JUNE 30, 2022	1548795453		4	
	Report Re	ort Re	Report References					1
Adj.	Review	<b>A</b>	Request		As	Increase	As	
	Schedule Line	Line	Worksheet Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	Reported	(Decrease)	Adjusted	
10	-	ဟ	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0	m	<b>ო</b>	
7 2 7	~ <del>~</del>	2 2	1 1 10	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>		3,370	\$3,338 3,370	
6 4	~ ~	33 33	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	0,00	347	\$101 34.7	
							Page 3	

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health
Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



### DEC 1 3 2023

Michelle Baass | Director

Rose MacIsaac, CFO Borrego Medical Clinic Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: BORREGO MEDICAL CLINIC FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1134144165

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

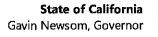
Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$327,703, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule





Rose MacIsaac Page 2

DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3 DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

MAllison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: SORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD FROM: UULY 1, 2021

FISCAL PERIOD TO: JUNE 30, 2022

								The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
VISITS	PERIOD1	PERIOD 2	TOTAL	100 NEC	S S	PERIOD 2	₩,	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	19	99	75	1	2	-	3	•
2 Medi-Cal Managed Care (Formerly Code 18)	759	2,878	3,637	778	4	2,944	5	3,722
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	•	-	'		1		
4 Total Visits	778	2,934	3,712	778		2,944		3,722
5 Less: Duplicate and Unallowable Visits				•		2	10	2
6 Payable Visits	778	2,934	3,712	778		2,942		3,720
PAYMENTS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIOD 1	Q 9	AUDITED PERIOD 2	g 9	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	Agminet a certification	1. "是有种种",有需要的。						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 3,378	\$ 10,864	\$ 14,242	\$	9	\$ -	7	\$
		-	- *					
9 Srd Party Pavers	\$		· **	· <del>69</del>		\$		ر. ج
Medi-Cal Mahaged Gare (Formerly Gode 18):								
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 146,157	\$ 560,722	\$ 706,879	\$ 149,535	80	\$ 572,711	0	\$ 722,246
11 Medi-Cal Managed Care Plans - TOTAL	\$ 117,839	\$ 492,881	\$ 610,720	\$ 117,839		\$ 492,881		\$ 610,720
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	· &		69	\$ 3,233	77	\$ 9,566	12	\$ 12,799
13 3rd Party Payers		\$ -		, 6 <del>9</del>		٠		
	y Code 20):							
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	· •	-	-	, 69				, s
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	, &	٠	·	· &				49
16 3rd Party Payers			·					•
17 Total Payments	\$ 267,374	\$ 1,064,467	\$ 1,331,840	\$ 270,607		\$ 1,075,158		\$ 1,345,765
SETTLEMENT	AOGEN ACEDOR	OR TED RECONSTITUTION PERIOD 2	now norw	PERIOD (	9 92	TED RECONCILATION	s 92	FOTA
18 PPS Rate	\$ 271.50	\$ 281.08		\$ 271.50		\$ 275.30	7	
	877	2,934	3,712	778		2,942		3,720
20 PPS Amount (Line 18 x Line 19)	\$ 211,227	\$ 824,689	\$ 1,035,916	\$ 211,227		\$ 809,933		\$ 1,021,160
	\$ 267,374	\$ 1,064,467	\$ 1,331,840	\$ 270,607	8	7		\$ 1,345,765
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (56,147)	æ	100000	(59)		22		(33
23 Less: Medi-Cal Billing Review Results					4		13, 15	
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (56,147) \$	\$ (239,778) \$	\$ (295,925)	(\$9,568)		\$ (268,135)		\$ (327,703)

	Provi	Provider Legal Name	ame			Fiscal Period	Provider NP		Adjustments
Adja	FOUN	REGO COMMI	\ TINC	НЕАГТН		JULY 1, 2021 THROUGH JUNE 30, 2022	1134144165		15
Reconciliation   Recurrent		Repor	t Refe	rences					
Nic.   Schedule   Line   Worksheet   Line   Explanation of Audit Adjustments   Reported   Operated   Adjusted   Adjuste	Adi	Reconciliat Review	io	Reconcilia	tion				
Schedule   Line   Workshee  Line   Explanation of Audit Adjustments   Reported (Decrease) Adjusted	Š	<b> </b>				:	As	Increase	As
1 1 16 PPS Rate (Period 2) Trace loagues with the PPS rate in ACSNET. 42 CPR 413.00 and 413.34  CMS Pub. 15-1, section 2304	700	_	Line	Worksheet		Explanation of Audit Adjustments  MEMORANDUM ADJUSTMENT	Reported	(Decrease)	Adjusted
		<del>-</del>	. <del>δ</del>	······································	<del>ω</del> .	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	\$281.08	(\$5.78)	\$275.30
							:		Page 1

Prov	Provider Legal Name	me	Fiscal Period	Provider NPI		Adjustments
BOR	BORREGO COMMUNITY HEALTH FOUNDATION	NITY HEALTH	JULY 1, 2021 THROUGH JUNE 30, 2022	1134144165		, <del>ř</del>
	Report References	ferences				2
Adj.	Reconciliation Review	Reconciliation Request	uc uc			
Š	Schedule Line	Worksheet	Line Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
7	<b>←</b>	<b>~</b> -	1 Non-Managed Care Crossover Visits (Period 1)	9	(19)	c
ო	_	_	Non-Managed Care Crossover Visits	26	(56)	
4	1 2	_	2 Medi-Cal Managed Care Visits (Period 1)	759	19	7
Ŋ	1	~	2 Medi-Cal Managed Care Visits (Period 2)	2,878	99	2,944
9	1 7	-	5 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1)	\$3.378	(\$3.378)	O\$
7		<del>-</del>	5 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2)	10,864	(10,864)	
00	1 10			146,157	3,378	
ത		<del>-</del>	8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	560,722	11,989	572,711
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Provid	Provider Legal Name	Name		Fiscal Period	Provider NPI		Adjustments	
BORR	BORREGO COMI FOUNDATION	IMOMI	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2021 THROUGH JUNE 30, 2022	1134144165		15	
iod	Report Resconciliation	Report References onciliation Reco	rences Reconciliation Reguest					
	Schedule Line			Line Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted	
6	~	ω	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0	N	N	
<del>2</del> 5	~ ~	5 5	 	<ul> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>10 To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	O\$ 0	\$3,233 9,566	\$3,233 9,566	
<u>6</u>	<del></del>	2	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>⇔</b>	\$964	\$ 496\$ *	
				*Balance carried forward from prior/to subsequent adjustments			Page	3

## State of California

District of the Contract of th				7
Provider Legal Name		riovider in		Adjustments
BORKEGO COMMONII Y HEALLH FOLINDATION	1	1134144165		ŕ.
Penort Peferences				2
Reconciliation Reconciliation	tion			
Schedule Line Wo	Line Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	ADJUSTMENTS TO OTHER MATTERS			
1 23		\$0	\$188	\$188
19 1 23 Not Keponed	M	906 400	1,946 6	2,910
	475) and 10th through the 12th month (KAD Code 476) after the month of services, respectively.			
	CCR, Title 22, section 51008 CMS Pub, 15-1, sections 2300 and 2304			
	W&I Code, section 14115			
		<b>#</b> }		
	*Ralance carried forward from princths subsequent adjustments			Page 600
				1

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1619036514

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



DEC 1 3 2023

Michelle Baass | Director

Rose MacIsaac, CEO Centro Medico Cathedral City P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO CATHEDRAL CITY

NATIONAL PROVIDER IDENTIFIER (NPI): 1619036514

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

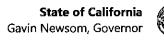
Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1.331.018. as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule





Rose MacIsaac Page 2 DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose MacIsaac Page 3

DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1
COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1619036514

FISCAL PERIOD FROM: JULY 1, 2021

FISCAL PERIOD TO: JUNE 30, 2022

SHOW.			REPORTED				AUDITED	Q		
VISID						AD			ADJ	
	PERIOD 1	10	PERIOD 2	TOTAL	PERIOD 1	NO.	PERIOD 2	0.5	NO.	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)		76	610	686		- 2			8	
Medi-Cal Managed Care (Formerly Code 18)		11,845	34,954	46,799	11,921	921 4		35,696	2	47,617
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)			-			,				•
Total Visits		11,921	35,564	47,485	11,921	321		35,696		47,617
Less. Duplicate and Unallowable Visits						1 10		51	11	52
Payable Visits		11,921	35,564	47,485	11,920	920		35,645		47,565
			REPORTED				AUDITED	Q		
PAYMENTS	PERIOD 1	01	PERIOD 2	TOTAL	PERIOD 1	AD.	PERIOD 2	12	ADJ NO.	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):			Total Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the							
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	49	13,658 \$	114,781	\$ 128,440	€	9 -	ь		7	€9
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$	٠		9	69	_	49	-		\$
3rd Party Payers	49	٠,	-	· •	€		69	'		€
Medi-Cal Managed Care (Formerly Code 18):									ľ	
Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 2.3	2,206,987 \$	6,604,931	\$ 8,811,918	\$ 2,220,645	345 8	\$ 6,7	6,735,642	6	\$ 8,956,287
Medi-Cal Managed Care Plans - TOTAL	\$ 1.5	1,208,675 \$	3,283,206	\$ 4,491,881	\$ 1,208,675	375	\$ 3,2	3,283,206		\$ 4,491,881
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	ь		•		\$ 12,283	283 12	69	96,691	13	\$ 108,974
13 3rd Party Payers	69	·	-	9	69		69	,		€
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	ly Code 20):				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			Ī	ı	
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	ь	49	,	49	49		€9	,		69
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	69	49		· ·	69		€	,		· •
16 3rd Party Payers	\$	4		\$	€9	_	\$	,		6
17 Total Payments	\$ 3,4	3,429,320 \$	10,002,918	\$ 13,432,239	\$ 3,441,603	503	\$ 10,1	10,115,539		\$ 13,557,142
		REPOR	REPORTED RECONCILIATION	NOIL		A	AUDITED RECONCILIATION	CILIATI	NO	
SETTLEMENT						ADJ			ADJ	
	PERIOD 1	01	PERIOD 2	TOTAL	PERIOD 1	NO	PERIOD 2	12	NO.	TOTAL
18 PPS Rate	69	254.68	263.66		\$ 254.68	.68	€9	258.24	-	
19 Total Medi-Cal Visits (From Line 6)		11,921	35,564	47,485	11,920	020		35,645		47,565
20 PPS Amount (Line 18 x Line 19)	3,0	3,036,040 \$	9,376,804	\$ 12,412,845	\$ 3,035,786	98,	\$ 9,2	9,204,965		\$ 12,240,751
21 Less. Total Payments (From Line 17)	3,4	3,429,320 \$	10,002,918	\$ 13,432,239	\$ 3,441,603	303	\$ 10,1	10,115,539		\$ 13,557,142
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$	(393,280) \$	(626,114)	\$ (1,019,394)	\$ (405,817)	(212)	6)	(910,574)	0,	\$ (1,316,391)
23 Less: Medi-Cal Billing Review Results						1,373 15	€9	_	14, 16	\$ 14,627
Total Amount Due Clinic (State) (t. 22 - 1. 23)	4	\$ (080 FDE)	1676 4141	(1 010 204)	4001 4001	100	6	1000 0001	_	(0 FO FOO F)

