

**Fill in this information to identify the case:**

Debtor Borrego Community Health Foundation  
 United States Bankruptcy Court for the: Southern District of California  
(State)  
 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.**

**Part 1: Identify the Claim**

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



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 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 secured?  No  
 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 *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 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 lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. 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 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)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

**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.**

*Check the appropriate box:*

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/27/2023  
MM / DD / YYYY

/s/Mark McClenning  
Signature

**Print the name of the person who is completing and signing this claim:**

Name Mark McClenning  
First name Middle name Last name

Title Attorney III

Company California Department of Health Care Services  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

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

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



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  
3 using a rate known as the Prospective Payment System (PPS) rate. The PPS rate is  
4 an all-inclusive rate calculated to reflect the FQHC's cost-per-visit during the base  
5 year. The Department determines an individual FQHC's PPS rate based on the  
6 FQHC's reasonable costs of providing covered services within the FQHC's "scope  
7 of service" to Medi-Cal beneficiaries in the base year, with updates to the PPS rate  
8 in each following year for inflation and any increase or decrease in the scope of  
9 services provided by the FQHC. Claims submitted by the FQHC to Medi-Cal are  
10 paid either at the FQHC's full PPS rate or an interim PPS rate. An interim PPS rate  
11 is less than the full PPS rate and accounts for payments to the FQHC on behalf of  
12 Medi-Cal beneficiaries from other third-party payers, such as Medicare and Medi-  
13 Cal managed care plans. At the end of each fiscal year, the Department reconciles  
14 the interim PPS rate and all third-party payments received by the FQHC to the  
15 FQHC's PPS rate. These audits are referred to as Reconciliation Requests. If the  
16 total payments received by the FQHC exceed the FQHC's PPS rate, the FQHC  
17 must remit the overpayments to the Department. If the total payments received are  
18 less than the FQHC's PPS rate, the Department issues the payment difference to the  
19 FQHC. Moreover, the Department also conducts billing reviews of FQHC claims.  
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  
24 approved FQHCs. Following the billing review, the FQHC is required to remit any  
25 identified overpayments for inappropriate billings to the Department.

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

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

11 4. For the period of approximately January 1, 2015, through July 1, 2022,  
12 the Department is currently reconciling erroneous payment corrections (EPC). The  
13 reconciliation of the erroneous payment corrections is not completed, but the  
14 amounts can be estimated. The EPC is related to rate setting Cost Report audits for  
15 four sites. The audited PPS rates are adjusted retroactively to the operational  
16 effective date of the sites depending on whether the audited PPS rate is increased or  
17 decreased from the interim PPS rate. The EPC reprocesses claims related to fee-for-  
18 service beneficiaries to pay the difference between the interim PPS rate and the  
19 final audited PPS rate. To estimate the EPC amount, the Department calculated the  
20 difference in the interim rate and audited rate, and applied the difference to the fee-  
21 for-service claims processed by the Medi-Cal Fiscal Intermediary. The approximate  
22 gross amount from January 1, 2015 to July 1, 2022 due to the Department is  
23 \$2,269,587.00 and the gross amount due to Borrego is \$1,659,076.00 from the State  
24 for the increase in the PPS rate from the interim PPS rate to the audited PPS rate for  
25 the D Street and Barstow clinic locations. The net amount of erroneous payment  
26 corrections due to the Department, for that time period for the four sites, is  
27 therefore approximately \$610,511.00.  
28

1           5.       The Department is also owed 340B overpayments in the amount of  
2 \$14,163,404.00. The basis for the 340B overpayment amount of \$14,163,404.00 is  
3 set forth in the Amended Revised Declaration Of Firas Yaghmour In Support Of  
4 Defendant California Department Of Health Care Services' Opposition To Debtor's  
5 Motion For The Entry Of (I) An Order Approving Form Of Asset Purchase  
6 Agreement And (II) An Order Authorizing The Sale Of Property Free And Clear Of  
7 All Claims, Liens, And Encumbrances filed in the above-captioned matter on  
8 November 18, 2022 [ECF Doc No. 204, Case No. 22-02384-LT11].