ments	"			s sted		54	Page 1
Adjustments	9			As Adjusted		\$258.24	G G
	_			Increase (Decrease)	-	(\$5.42)	
Provider NPI	1619036514			As Reported		\$263.66	
						$\mathcal{S}_{\mathbf{c}}$	
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENT	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	
L	<u> </u>		tion	Line	-	<u>6</u>	
	HEALTH	ences	Reconciliation Request	Worksheet		~	
Name	YTINOM	Report References	iation	Line		8	
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION		Reconciliation Review	Schedule		<del>-</del>	
Provi	BORR		Adj.	Š.		~	

Pro	Provider Legal Name	me	Fiscal Period	Provider NPI		Adjustments
BOR	BORREGO COMMUNITY HEALTH FOUNDATION	NITY HEALTH	JULY 1, 2021 THROUGH JUNE 30, 2022	1619036514		æ
	Report References	ferences				2
Ag.	Reconciliation Review	Reconciliation Request		•		
Š	Schedule Line	Worksheet Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
2	1	1	Non-Managed Care Crossover Visits (Period 1)	76	(76)	0
က	<del>, , , , , , , , , , , , , , , , , , , </del>	-	Non-Managed Care Crossover Visits (Period 2)	610	(610)	0
4	1 2	1 2		11,845	76	11,921
ις.	1	1	Medi-Cal Managed Care Visits (Period 2)	34,954	742	35,696
ဖ	1 7	1 5		\$13,658	(\$13,658)	O\$
^	7	7.		114,781	(114,781)	0
ω c	·- ·	, v		2,206,987	13,658	2,220,645
»	2		Medi-Cai rivermediary toi managed Care interim Payments (Period 2)	0,004,931	1.1.7,081	6,735,642
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
						Page 2

Prov	Provider Legal Name	Nan	ne		Fiscal Period	Provider NPI		Adjustments	ts
BOR FOUN	BORREGO CON FOUNDATION	NOMIN	BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022	1619036514		16	
Adi	Report Re Reconciliation Review	ation	Report References onciliation Reconciliation Request	c					
Š. Š.	Schedule	Line		Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted	
7 7	~ ~	വ	Not Reported Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D		£ 50	£ <u>7</u> 0	
5 &		5 5	· ·	10 0	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	<u>o</u> o	\$12,283 96,691	\$12,283 96,691	·····
4	<del>-</del>	8	Not Reported		Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>Q</b>	\$1,739	* \$1,739	
					*Balance carried forward from prior/to subsequent adjustments			Page	ო

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Prov	Provider Legal Name	ne	Fiscal Period	Period	Provider NPI		Adjustments
BOR	BORREGO COMMUNITY HEALTH	NITY HEALTH	>		1810038514		, d
	Report References	ferences			1000000		2
Adj	Reconciliation Review	Reconciliation Request	_				
No.	Schedule Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			-	ADJUSTMENTS TO OTHER MATTERS			
<del>τ</del> <del>ο</del>	7 23 23	Not Reported  Not Reported  .	Medi-Cal Medi-Cal 50%, 475); of ser CCR, CMS	Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, sections 2300 and 2304  W&I Code, section 14115	1,739 \$65,7,739	\$1,373 11,515	\$1,373
				*Balance carried forward from prior/to subsequent adjustments			Page 4
							1

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



### DEC 1 3 2023

Michelle Baass | Director

Rose MacIsaac, CEO Centro Medico El Cajon Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO EL CAJON FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1154480069

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

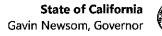
Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$3,477,704, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule





Rose MacIsaac Page 2

DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Rose MacIsaac Page 3 DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1154480069

FISCAL PERIOD FROM: UULY 1, 2021

FISCAL PERIOD TO: JUNE 30, 2022

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VISITS	PERIOD 1	KEPOKLEJ PERIODIZ	Terr	PERIOD 1	<b>₽</b>	PERIOD 2	₹2	<u>10</u>	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
1 Non-Managed Care Crossovers (Formerly Code 02)	86	419	517	•	2		က		ľ
2 Medi-Cal Managed Care (Formerly Code 18)	13,268	38,558	51,826	13,366	4	39,044	5	52	52,410
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•	•	•	•		1			-
	13,366	38,977	52,343	13,366		39,044		52	52,410
5 Less: Duplicate and Unallowable Visits				2,456	10,12	6,397	11,13	8	8,853
6 Payable Visits	13,366	38,977	52,343	10,910		32,647		43	43,557
PAYMENTS	(100)NEG	REPORTED PERIOD 2	TOTAL	r Goraa	39	AUDITED PERIOD 2	₹2	TOTAL	
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):									
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 20,861	\$ 95,001	\$ 115,862	\$	9	•	7	\$	,
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled		-		\$	<u> </u>			\$	_
9 3rd Party Payers	\$					-		\$	
Medit Cal Managed Care (Formerly Code 18):									
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 2,979,234	\$ 8,788,792	\$ 11,768,026	\$ 3,000,095	80	\$ 8,891,718	o	\$ 11,891,813	,813
11 Medi-Cal Managed Care Plans - TOTAL	\$ 811,091	\$ 2,284,939	\$ 3,096,030	\$ 811,091		\$ 2,284,939		\$ 3,096,030	3,030
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	•	٠ ج	· •	\$ 15,875	14	\$ 69,541	15	\$ 85	85,416
13 3rd Party Payers	, <del>С</del>	· ·	· •	69		-		ક	-
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	v Code 20):								
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	69		-	- چ				နှ	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	69	-		₩				\$	,
16 3rd Party Payers	\$	-		· <del>•</del>				ક	,
17 Total Payments	\$ 3,811,186	\$ 11,168,732	\$ 14,979,918	\$ 3,827,061		\$ 11,246,198		\$ 15,073,259	3,259
SETTLEMENT	OGEN AGONESIA	ONED RECONCIN	ON TOTAL	PERTODA	ACC ACC NO	AUDITED REGONG HAT	(a) (b)	TOTAL	
18 PPS Rate	\$ 271.89	\$ '281.47		\$ 271.89		\$ 275.69	1		
19 Total Medi-Cal Visits (From Line 6)	13,366	38,977	52,343	10,910		32,647		43,	43,557
20 PPS Amount (Line 18 x Line 19)	\$ 3,634,082	\$ 10,970,856	\$ 14,604,938	\$ 2,966,320		\$ 9,000,451		\$ 11,966,771	177,
21 Less: Total Payments (From Line 17)	\$ 3,811,186	\$ 11,168,732	\$ 14,979,918	\$ 3,827,061		\$ 11,246,198		\$ 15,073,259	,259
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (177,105)	(197,875)	\$ (374,980)	)		(2)		6)	,488)
23 Less: Medi-Cal Billing Review Results					17,19				371,216
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (177,105)	\$ (197,875)	\$ (374,980)	\$ (986,327)		\$ (2,491,377)		\$ (3,477,704)	,704)

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Adjustments	20		· ·	As Adjusted		\$275.69	Page 1
				(Decrease)		(\$5.78)	
Provider NPI	1154480069		<	Reported		\$281.47	
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENT	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
	НЕАLTH	ences	Reconciliation Request	Worksheet Line		7	
I Name	MMUNITY !	Report References	Reconciliation Review	Line		<b>⊕</b>	;
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	1	Rec	Schedule		<del>ए</del>	
P.	86		Adj.	ž	L		

Adjustments	50		As Adjusted		0 (	13,366	39,044	0,5	3,000,095	8,891,718					 O BOO
			Increase (Decrease)		(98)	(418) 98	486	(\$20,861)	20,861	102,926					
Provider NPI	1154480069		As Reported		86	13,268	38,558	\$20,861	2,979,234	8,788,792					
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022		Explanation of Audit Adjustments	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Non-Managed Care Crossover Visits (Period 1)	Medi-Cal Managed Care Visits (Period 1)	Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1) Medi-Cal Fiscal Intermedians for Non-Managed Care Crossovers Daymonts (Desired 2)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1)	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4				
	ү неагтн	ences Reconciliation Request	Worksheet Line		<del>-</del> ,		1	<u>-</u>	- <del>-</del>						
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Reconciliation Reconces	Schedule Line V		~~ ·	- 0	r.	7	- 1	.1					
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gge 6D	sge 6D ed by Medi-Cal.	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D  Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at FQHC service locations not approved by Medi-Cal.  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)  State Plan Amendment Attachment 4.19B, Section J  Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2)  To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, Section 14132.100 (h)
due to duplicates, or non-allowable billings.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D olicate and Unallowable Visits (Period 1) Policate and Unallowable Visits (Period 2) To eliminate visits paid to the provider for	due to duplicates, or non-allowable billings.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D california State Plan Amendment, Attachment 4.19-B, Page 6D california State Plan Amendment, Attachment 4.19-B, Page 6D california State Plan Amendment (Period 1) olicate and Unallowable Visits (Period 2) To eliminate visits paid to the provider for services provided at FQHC service locations not approved by Medi-Cal 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	due to duplicates, or non-allowable billings.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D California State Plan Amendment, Attachment 4.19-B, Page 6D California State Plan Amendment, Attachment 4.19-B, Page 6D California State Plan Amendment, Attachment 4.19-B, Page 6D California State Plan Amendment Visits (Period 1) Dicate and Unallowable Visits (Period 2) To eliminate visits paid to the provider for services provided at FQHC service locations not approved by Med 42 CFR 419.4  22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(i) State Plan Amendment Attachment 4.19B, Section J dicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled dicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.  42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)
able billings.  2 ent, Attachment 4.1 Period 1) Period 2) provider for	due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-Folicate and Unallowable Visits (Period 1) Dicate and Unallowable Visits (Period 2) To eliminate visits paid to the provider for services provided at FQHC service locations not app 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(i) State Plan Amendment Attachment 4.19B, Section J	nt, Attachment 4.1  nt, Attachment 4.1  Period 1)  Period 2)  ovider for  vice locations not a  d 14132.100 (i)(1)  nent 4.19B, Section  MAP, Code 519 8  MAP, Code 519 8  payments receive
due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachm plicate and Unallowable Visits (Period 1) plicate and Unallowable Visits (Period 2) To eliminate visits paid to the provider for	section 2409.2 section 51458.1 on 14132.100 lan Amendment, wable Visits (Periwable Visits (Periwable Visits (Periwable Visits (Peris Pari At FOHC service) at FOHC service 51458.1 of 14110, and 1 diment Attachmer	section 2409.2 section 51458.1 on 14132.100 Plan Amendment, wable Visits (Peri wable Visits (Peri S paid to the provid at FQHC service 51458.1 s.15, 14110, and 1 dment Attachmen FFS, FFS/CAP MFFS, FFS/CAP Mre and/or MAP partients.  and 413.24 section 2304 on 14132.100 (h)
42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendme Duplicate and Unallowable Visits (F Duplicate and Unallowable Visits (F To eliminate visits paid to the pr	42 CFR 413.20 CMS Pub. 15-1, section 5 CCR, Title 22, section 51 W&I Code, section 1413 California State Plan Ame olicate and Unallowable V plicate and Unallowable V To eliminate visits paid to services provided at FQH 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 141	42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CMS Pub. 15-1, section 54458.1 CCR, Title 22, section 14132.100 California State Plan Amendme Slicate and Unallowable Visits ( Dicate and Unallowable Visits) Services provided at FQHC services provided at FQHC services provided at FQHC services provided at FQHC services provided at FQHC services Provided 1458.1 W&I Code 14043.15, 14110, and State Plan Amendment Attachi Gicare PPS/UPL/FFS, FFS/CAI To adjust Medicare and/or MAR managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100
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Provi	Provider Legal Name	I Nan	ne	Fiscal Period	Provider NP		Adjustments
BORF	BORREGO CON FOUNDATION	AMC.	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2021 THROUGH JUNE 30, 2022	1154480069		50
	Repo	rt Rei	Report References				
Ā	Reconciliation Review	ation v	Reconciliation Request				
ON	Schedule Line	Line	Worksheet Line		As Reported	Increase (Decrease)	<b>As</b> Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
6	-	33	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>9</b>	\$1,607	* 7.607
14		23 23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2)  To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1)  CCR, Title 22, section 51008  CMS Pub. 15-1, sections 2300 and 2304  W&I Code, section 14115	* 1,607	\$5,003 13,638	\$5,003 * 15,245 *
	<del></del>	73 73	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate payments to the provider for services provided at FQHC service locations not approved by Medi-Cal. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* \$5,003 15,245	\$120,583 230,385	\$125,586 245,630
				*Balance carried forward from prior/to subsequent adjustments			Page 4

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1023349883

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



### DEC 1 3 2023

Michelle Baass | Director

Rose MacIsaac, CEO Centro Medico Escondido P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: CENTRO MEDICO ESCONDIDO

NATIONAL PROVIDER IDENTIFIER (NPI): 1023349883

FISCAL PERIOD ENDED: JUNE 30, 2022

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement for all visits previously paid on an interim basis. Such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans, Medi-Cal dual-eligible (crossover) patients, and Healthy Families Plan (HFP) services.

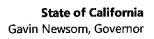
Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,095,175, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate and Medi-Cal Crossover rate will remain the same.

This FQHC Reconciliation Review Report includes the following schedules:

- 1 Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule





Rose MacIsaac Page 2 DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Rose MacIsaac Page 3

DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME. HORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD FROM: JULY 1, 2021

NPI: 1023349883

FISCAL PERIOD TO: UNINE 30, 2022

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1 Non-Managed Care Crossovers (Formerly Code 02)		74 328	402		2		၉		
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4 Total Visits	6,067	16,176	22,243	6,068		16,217		2	22,285
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Medi-Cal Non-Managed Care Crossovers (Formetly Code 02):						10 10 10 10 10 10 10 10 10 10 10 10 10 1			
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 12,771	71 \$ 66,014	\$ 78,785	<del>сэ</del>	9	-	7	€	•
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	49	·	8	٠ <del>ده</del>	69	,		\$	٠
9 3rd Party Pavers	€	·	69	•	69			\$	•
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,191,762	3,203,224	\$ 4,394,987	\$ 1,204,733	φ.	3,275,308	O3	\$ 4,48	4,480,041
11 Medi-Cal Managed Care Plans - TOTAL	\$ 385,458	58 \$ 1,257,770	\$ 1,643,228	\$ 385,458	€	1,257,770		\$ 1,64	1,643,228
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13 3rd Party Payers	69	es.			မှာ	-		\$	-
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14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	€			\$	65			ss	·
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	· •	69	· •	69	₩			8	·
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17 Total Payments	\$ 1,589,992	32 \$ 4,527,008	\$ 6,117,000	\$ 1,602,757	\$	4,588,477		\$ 6,19	6,191,234
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	1,589,992	\$	\$ 6,117,000	\$ 1,602,757		4,588,477		\$ 6,19	6,191,234
	\$ (34,959)	(234,868)	\$ (269,827)	\$ (233,805)		(828,388)			(1,062,193)
				12,461	15,17,19	20,521	6,18,20		32,982
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (34,959)	39) \$ (234,868)	\$ (269,827)	\$ (246,266)	69	(848,909)		\$ (1,09	(1,095,175)

Caperago   Commonwell   Feb.   Caperago    Provider Legal Name	H	Fiscal Period	Provider NPI		Adjustments	
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16 PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  Page			Explanation of Audit Adjustments MFMORANDIJM AD.II.STMENT	As Reported	Increase (Decrease)	As Adjusted
Page		- 6	PPS Rate (Period 2) To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$265.34	(\$5.45)	\$259.89
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Prov	Provider Legal Name	ne	Fiscal Period	Provider NPI	_	Adjustments
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		,	ADJUSTMENTS			
7	-	-	1 Non-Managed Care Crossover Visits (Period 1)	74	(74)	0
က	-	Ψ-	1 Non-Managed Care Crossover Visits (Period 2)	328	(328)	0
4 ro	1 1 2 2	~ ~	2 Medi-Cal Managed Care Visits (Period 1) 2 Medi-Cal Managed Care Visits (Period 2)	5,993 15,848	75 369	6,068 16,217
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۰ O	1 /		<ol> <li>Medi-Cal Fiscal Intermediary for Non-wanaged Care Crossovers Payments (Period 1)</li> <li>Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2)</li> </ol>	\$12,771 66.014	(\$12,771) (66,014)	္က <b>ဝ</b>
- ∞	. <del>.</del> 6	- ⊷		1,191,762	12,971	1,204,733
<u>ი</u>	1 10	-		3,203,224	72,084	3,275,308
· · · · · · · · · · · · · · · · · · ·			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Prov	Provider Legal Name	ıl Nan	ле		Fiscal Period	Provider NPI		Adjustments	ध
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ġ	Schedule Line	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
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0	-	ro ·	Not Reported	_	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	0	r>	* m	
12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F F	ന ന	Not Reported		Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at an FQHC service location not approved by Medi-Cal.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)  State Plan Amendment Attachment 4.19B, Section J	O M	727	1,749	
£ 4	<b></b>	2 2		00	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	<b>♀</b> ○	\$12,566 55,399	\$12,566 55,399	
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, o	Schedule	Line	Wor		As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
£ 6	~ <b>~</b>	23 23	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	O O	\$200 1,559	\$200 * 1,559 *
L 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<del></del>	8 8	Not Reported Not Reported	Medi-Cal Billing Review Results (Period 1)  Medi-Cal Billing Review Results (Period 2)  To eliminate payments to the provider for services provided at an FQHC service location not approved by Medi-Cal.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j)  State Plan Amendment Attachment 4.19B, Section J	\$200 1,559	\$8,330 13,384	\$8,530 * 14,943 *
50 20	← <u>·</u> ~	23 3	Not Reported	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Caf payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	\$8,530	\$3,931 5,578	\$12,461 20,521
				*Balance carried forward from prior/to subsequent adjustments			Page 4

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS NATIONAL PROVIDER IDENTIFIER: 1255490819

> FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



DEC 1 3 2023

Rose MacIsaac, CEO Centro Medico Oasis P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

CENTRO MEDICO OASIS

**DBA: CENTRO MEDICO OASIS** 

NATIONAL PROVIDER IDENTIFIER: 1255490819

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

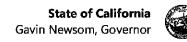
Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$218,544, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule



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Rose MacIsaac Page 2 DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

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DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