9           6.       For the period of July 1, 2022 through June 30, 2023, Reconciliation  
10 Requests were due from debtor by November 28, 2023. The Department has not  
11 received the Reconciliation Requests as of December 21, 2023. The total settlement  
12 amount due may increase or decrease. There is information reported on the  
13 Reconciliation Requests that is unavailable to the Department; therefore, the  
14 Department is unable to determine an estimate for the fiscal year ended June 30,  
15 2023.

16           7.       The total amount due to the Department is \$84,315,551. This amount  
17 is comprised of overpayments for pharmacy and health care services. A true and  
18 correct copy of the schedule of overpayments for pharmacy and health care services  
19 due to the Department by Borrego, dated December 22, 2023, is attached to this  
20 declaration as Exhibit B. The total net overpayments due to the Department is  
21 \$84,315,551. This amount is subject to change based on information that may later  
22 become available to the Department.

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

26           Executed on this 27th day of December 2023, in Sacramento, California.  
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DocuSigned by:  
*Allison Clinton*  
90DADBEE0A74438

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Allison Clinton

## 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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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, 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:

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

Edgar Bulloch

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**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 4237



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1023349883		15	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Line	Request					
1	1	15	1	17	\$201.70	\$35.28	\$236.98
2	1	15	1	17	201.70	35.28	236.98
<p><b>MEMORANDUM ADJUSTMENTS</b></p> <p>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</p>							



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1023349883		15		
Report References		Explanation of Audit Adjustments						
Adj. No.	Reconciliation Review	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
3		1	1	1	1	7,944	2	7,946
4		1	3	1	4	25	9	34
5		1	9	1	8	\$347,947	\$50	\$347,997
6		1	9	1	8	1,176,412	450	1,176,862
7		1	13	1	15	11,088	201	11,289
8		1	13	1	15	2,077	902	2,979

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

Medi-Cal Managed Care - Code 18 Visits (Period 2)  
 Medi-Cal Non-Managed Care Crossover - 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 1)  
 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:  
 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1023349883		15		
Report References		Explanation of Audit Adjustments						
Adj. No.	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line		
							As Reported	
							Increase (Decrease)	
							As Adjusted	
9	1	8	1	7	1	7	\$457	\$7,638
10	1	8	1	7	1	7	646	59,197
<p>Medicare and MAP Payments (Period 1)</p> <p>Medicare and MAP Payments (Period 2)</p> <p>To adjust Medicare payments received for Medi-Cal managed care patients.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Section 2304</p> <p>W&amp;I Code, Section 14132.100 (h)</p>								
11	1	12	1	14	1	14	\$2,557	\$3,518
<p>Medicare Crossover Payments (Period 2)</p> <p>To adjust Medicare payments received for the Medi-Cal crossover (Code 02) visits.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Section 2304</p> <p>W&amp;I Code, Section 14132.100 (h)</p>								
12	1	20	Not Reported				\$0	\$72 *
13	1	20	Not Reported				0	1,234 *
<p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>								
14	1	20	Not Reported				\$72	\$7,657
15	1	20	Not Reported				1,234	23,792
<p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>								
<p>*Balance carried forward from prior/fo subsequent adjustments</p>								

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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

**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

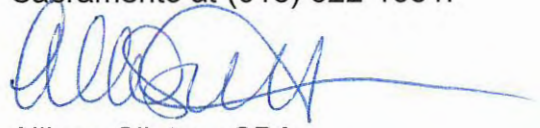
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

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

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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, 2014**

FISCAL PERIOD TO: **JUNE 30, 2015**

VISITS	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ 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	-	-	-	-		-		-
3 Medi-Cal Non-Managed Care Crossover - Code 02	41	63	104	41		65	2	106
4 Total Visits	818	2,710	3,528	818		2,718		3,536
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	324	5	1,120	6	1,444
6 Payable Visits	818	2,710	3,528	494		1,598		2,092