Allison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

VISITS	איניאר ואיניאר איניאר א		REGO COMMUNITY HEALTH FOUNDATION	OUNDATION N		M H H	1255490819		
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Non-Maraged Care Crossovers (Formerly Code 20)   1,909   6,307   7,377   1,909   4   Much Call Political Mon-Maraged Care (Formerly Code 10)   1,909   6,409   7,377   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909   1,909	VISITS	© 00 NA P	REPORTED PERIOD 2	TOTAL		₫ 9		Ş Ş Ş	TOTA
Mode Call Managed Care (Formerly Code 19)   1,699   6,408   7,377   1,999   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090   1,1090	_		l			2	1	3	•
Non-Marriaged Care Crossover with Capitated MAP (Formerly Code 20)   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000   1,000		1,959	5,357	7,316	1,969	4	5,418	5	7,387
PAYMENTS		•	•	-	•		-		
PAYMENTS   PAYMENTS   PAYMENTS   PARMENTS   PARMENTS   PARMENTS   PAYMENTS   PAYMENTS   PAYMENTS   PARMENTS	1,969	408		1,969		5,418		7,387	
PAYMENTS	_				•		4	10	
PAYMENTS		1,969	5,408	7,377	1,969		5,414		7,383
PAYMENTS									
Medicare PeziUlur FS, FFS/CAP MAP, Code 519 & Part D Totaled   S	PAYMENTS	PERIODI	REPORTED PERIODIZ	TOTAL	PERIOD 1	ŞÓ	AUDITED PERIOD 2	<b>₽</b> 8	TOTAL
Medical Piccal Intermediant for Non-Managed Care Crossovers   S	Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):					ŀ		·	
Sandardicare PPS/UPU/FFS, FFS MAP, Code 519 & Part D Totaled   S	_		5,209		·	+		<b>*</b>	
Standard			,	,		<i>"</i>		S	
Modifical Hamaged Care (Formerly Code 18):   Modifical Hamaged Care (Formerly Code 18):   Modifical Hamaged Care (Formerly Code 18):   Modifical Hamaged Care (Formerly Code 18):   Modifical Hamaged Care (Park Part D Totaled   \$	_		1	-	· \$	3	•	\$	4
Medical Fiscal Intermediary for Managed Care Interim								r	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			563,829			×		<i>A</i> •	
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SETTLEMENT   State	Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formery	Code 20):				L		_	
Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   Second   S			•			7	,	φ '	
SETTLEMENT   STO.743   S		·	,		· ·				<b>S</b>
SETTLEMENT   SETTLEMENT   ST0,743   ST0,743   ST0,743   ST2,282		•		Ì			A) (		
SETTLEMENT   REPROPERTY   REP			1,064,812					\$	1,445,423
SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SETTLEMENT   SET			իչքիչներիակիչորգեր						THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE
PPS Rate         \$ 164.58         \$ 17.37         \$ 164.58         \$ 164.58         \$ 164.58         \$ 164.58         \$ 164.58         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969         \$ 1.969	SETTLEMENT	1 6 0		TOTAL	00 NE 2			, 69	TOTAL
Total Medi-Cal Visits (From Line 6)         1,969         5,408         7,377         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969         1,969						Jennin in	1		
PPS Amount (Line 18 x Line 19)         \$ 324,058         \$ 1,245,473         \$ 324,058         \$ 1,245,473         \$ 324,058         \$ 1,064,812         \$ 1,045,556         \$ 372,282         \$ 1,004,812         \$ 1,064,812         \$ 1,064,812         \$ 1,435,556         \$ 372,282         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812         \$ 1,004,812 </td <td>19 Total Medi-Cal Visits (From Line 6)</td> <td>1,969</td> <td>5,408</td> <td>7,377</td> <td>1,969</td> <td></td> <td>5,414</td> <td></td> <td>7,383</td>	19 Total Medi-Cal Visits (From Line 6)	1,969	5,408	7,377	1,969		5,414		7,383
Less: Total Payments (From Line 17)         \$ 370,743         \$ 1,064,812         \$ 1,435,556         \$ 372,282         ##### \$ 1           Reconciliation Amount Due Clinic (State) (L 20 - L 21)         \$ (46,685)         \$ (143,397)         \$ (190,082)         \$ (48,224)         ###### \$ 1           Less: Medi-Cal Billing Review Results         Total			921,415	7			903,488	\$	1,227,546
Reconciliation Amount Due Clinic (State) (L 20 - L 21)   \$ (46,685)   \$ (143,397)   \$ (190,082)   \$ (48,224)	_		1,064,812	1			-	S	1,445,423
Less: Medi-Cal Billing Review Results 75 14 \$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(143,397)				(169,653)		(217,
9 (000 001) 4 (200 001) 4 (200 001)						14		13, 15	
Total Amount Due Clinic (State) (1. 22 - L. 23)   \$ (46,685)   \$ (143,397)   \$ (190,062)   \$ (46,289)   \$	-	\$ (46,685)	\$ (143,397)	(190,082)	\$ (48,299)		(170,245)	\$	(218,544)

						· · · · · · · · · · · · · · · · · · ·	
Adjustments	15			As Adjusted		\$166.88	Page 1
				Increase (Decrease)		(\$3.50)	
Provider NP	1255490819			As Reported		\$170.38	:
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENT	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	
Provider Legal Name	1EALTH	ences	Reconciliation Request	Worksheet Line	-		
Name	BORREGO COMMUNITY HEALTH FOUNDATION	Report References	iliation iew	Line	=	<del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del> <del>6</del>	
ider Legal	BORREGO CON FOUNDATION	Re	Reconciliation Review	Schedule		<b>-</b>	
Prov	BORF FOUN		Adj.	<u>.</u>		<b>√</b>	

Prov	Provider Legal Name	ne	Fiscal Period	Provider NP		Adjustments
BORF FOUN	BORREGO COMMUNITY HEALTH FOUNDATION.	NITY HEALTH	JULY 1, 2021 THROUGH JUNE 30, 2022	1255490819		15
Adj	Reconciliation Reco	ferences Reconciliation Request				
o Z	Schedule Line	Wor	û	As Reported	Increase (Decrease)	As Adjusted
			ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
7	-		Non-Managed Care Crossover Visits (Period 1)	10	(10)	
ო	<u>-</u>	-		51	(51)	
4 ro	7 7		2 Medi-Cal Managed Care Visits (Period 1) 2 Medi-Cal Managed Care Visits (Period 2)	1,959 5,357	10	1,969 5,418
ď	7		Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1)	\$1 038	(\$1 038)	Ç
· ~	1 7	. ro		5,209		
<b>6</b> 000	7 7		Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1)	203,182	1,037	204,219
D		_		20,000	5	060,600
			To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
						Page 2

Prov	Provider Legal Name	l Nan	ne	Fiscal Period	Provider NPI	:	Adjustments
FOUR FOUR	BORREGO CON FOUNDATION	MMUN	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2021 THROUGH JUNE 30, 2022	1255490819		75
Adj	Report Re Reconciliation Review	ort Ref ation v	Report References onciliation Reconciliation Review Request				
Š	Schedule Line	Line	Worksheet Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted
6	<del>-</del>	ထ	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	0	4	4
<del></del>	<del></del>	<del>4</del> <del>4</del> .	 0 0 0	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	<b>Q</b> 0	\$1,539 7,777	\$1,539 7,777
<u>&amp;</u>	<del>-</del>	8	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>G</b> ·	\$167	* * *
				*Balance carried forward from prior/to subsequent adjustments			Page 3

Adjustments	15	:		As Adjusted		. 592	Page 4
				Increase (Decrease)		\$75 425	
Provider NPI	1255490819			As Reported		* 167	
							ients
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022			Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub 15-1, sections 2300 and 2304 W&I Code, section 14115	*Balance carried forward from prior/to subsequent adjustments
	EALTH	es	Reconciliation Request	Worksheet Line		Not Reported Not Reported	1
ame	BORREGO COMMUNITY HEALTH FOUNDATION	efere					
gal Na	OMML N	eport R	Reconciliation Review	ule Line		88	
Provider Legal Name	BORREGO CO FOUNDATION	Z.	Recon Re	Schedule			
Provi	BORF		Adj	No.		4 <del>τ</del> υ	

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1780038042

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Section Chief: Allison Clinton, CPA Audit Supervisor: Pasia Gutierrez

Auditor: Bradley Miler



Michelle Baass | Director

### DEC 1 3 2023

Rose MacIsaac, CEO D Street Medical Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION DBA D STREET MEDICAL CENTER NATIONAL PROVIDER IDENTIFIER (NPI) 1780038042 FISCAL PERIOD ENDED JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$53,210, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule



Rose MacIsaac Page 2 DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Rose MacIsaac Page 3 DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

MAllison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

NPI: 1780038042

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

FISCAL PERIOD TO: JUNE 30, 2022

FISCAL PERIOD FROM: JULY 1, 2021

			REPORTED				AUDITED		· · · · · · · · · · · · · · · · · · ·
VISITS	PER	ERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)		10	25	35	•	2	1	8	
Medi-Cal Managed Care (Formerly Code 18)		1,721	1,954	3,675	1,731	4	1,981	2	3,712
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)			3				,		
Total Visits		1,731	1,979	3,710	1,731		1,981		3,712
Less: Duplicate and Unallowable Visits							2	10	
Payable Visits		1,731	1,979	3,710	1,731		1,979		3,710
			REPORTED			Ŷ	AUDITED		
PAYMENTS	PER	ERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):									
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	69	1,624	\$ 3,978	\$ 5,601	-	9		7	8
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	€9		-		· <del>«</del>				69
3rd Party Payers	<del>()</del>		- *	· •	. ↔		69		ы
Medi-Cal Managed Care (Formerly Code 18):									
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	€9	278,772	\$ 316,724	\$ 595,496	\$ 280,396	80	\$ 320,864	6	\$ 601,260
11 Medi-Cal Managed Care Plans - TOTAL	€9	170,475	\$ 263,804	\$ 434,279	\$ 170,475		\$ 263,804		\$ 434,279
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	€9	,	,	·	\$ 1,687	7	\$ 4,018	12	\$ 5,705
13 3rd Party Payers		,		· ·	, 9		· •		69
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code	ly Code 20)								
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	69	1	69	•	•		69		\$
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	es		,	· •	€9				4
16 3rd Party Payers	ક		· ·	· •	+				
17 Total Payments	ક્ક	450,871	\$ 584,506	\$ 1,035,376	\$ 452,558		\$ 588,686		\$ 1,041,244
		REPO	REPORTED RECONCILIATION	rion		AUD	AUDITED RECONCILIATION	LION	
SETTLEMENT						ADJ		ADJ	
	PEF	ERIOD 1	PERIOD 2	TOTAL	PERIOD 1	NO.	PERIOD 2	NO.	TOTAL
PPS Rate	69	264.65	\$ 273.97		\$ 264.65		\$ 268.36	-	
19 Total Medi-Cal Visits (From Line 6)		1,731	1,979	3,710	1,731		1,979		3,710
20 PPS Amount (Line 18 x Line 19)	69	458,109	\$ 542,178	\$ 1,000,287	\$ 458,109		\$ 531,084		\$ 989,193
21 Less: Total Payments (From Line 17)	49	450,871	\$ 584,506	\$ 1,035,376	\$ 452,558		\$ 588,686		\$ 1,041,244
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	49	7,238	\$ (42,328)	\$ (35,089)	\$ 5,551		\$ (57,602)		(4)
						13	\$ 568	14	\$ 1,159
7 Tatal & One Clinic (State) // 22 // 23	¥	7 238	(40,308)	(35,089)	4 960		(58 170)		(53 210)

ŝ							 	 			 _
Adjustments	4			As Adjusted		\$268.36					Page
				Increase (Decrease)		(\$5.61)					
<b>Provider NPI</b>	1780038042			As Reported		\$273.97					
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022			Explanation of Audit Adjustments	MEMORANDUM ADJUSTMENT	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304					
			liation est	Line		6					
	HEALTH	ences	Reconciliation Request	Worksheet		-					
Vame	AUNITY	Report References	ation *	Line		<del>6</del>					
Provider Legal Name	BORREGO COMMUNITY HEALTH FOUNDATION	Rep	Reconciliation Review	Schedule		<del>-</del>					
Provi	BORR		Adj.	, S		-					

Provider Legal Name	9	Fiscal Period	Provider NPI		Adjustments
BORREGO COMMUNITY HEALTH FOUNDATION	ITY HEALTH	JULY 1, 2021 THROUGH JUNE 30, 2022	1780038042		4
Report References	rences				
Reconciliation Adj. Review	Reconciliation Request				
No. Schedule Line	Worksheet Line		As Reported	Increase (Decrease)	As Adjusted
		ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA			
	•	Non-Mapaged Care Crossover Visits (Period 1)	10	(01)	c
1 m			25	(25)	0
τ-	. 7		1,721	1	1,731
5 1 2	1 2		1,954	27	1,981
~	1 5	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1)	\$1,624	(\$1,624)	0\$
7 1 7	1 5		3,978	(3,978)	
₹-			278,772	1,624	
ν-	ω	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	316,724	4,140	320,864
		To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4			
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Adjustments	, V	Adjusted	0	\$1,687 4,018	\$591 568	Page 3
	qseen	(Decrease)	Ν	\$1,687 4,018	\$59 568	
Provider NPI 1780038042	A	Reported	0	0	<b>O</b>	
Fiscal Period JULY 1, 2021 THROUGH JUNE 30, 2022		Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings.  42 CFR 413.20  CMS Pub. 15-1, section 2409.2  CCR, Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment, Attachment 4.19-B, Page 6D	<ul> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare and/or WAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	
э ГҮ НЕАLТН	rences Reconciliation Request	Worksheet Line	Not Reported	1 1 0 1 0 1	Not Reported Not Reported	
agal Name	Reconciliation Review Review Re	Schedule Line	LΩ	5 5	2 2 3 3 3	
Provider Legal Name BORREGO COMMUNITY HEALTH FOUNDATION	Recon Rei		0	<del>1</del> <del>2</del> <del>1</del>	6. 4 2. 4	

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



Michelle Baass | Director

DEC 1 3 2023

Rose MacIsaac, CEO Desert Hot Springs Community Foundation P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION -

DBA: DESERT HOT SPRINGS COMMUNITY FOUNDATION

NATIONAL PROVIDER IDENTIFIER: 1275849283

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,238,025, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule



DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

MAllison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1275849283

FISCAL PERIOD FROM: JULY 1 2021

FISCAL PERIOD TO: JUNE 30, 2022

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VISITS	000	REPORTED PERIOD:2	101A	PERIOD	₹2	AUDITED PERIOD 2	<b>₫</b> 2	Total	A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONT
1 Non-Managed Care Crossovers (Formerly Code 02)	79	363	427	•	2	-	ဇ		٠.
2 Medi-Cal Managed Care (Formerly Code 18)	6,389	18,616	25,005	6,453	4	19,020	5	2	25,473
_	1	1	,	1					-
_	6,453	18,979	25,432	6,453		19,020		2	25,473
				t		24	10		24
6 Payable Visits	6,453	18,979	25,432	6,453		18,996		2	25,449
PAYMENTS	PERIOD 1	REPORTED PERIOD 2	TOTAL	PERIODIA	ADJ NO.	AUDITED PERIOD 2	AD. NO.	TOTAL	
Medi-Cal Non-Managed Care Crossovers (Formerly Gode 02):									
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	8 16,779	\$ 98,985	\$ 115,763	- \$	9	\$	7	\$	
	-	- \$	- *	, <del>()</del>		- •		æ	
9 3rd Party Pavers	\$			€		\$ -		\$	
					ilia la aviviva				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,734,117	\$ 5,128,310	\$ 6,862,427	\$ 1,750,896	00		o	\$ 6,98	6,984,803
11 Medi-Cal Managed Care Plans - TOTAL	\$ 508,472	\$ 1,213,308	\$ 1,721,779	\$ 508,472	<u>.,</u>	\$ 1,213,308		\$ 1,72	1,721,780
	-		- 69	\$ 10,304	7-	\$ 58,223	12	8	68,527
	-		· •	· •		٠.		s <del>s</del>	•
	v Code 20):				-				
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	٠.	· &	· •	- ↔		- ·		<del>s</del>	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled		·	,	· &		,		€	
16 3rd Party Payers		· Уэ	1	•		١			
17 Total Payments	\$ 2,259,367	\$ 6,440,802	\$ 8,699,969	\$ 2,269,672		\$ 6,505,438		\$ 8,77	8,775,110
						- Partition of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	Sergednialiales		S S S S S S S S S S S S S S S S S S S
SETTLEMENT		REPORTED RECONCILATED	ā die	(0) (0) (1) (1)	9 9 2	AUDITED RECONCILIATION	, de	701	
18 PPS Bate	\$ 293.45	\$ 303.79		\$ 293.45	$\vdash$	\$ 297.55	-		
	6,453	18,979	25,432	6,453		18,996			25,449
20 PPS Amount (Line 18 x Line 19)	\$ 1,893,633	\$ 5,765,630	\$ 7,659,263	\$ 1,893,633		\$ 5,652,260		\$ 7,54	545,893
21 Less: Total Payments (From Line 17)	\$ 2,259,367	\$ 6,440,602	\$ 8,699,969	\$ 2,269,672		\$ 6,505,438		\$ 8,77	8,775,110
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (365,735)	\$ (674,972)	\$ (1,040,706)	(37		98	-		(1,229,217)
				\$ 2,076	13, 15		14, 16	١	8,808
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (365,735)	\$ (674,972)	\$ (1,040,706)	\$ (378,115)		\$ (859,910)		\$ (1,23)	(1,238,025)

Provi	Provider Legal Name	Vame			Fiscal Period	Provider NP	-	Adjustments
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FOUN	FOUNDATION				JULY 1, 2021 THROUGH JUNE 30, 2022	1275849283		16
	Rep	Report References	rences					
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ė	910	<u>!</u>				As	Increase	As
	ociecule ociecule	ב ב	volksneet	ם ב	Explanation of Audit Adjustments MEMORANDUM ADJUSTMENT	Керопед	(Decrease)	Adjusted
<del>-</del>	-	<del>6</del>	<del>-</del>	<del>6</del>	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to adjust the PPS rate in ACSNET. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	\$303.79	(\$6.24)	\$297.55
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Adjustments	16		As Adjusted	:	0 0 6,453 19,020	\$0 0 1,750,896 5,233,907	
			Increase (Decrease)		(64) (363) 64 404	(\$16,779) (98,985) 16,779 105,597	
Provider NP	1275849283		As Reported		64 363 6,389 18,616	\$16,779 98,985 1,734,117 5,128,310	
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022		Û	ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	Non-Managed Care Crossover Visits (Period 1) Non-Managed Care Crossover Visits (Period 2) Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1) Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4
Provider Legal Name BORREGO COMMINITY HEALTH		erences Reconciliation Request	Worksheet Line			 	
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Provider Legal Name	FOUNDATION	Rec	No. Sche		0 to 4 to	ω <b>~</b> ® σ	

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Provic	Provider Legal Name	I Nan	Je		Fiscal Period	Provider NPI		Adjustments	Ŋ
BORRI	EGO CON	MMUN	BORREGO COMMUNITY HEALTH					,	
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ij	Reconciliation	ation :	Report References onciliation Reconciliation	E					
S S	Neview Ochodulo	2,	Marksheet		Evalenation of Audit Adinetments	As	Increase	As	
		2		2	ADJUSTMENTS TO OTHER MATTERS	PO TOOLOGIC	(200000)	neiselfac	
6	<del>-</del>	Ŋ	Not Reported	_	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	0	42	42	
<u> </u>	<del></del>	5 5	<del></del>	6 b	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2) To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	<u>Q</u>	\$10,304 58,223	\$10,304 58,223	
£ 4	₩ ₩	3 3	Not Reported		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>Ģ</b> ^C	\$517 1,168	\$ \$11,168 * *	
					*Balance carried forward from prior/to subsequent adjustments			Page	က

# State of California

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	EGO COMIN	BORREGO COMMUNITY HEALTH	~				
FOUN	FOUNDATION			JULY 1, 2021 THROUGH JUNE 30, 2022	1275849283		16
	Report	erere	1				
Adj.	Reconciliation Review	on Reconciliation Request	tilon tt				
ģ	Schedule Line	ine Worksheet	Line		As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO OTHER MATTERS			
15	γ	23 Not Reported	_	Medi-Cal Billing Review Results (Period 1)	\$514	\$1,562	\$2,076
16	<del>-</del>	23 Not Reported	77	Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cuthacks of 25% and	1,168	5,564	6,732
				50%, for claims submitted during the 7th through 9th month (RAD Code			
				475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.			
				42 CFR 413.20 and 447.45(d)(1)			
				CCR, Title 22, section 51008 CMS Pub. 15-1. sections 2300 and 2304			
				W&I Code, section 14115			
		4					
				*Balance carried forward from prior/to subsequent adjustments			Page 4

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1790075315

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

Auditor: Bradley Miller



### DEC 1 3 2023

Michelle Baass | Director

Rose MacIsaac, CEO Eastside Health Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: EASTSIDE HEALTH CENTER

NATIONAL PROVIDER IDENTIFIER (NPI): 1790075315

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

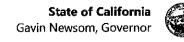
Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the State in the amount of \$1,832,802, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule



DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

MAllison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1790075315.

FISCAL PERIOD FROM: JULY 1, 2021

FISCAL PERIOD TO: JUNE 30, 2022

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VISITS	0 0 1 1 1	REPORTED PERIOD 2	1014	H-R.007	쥖호	AUDITED PERIOD 2	₹2	TOTAL	
1 Non-Managed Care Crossovers (Formerly Code 02)	32	192	224	-	2	_	8		
2 Medi-Cai Managed Care (Formerly Code 18)	4,473	11,411	15,884	4,505	4	11,672	5	16	16,177
	-	-	ı	•		-			-
4 Total Visits	4,505	11,603	16,108	4,505		11,672		16	16,177
				1,002	11	2,078	10,12	3	3,080
6 Payable Visits	4,505	11,603	16,108	3,503		9,594		13	13,097
						***			
PAYMENTS	G	REPORTED PERIOD 2			<b>g</b> o	AUDITED PERIOD2	₹9		The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th
Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):									
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 6,431	\$ 40,789	\$ 47,220	. 69	9	\$		\$	
_	· •	- \$	- \$			\$		\$	-
_	٠ •	- \$	- \$	,		*		\$	•
Meditcal Mahaged Care (Formerly Gode 18):					-				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 937,553	-+	\$ 3,372,167	\$ 943,983	00	\$ 2,483,688	o	\$ 3,427,671	,671
11 Medi-Cal Managed Care Plans - TOTAL	\$ 410,337	\$ 1,242,444	\$ 1,652,781	\$ 410,337		\$ 1,242,444		\$ 1,652,781	,781
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	69	\$	٠.	\$ 4,877	<u></u>	\$ 30,335	4	\$ 35,	35,212
13 3rd Party Payers	69	- &	· ·	· &				69	1
Medi-Cal Non-Managed Gare Crossovers with Capitated MAP (Formerly Cod	Code 20):								
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	·	- \$	,	€				cs.	
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	· <del>60</del>		,	· \$		\$		&	
16 3rd Party Payers		•		ļ					,
17 Total Payments	\$ 1,354,320	\$ 3,717,847	\$ 5,072,168	\$ 1,359,197		\$ 3,756,467		\$ 5,115,664	,664
SETTLEMENT	REPORT	ORTED RESONALA	) 12 2	PEROD 1		DEFENCE ON THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	(a) (b)		
18 PPS Rate	\$ 249.75	\$ 258.55		\$ 249.75		\$ 253.24	1		
19 Total Medi-Cal Visits (From Line 6)	4,505	11,603	16,108	3,503		9,594		13,	13,097
20 PPS Amount (Line 18 x Line 19)	\$ 1,125,124	\$ 2,999,956	\$ 4,125,079	\$ 874,874		\$ 2,429,585		\$ 3,304,459	459
21 Less: Total Payments (From Line 17)	\$ 1,354,320	\$ 3,717,847	\$ 5,072,168	\$ 1,359,197		\$ 3,756,467		\$ 5,115,664	,664
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (229,197)	\$ (717,892)	***************************************	4		(1,3		3,1	205)
23 Less: Medi-Cal Billing Review Results					16,18	\$ 14,300.	14,300,15,17,18		21,597
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (229,197)	\$ (717,892)	\$ (947,088)	\$ (491,620)		(1,341,182)		\$ (1,832,802)	,802)

Pro	Provider Legal Name	ame			Fiscal Period	Provider NPI		Adjustments
BOR	BORREGO COMMUNITY HEALTH	TUNITY	HEALTH		,			
Four	FOUNDATION				JULY 1, 2021 THROUGH JUNE 30, 2022	1790075315		19
	Rep	Report References	rences					
Adj	Reconciliation Review	ation v	Reconciliation Request	ion				
Š		-		<u>!</u>	T   A   1.1.   A	As	Increase	As
	ocuednie		Worksneer		MEMORANDUM ADJUSTMENT	periodev	(Declease)	palsniny
~	<b>-</b>	<b>6</b>	<del>-</del>	<del>ο</del>	PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	\$258.55	(\$5.31)	\$253.24
								Page

Prov BOR	Provider Legal Name BORREGO COMMUNIT	Provider Legal Name BORREGO COMMUNITY HEALTH	_	Fiscal Period	Provider NPI		Adjustments	s
Four	FOUNDATION			JULY 1, 2021 THROUGH JUNE 30, 2022	1790075315		19	
Ą	Report R Reconciliation Review	Report References onciliation Reconciliation Review Request	tion					
Š	Schedule Line	e Worksheet	Line	Explanation of Audit Adjustments	As Reported	increase (Decrease)	As Adjusted	
				ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA				
7	-	-	~	Non-Managed Care Crossover Visits (Period 1)	32	(32)	0	
ო -	- ·	<del>, ,</del>	← (	Non-Managed Care Crossover Visits (Period 2)	192	(192)		
	- +		1 71	Medi-Cal Managed Care Visits (Period 1) Medi-Cal Managed Care Visits (Period 2)	4,4/3 11,411	26. 261	4,303	
ဖ	1 7	<b>~</b> -	Ŋ	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1)	\$6,431	(\$6,431)	0\$	
7	1 7	-	ιΩ	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2)	40,789	(40,789)		
<b>ത</b> ത			∞ ∞	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1) Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	937,553 2.434.614	6,430 49.074	943,983 2.483.688	
				To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4				
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Provider Legal Name	ıl Nar	ne	Fiscal Period	Provider NP		Adjustments	
BORREGO CON FOUNDATION	MMUN	BORREGO COMMUNITY HEALTH FOUNDATION	JULY 1, 2021 THROUGH JUNE 30, 2022	1790075315		19	
Repo	ort Ref	Report References	1				T-
Reconciliation Review	ation //	Reconciliation Request				,	
Schedule Line	Line	Worksheet Line	Explanation of Audit Adjustments ADJUSTMENTS TO OTHER MATTERS	As Reported	Increase (Decrease)	As Adjusted	Т
F	ro	Not Reported	Duplicate and Unallowable Visits (Period 2)  To eliminate non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	0	24	*	
<del></del>	ഗ ഗ	Not Reported Not Reported	Duplicate and Unallowable Visits (Period 1)  Duplicate and Unallowable Visits (Period 2)  To eliminate visits paid to the provider for services provided at an FQHC service location not approved by Medi-Cal.  42 CFR 419.4  22 CCR Section 51458.1  W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	* 24	1,002	1,002 2,078	
	5 5	<del>-</del> <del>-</del> -	<ul> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 1)</li> <li>10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totaled Payments (Period 2)</li> <li>To adjust Medicare and/or MAP payments received for Medi-Cal managed care patients.</li> <li>42 CFR 413.20 and 413.24</li> <li>CMS Pub. 15-1, section 2304</li> <li>W&amp;I Code, section 14132.100 (h)</li> </ul>	<u>Q</u>	\$4,877 30,335	\$4,877 30,335	
-	83	Not Reported	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	<b>♀</b>	<b>\$2</b> ,026	* \$2,026	
			*Balance carried forward from prior/to subsequent adjustments	:		Page 3	

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Adjustments	19			As Adjusted		\$3.497 * 6,331 *		Page 4
				Increase (Decrease)		\$3,497 4,305	7,969	
Provider NPI	1790075315			As Reported		\$0.026	\$3.497 6,331	
						*	• •	
Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022			Explanation of Audit Adjustments	ADJUSTMENTS TO OTHER MATTERS	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To eliminate payments to the provider for services provided at an FQHC service location not approved by Medi-Cal. 42 CFR 419.4 22 CCR Section 51458.1 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively.  42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	*Balance carried forward from prior/to subsequent adjustments
	BORREGO COMMUNITY HEALTH FOUNDATION	nces	Reconciliation Request	Worksheet Line		Not Reported	Not Reported Not Reported	
l Name	CTINOMIA	efere	$\perp$	Line		23 8 8 8 8	23 23 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
Provider Legal Name	BORREGO CON FOUNDATION	Repo	Reconciliation Review	Schedule		~ ~	F F	
Provic	BORRI		Adj.	o O		16	<del>α</del> <del>α</del> <del>α</del> <del>α</del> <del>α</del> <del>α</del> <del>α</del> <del>α</del> <del>α</del> <del>α</del>	

## REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



DEC 1 3 2023

Michelle Baass | Director

Rose MacIsaac, CEO Desert Oasis Women's Health P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: DESERT OASIS WOMEN'S HEALTH

NATIONAL PROVIDER IDENTIFIER: 1386069995

FISCAL PERIOD ENDED: JUNE 30, 2022

We have reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data.

The amount presented on Schedule 1 represents the reported Medi-Cal settlement in the amount of \$346,952, due to the State for the above-referenced fiscal period, which was accepted as filed.

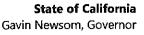
Your interim Managed Care rate and Medi-Cal Crossover rate will remain the same.

This FQHC Reconciliation Review Report includes the following schedule:

- 1. Schedule 1—Computation of Medi-Cal Settlement
- Adjustment Schedule

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal Perspective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.





DEC 1 3 2023

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

MAllison Clinton

FQHC/RHC Chief

Financial Review - Outpatient and Behavioral Health Division

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1. COMPUTATION OF MEDI-CAL SETTLEMENT

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1386069995

FISCAL PERIOD TO: JUNE 30, 2022 FISCAL PERIOD FROM: JULY 1, 2021

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STISIN											
21014	d.	PERIOD 1	PERIOD 2	TOTAL		PERIOD 1	711	PERIOD 2	D 2		TOTAL
Non-Managed Care Crossovers (Formerly Code 02)			2		2		-			2	2
Medi-Cal Managed Care (Formerly Code 18)		2,049	2,776	4,825	5		2,049		2,776	(0)	4,825
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)				1			,		٠		
Total Visits		2,049	2,778	4,827	7.		2,049		2,778	· ·	4,827
Less: Duplicate and Unallowable Visits		N/A	N/A	N/A	12/		,		)		1
Payable Visits		2,049	2,778	4,827			2,049		2,778	9	4,827
			REPORTED				Ā	ACCEPTED AS FILED	ILED.		
PAYMENTS	Q.	PERIOD 1	PERIOD 2	TOTAL		PERIOD 1		PERIOD 2	0 2		TOTAL
Wedi-Cal Non-Managed Care Crossovers (Formerly Code 02):											
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	€	-	\$ 293	\$ 293	\$ 8		-	\$	293	89	293
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	49	1	69	€	↔		,	€	t	69	(
3rd Party Payers	69	1	•	8	69			69	•	69	,
Medi-Cal Managed Care (Formerly Code 18):					   					-	
Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	↔	300,486	\$ 406,954	\$ 707,440	9	30	300,486	69	406,954	69	707,440
Medi-Cal Managed Care Plans - TOTAL	49	115,283	\$ 126,614	\$ 241,897	37	11	115,283	69	126,614	69	241,897
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	69	1	, 69	€9	€			€9	t	69	r ³
3rd Party Payers		-	· 60	€9	69			€9	1	69	
Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly	2						İ			ŀ	
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	<del>69</del>	1	· •	·	49			€9	1	69	)
Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	€9	-		69	49		-	€\$	,	69	1
3rd Party Payers	↔		•	- ↔	_		,	Ф		-	1
Total Payments	ь	415,769	\$ 533,861	\$ 949,630	\$ 00	41	415,769	€9-	533,861	€9	949,630
		REPO	REPORTED RECONCILIATION	NOITA		ACC	EPTED	ACCEPTED AS FILED RECONCILIATION	CONCILIA	NOIL	
TNEWS ITTES							ADJ		ADJ		
SELLEEMEN!	<u>a</u>	PERIOD 1	PERIOD 2	TOTAL		PERIOD 1	NO.	PERIOD 2			TOTAL
PPS Rate	69	123.86	\$ 128.20	N/A	69	123.86		\$ 12	125.59 1		N/A
Total Medi-Cal Visits (From Line 6)		2,049	2,778	4,827	7:	2,049		2	2,778		4,827
PPS Amount (Line 18 x Line 19)	€>	253,789	\$ 356,140	\$ 609,929	<b>₽</b>	253,789		\$ 348	348,889	69	602,678
Less: Total Payments (From Line 17)	49	415,769	\$ 533,861	\$ 949,630	\$ 00	415,769		\$ 533	533,861	64)	949,630
Reconciliation Amount Due Clinic (State) (L 20 - L 21)	69	(161,980)	\$ (177,721)	(339,701)	3	(161,980)		\$ (184	(184,972)	69	(346,952)
Less: Medi-Cal Billing Review Results		N/A	N/A	N/A	49	-		69		€9	1
24 Total Amount Due Clinic (State) (L 22 - L 23)	69	(161,980)	\$ (177,721)	(339,701)	31) \$	(161,980)		\$ (184,	(184,972)	49	(346,952)

Adjustments	<b>-</b>	۵۵	Adjusted	6 9	Page 1
Adjus		_	Adj	\$125.59	u.
		aseason	(Decrease)	(\$2.61)	
Provider NPI	9885		=	\$128.20	
Provid	1386069995	<i>∀</i>	Reported	<i></i>	
			nents ENT	m (PPS)	
	22		Explanation of Audit Adjustments MEMORANDUM ADJUSTMENT	S Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	
	NE 30, 20		n of Audi NDUM A	rate(s) in t	
	IUL HƏUÇ		xplanatio EMORA	rted Prospo th the PPS d 413.24 ection 230 ⁴	
riod	321 THRO			S Rate (Period 2) To adjust the reported Prosperate(s) to agree with the PPS 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304	
Fiscal Period	JULY 1, 20			PPS Rate (Period 2) To adjust the reporate(s) to agree w 42 CFR 413.20 al CMS Pub. 15-1, s	
_	BORREGO COMMUNITY HEALTH FOUNDATIJULY 1, 2021 THROUGH JUNE 30, 2022	iation	Line	φ.	
	ALTH FC	Reconciliation Request	Worksheet	£	
ame	OMMUNITY HEALT	Review	Line	8	
Legal N	COMMI Repor	Reconciliation Review	Schedule	-	
Provider Legal Name	ORREGO	Adj. Reco	-	-	

# REPORT ON THE FEDERALLY QUALIFIED HEALTH CENTER RECONCILIATION REVIEW

BORREGO COMMUNITY HEALTH FOUNDATION NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED JUNE 30, 2022

FQHC/RHC Section
Financial Review – Outpatient and Behavioral Health Division
Audits and Investigations
Department of Health Care Services

Chief: Allison Clinton, CPA Audit Manager: Pasia Gutierrez

**Auditor: Bradley Miller** 



### Michelle Baass | Director

### DEC 1 3 2023

Rose MacIsaac, CEO Women's Health and Wellness Center P.O. Box 2369 Borrego Springs, CA 92004-2369

NOTICE OF FINAL SETTLEMENT TO RECONCILIATION REQUEST

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION

DBA: WOMEN'S HEALTH AND WELLNESS CENTER NATIONAL PROVIDER IDENTIFIER: 1568747137

FISCAL PERIOD ENDED: JUNE 30, 2022

We reviewed the Federally Qualified Health Center (FQHC) Medi-Cal Reconciliation Request for the above-referenced fiscal period. We conducted our review under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the provider's records/data and the Medi-Cal Fiscal Intermediary's payment data reports.

This reconciliation review completes the annual Medi-Cal Prospective Payment System (PPS) settlement, for all visits previously paid on an interim basis, such as those rendered to Medi-Cal beneficiaries enrolled in Managed Care Plans and Medi-Cal dual-eligible (crossover) patients.

Our review includes adjustments to reverse duplicate payments, and recoup payments made to the clinic for non-billable services (such as lab tests or injections) found during our review of all billing/revenue codes.

The audited settlement for the fiscal period due the Clinic in the amount of \$93,073, as presented in the FQHC Reconciliation Review Report (Schedule 1) represents a proper determination in accordance with the reimbursement principles of the applicable program.

Your interim Managed Care rate (Code 18) and Medi-Cal Crossover rate (Code 02) will remain the same.

This FQHC Reconciliation Review Report includes the following:

- Schedule 1—Computation of Medi-Cal Settlement
- 2. Adjustment Schedule





Rose MacIsaac Page 2 DEC 1 3 2023

The Statement of Account Status will incorporate the Medi-Cal overpayment, which may reflect other financial transactions initiated by the Department. The State's fiscal intermediary typically forwards the Statement of Account Status to the provider. However, due to the bankruptcy proceedings, the Department will not forward the Statement of Account Status to you at this time.

This computation utilizes the Medi-Cal PPS rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations Division, FQHC/RHC Section will send the revised reconciliation review report to the clinic.

Notwithstanding this audit report, overpayments to the provider are subject to recovery pursuant to section 51458.1, article 6 of division 3, title 22, California Code of Regulations. However, due to the bankruptcy proceedings, the Department is not engaging in recovery at this time.

The Welfare and Institutions Code, section 14171 contains the procedures that govern an appeal. You may request a hearing for any disputed audit or examination finding by filing a Statement of Disputed Issues, as defined in the California Code of Regulations, title 22, section 51022. You must file the written request with the Department within 60-calendar days from the date you receive this letter. However, due to the bankruptcy proceedings, the obligation to exercise your appeal rights within 60 days is stayed.

Send the Statement of Disputed Issues and a copy of this letter to the following:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals, MS 0016
3831 North Freeway Boulevard, Suite 200
Sacramento, CA 95834
(916) 322-5603

Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

DEC 1 3 2023

If you have questions regarding this report, you may call the FQHC/RHC Section—Sacramento at (916) 322-1681.

MAttison Clinton, CPA

FQHC/RHC Section Chief Financial Audits Branch

Certified

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# FQHC/RHC RECONCILIATION REVIEW REPORT

SCHEDULE 1 COMPUTATION OF MEDI-CAL SETTLEMENT

FISCAL PERIOD TO: JUNE 30, 2022

NPI: 1568747137

PROVIDER LEGAL NAME: BORREGO COMMUNITY HEALTH FOUNDATION JULY 1, 2021 FISCAL PERIOD FROM:

VISITS	PERIOD	REPORTED PERIOD 2	TOTAL	PERIOD 1	₹8	POSITED PERIOD 2	<b>₫</b> 8	TOTAL
Non-Managed Care Crossovers (Formerly Code 02)	2	7	6		2		3	•
Medi-Cal Managed Care (Formerly Code 18)	1,664	3,704	5,368	1,666	4	3,716	5	5,382
Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	•		•	•		•		•
Total Visits	1,666	3,711	5,377	1,666		3,716		5,382
Less: Duplicate and Unallowable Visits				'		•		
Payable Visits	1,666	3,711	5,377	1,666		3,716		5,382
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	PAYMENTS	PERIOD	REPORTED PERIOD 2	TOTAL	PERIOD 1	₽ S S	AUDITED PERIOD 2	₫.	2	O L
	Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	A Committee of the Committee of						5.7	.]	
7	_	\$ 371	\$ 1,318	\$ 1,689	·	ဖ	· ·	7	€	1
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10	10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 308,802	\$ 697,384	\$ 1,006,186	\$ 309,174	ø	\$ 699,455	6	ક	1,008,629
<u>7</u>	Medi-Cal Managed Care Plans - TOTAL	\$ 57,579	\$ 174,259	\$ 231,837	\$ 57,579		\$ 174,259		જ	231,838
. 6	12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	·	S	- \$	\$ 338	10	1,091	£	69	1,429
1 6	13 3rd Party Pavers	•	- \$	\$	· &		· •		s	-
?	Medical Non-Managed Care Crossovers with Capitated MAP (Formerly Code	( Code 20):				7		-		
4	14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP		49	· <del>50</del>	٠		•		esp.	,
5	15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	•	-	٠ <del>ده</del>	· •		- 49		es.	•
9	16 3rd Party Pavers	9	- <del>С</del>	٠	- ↔		٠		€9-	1
17	17 Total Payments	\$ 366,753	\$ 872,960	\$ 1,239,713	\$ 367,091		\$ 874,805		€9	1,241,896
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	SETTLEMENT	REPO	OBRIED RECONDILA	VII ON TOTAL	PER GD	99	ED RECO	2 () () 6 ( ) 2	· β	7
60	18 PPS Rate	\$ 245.80	\$ 254.45		\$ 245.80		\$ 249.24	1		
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1,241,896 93,783 1,335,679

5,382

926,176

409,503 367,091

1,666

5,377 1,353,775 874,805

3,716

93,073

12, 14

51,371

42,412

114,062 1,239,713

71,311

944,272 872,960

366,753 \$ 409,503

42,750

Reconciliation Amount Due Clinic (State) (L 20 - L 21) Less: Medi-Cal Billing Review Results Total Amount Due Clinic (State) (L 22 - L 23)

ess: Total Payments (From Line 17)

2

Total Medi-Cal Visits (From Line 6) PPS Amount (Line 18 x Line 19)

19

3,711

1,666

42,209

114,062

71,311

42,750

50,864

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Perceived Line   Morksheet   Line   Mediustrient   Reported   Mediustrient   Reported   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustrient   Mediustr	O COMMUNITY HEALT TION	E	JULY 1, 2021 THROUGH JUNE 30, 2022	1568747137		4
Request   Norksheet   Line   Worksheet   Line   MEMORANDUM ADJUSTIMENT   Reported   (Decreases)   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjusted   Adjust	eferenc					
Line   Worksheet   Line   Explanation of Audit Adjustments		conciliation Request				
16   PPS Rate (Period 2)   \$254.45 (\$5.21) \$2.49.24     To adjust the reported Prospective Payment System (PPS)   rate to agree with the PPS rate in ACSNET.     42 CR 413.20 and 413.24     CMS Pub. 15-1, section 2304     Apple	Line Work		Explanation of Audit Adjustments		Increase (Decrease)	As Adjusted
18 1 16 PPS Raie (Period 2) To adjust the reported Prospective Payment System (PPS) Tate to agree with the PPS rate in ACSNET. A2 CPR 3.13.0 and 413.24 CMS Pub. 15-1, section 2304 Page			MÉMORANDUM ADJUSTMENT	-	-	
	8		PPS Rate (Period 2)  To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304	\$254.45	(\$5.21)	\$249.24

Prov	Provider I edal Name	Name			Fiscal Period	Provider NPI		Adjustments	w
BOR	BORREGO COMMUNITY HEALTH	MUNIT	Y HEALTH				•		)
ΡΟΥ	FOUNDATION				JULY 1, 2021 THROUGH JUNE 30, 2022	1568747137		4	
A <u>d</u>	Report Re Reconciliation Review	efere 	ences Reconciliation Request	L.					•
Š	Schedule L	Line		Line	Explanation of Audit Adjustments	As Reported	increase (Decrease)	As Adjusted	
			-		ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA	-			
•	-	•		•	Non-Managed Care Crossover Visits (Period 1)	8	8	G	
1 m		· •	- —	Ψ.	Non-Managed Care Crossover Visits (Period 2)		<u> </u>		
4	_	2	_		Medi-Cal Managed Care Visits (Period 1)	1,664	7	1,666	
rO.	-	7	-		Medi-Cal Managed Care Visits (Period 2)	3,704	12	3,716	
9	-	7	Ψ-		Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1)	\$371	(\$371)	0\$	
7	-	7	<b>-</b>		Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2)	1,318	(1,318)	0	
ω α		5 5	τ.	<b>∞</b> ο	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1) Medi Cal Eined Intermediary for Managed Care Interim Dayments (Period 2)	308,802	372	309,174 600.466	
n .	_	2	<b>-</b> .	D	Medical riskal intelligually for managed cale intelligrants (1 endu 2)	to: 180	7,0,4	000	
					To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data: Payment Period: July 1, 2021 through May 5, 2023 Service Period: July 1, 2021 through June 30, 2022 Run On: May 5, 2023 42 CFR 413.20, 413.60, and 413.64 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4				
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Record Reference   Assemble   Fiscal Period   Provider NP	nents				ted		& <del>L</del>	*	77	
Fiscal Period	Adjustments	4		d	As Adjusted		\$338 1,091	\$249	\$203	
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Y HEALTH  JULY 1, 2021 THROUGH JUNE  Request  Norksheet  Line  Reducare PPS/UPL/FFS, FFS/CAP  To adjust Medicare and/or MAP managed care patients.  42 CFR 413.20 and 413.24  CMS Pub. 15-1, section 2304  W&I Code, section 14132.100 (Pached to the provider due to duplicates action 14132.100 (Pached to the provider due to duplicates action 14132.100 (CR) Title 22, section 51458.1  W&I Code, section 14132.100  California State Plan Amendment of services, respectively.  To adjust Medi-Cal Billing Review Results (Pached California State Plan Amendment of services, respectively.  A75) and 10th through the 12th of services, respectively.  475) and 10th through the 12th of services, respectively.  475) and 10th through the 12th of services, respectively.  42 CFR 413.20 and 447.45(d)(1 CCR, Title 22, section 51008  CMS Pub. 15-1, section 51008  CMS Pub. 15-1, section 51008  CMS Pub. 15-1, section 5300 (Pached) section 14115	Provider NPI	1568747137		K	AS Reported		၀ <u>္</u> ၀	<b>9</b>	\$0 50 6 7	
Y HEALTH sinces Reconciliatio Request 1 1 1 of Reported of Reported of Reported	Fiscal Period	JULY 1, 2021 THROUGH JUNE 30, 2022				ADJUSTMENTS TO OTHER MATTERS	Medicare PPS/UPL/FFS, FFS/CAP Medicare PPS/UPL/FFS, FFS/CAP To adjust Medicare and/or MAP managed care patients. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (	Medi-Cal Billing Review Results (Period 2)  To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings. 42 CFR 413.20 CMS Pub. 15-1, section 2409.2 CCR, Title 22, section 51458.1 W&I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal cutbacks of 25% and 50%, for claims submitted during the 7th through 9th month (RAD Code 475) and 10th through the 12th month (RAD Code 476) after the month of services, respectively. 42 CFR 413.20 and 447.45(d)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&I Code, section 14115	
		EALTH	Se	conciliation Request			1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	eported	eported (eported	
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<b>  5                                   </b>	vider L	RREGO JNDATI					~ ·		w 4.	

### EXHIBIT B

## California Department of Health Care Servcies Audits and Investigations Division Lead Schedule of Debt Payable and Receivable from Borrego Community Health Foundation

Net Amount Due the State for Recons 2015-2022, EPC, 340B \$ (84,315,551)

		Total by NPI		
			Due from the	
Clinic	NPI	Due to the State	State	
Pharmacy (340 (b))	1659824837	\$ (12,970,08	9) -	
Pharmacy (340 (b))	1457873259	\$ (749,04	5) -	
Pharmacy (340 (b))	1689741175	\$ (444,27	-	
Total Pharmacy 340b (Due to State)		\$ (14,163,40	<del>1)</del>	

		Sett	Final Reconcilia Elements (Audi FYE's 201	ts C .5-2	omplete) for
	1000010000	_	e to the State		State
Centro Medico Escondido	1023349883	\$	(3,659,522)		1,007,003
Borrego Medical Clinic	1134144165	\$	(1,828,592)		115,917
Centro Medicao El Cajon	1154480069	\$	(25,971,131)	\$	-
Desert Hot Springs Health and Wellness	1184065088	\$	(49,082)	\$	-
Centro Medico Oasis	1255490819	\$	(713,540)	\$	488,805
Desert Hot Springs Community Health	1275849283	\$	(7,720,270)	\$	1,179,704
Arlanza Family Health Center	1306131545	\$	(4,986,722)	\$	-
Desert Oasis Women's Health Center	1386069995	\$	(3,201,160)	\$	462,596
Barstow Community Health	1548795453	\$	-	\$	1,891,196
Women's Health and Wellness Center	1568747137	\$	(416,567)	\$	1,776,842
Centro Medico Cathedral City	1619036514	\$	(18,725,669)	\$	-
Centro Medio Coachella	1730249947	\$	(279,616)	\$	952,495
D Street Medical Center	1780038042	\$	(5,001,285)	\$	1,129,179
Eastside Health Center	1790075315	\$	(6,772,813)	\$	248,875
Anza Community Health Center	1942623657	\$	(738,993)	\$	1,270,712
Gross Amount (Due to State) Due From State		\$	(80,064,961)	\$	10,523,324
Net Amount (Due to State) Due From State		\$	(69,541,637)		
		<u>'</u>	-	1	

\$ (96,497,952)

12,182,400

(84,315,551)

Total Due State (including 340B and EPC)

Net

Total Due Borrego (Reconciliations and EPC)

Estimated EPC (Difference between Interim Rate and Audited Rate) (has not been processed due to bankruptcy)							
Due to the State		Due from the State					
	-	\$		-			
\$ \$ \$ \$ (1,398,	-	\$		-			
\$	-	\$		-			
\$ (1,398,	519)	\$		-			
\$	-	\$ \$		-			
\$	-	\$		-			
\$		\$		-			
\$ (871,	067)	\$		-			
\$	-	\$	1,080,	501			
\$	-	\$		-			
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	-	\$		-			
\$	-	\$		-			
\$	-	\$	578,	476			
\$	-	\$		-			
\$	-	\$		-			
\$ (2,269,	587)	\$	1,659,0	076			
\$ (610,	511)						