PAYMENTS	REPORTED			AUDITED				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
<b>Code 18:</b>								
7 Medi-Cal Managed Care Plan Payments	\$ 61,946	\$ 205,698	\$ 267,644	\$ 61,946		\$ 205,698		\$ 267,644
8 Medicare and MAP Payments	\$ 2,008	\$ 7,939	\$ 9,946	\$ 4,954	7	\$ 19,007	8	\$ 23,961
9 Code 18 Payments	\$ 73,779	\$ 313,830	\$ 387,609	\$ 73,779		\$ 429,618	3	\$ 503,397
<b>Code 20:</b>								
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
<b>Code 02:</b>								
12 Medicare Payments for Crossovers	\$ 4,232	\$ 6,444	\$ 10,676	\$ 4,232		\$ 6,736	9	\$ 10,968
13 Code 02 Payments	\$ 2,717	\$ 7,001	\$ 9,718	\$ 2,717		\$ 7,678	4	\$ 10,395
14 Total Payments	\$ 144,682	\$ 540,912	\$ 685,594	\$ 147,628		\$ 668,737		\$ 816,365

SETTLEMENT	REPORTED RECONCILIATION			AUDITED RECONCILIATION				
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
15 PPS Rate	\$ 249.04	\$ 251.03	N/A	\$ 249.04		\$ 251.03		N/A
16 Total Medi-Cal Visits (From Line 6)	818	2,710	3,528	494		1,598		2,092
17 PPS Amount (Line 15 x Line 16)	\$ 203,715	\$ 680,291	\$ 884,006	\$ 123,026		\$ 401,146		\$ 524,172
18 Less: Total Payments (From Line 14)	\$ 144,682	\$ 540,912	\$ 685,594	\$ 147,628		\$ 668,737		\$ 816,365
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 59,033	\$ 139,380	\$ 198,412	\$ (24,602)		\$ (267,591)		\$ (292,193)
20 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	\$ 58,561	10,12,14	\$ 49,458	11,13,15	\$ 108,019
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 59,033	\$ 139,380	\$ 198,412	\$ (83,163)		\$ (317,049)		\$ (400,212)
22 Healthy Families Plans ( Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ 59,033	\$ 139,380	\$ 198,412	\$ (83,163)		\$ (317,049)		\$ (400,212)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1134144165		15	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	1	1	1	2,647	6	2,653
2	1	3	1	4	63	2	65
3	1	9	1	8	\$313,830	\$115,788	\$429,618
4	1	13	1	15	7,001	677	7,678

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

Medi-Cal Managed Care - Code 18 Visits (Period 2)  
 Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)  
 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:  
 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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1134144165		15	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line	Worksheet				
<b>Explanation of Audit Adjustments</b>							
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
5	1	5	Not Reported			324	324
6	1	5	Not Reported			1,120	1,120
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 (f)(1)(i) SPA Attachment 4.19B, section J							
7	1	8	1	7		\$2,008	\$2,946
8	1	8	1	7		7,939	11,068
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)							
9	1	12	1	10		\$6,444	\$292
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)							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1134144165		15	
Report References		Reconciliation Request		As Reported		As Adjusted	
Adj. No.	Reconciliation Review	Line	Worksheet	Line	Explanation of Audit Adjustments	Increase (Decrease)	
10	1	20	Not Reported		Medi-Cal Payments Review (Period 1)	\$55,909	\$55,909 *
11	1	20	Not Reported		Medi-Cal Payments Review (Period 2)	43,745	43,745 *
					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)(f)		
					SPA Attachment 4.19B, section J		
12	1	20	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$55,909	\$56,922 *
13	1	20	Not Reported		Medi-Cal Billing Review Results (Period 2)	43,745	44,698 *
					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		
14	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$56,922	\$58,561
15	1	23	Not Reported		Medi-Cal Billing Review Results (Period 2)	44,698	49,458
					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.		

**ADJUSTMENTS TO OTHER MATTERS**

\*Balance carried forward from prior/fo subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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.

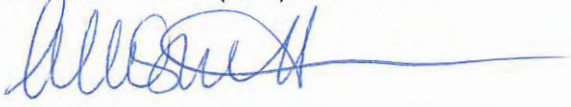
Send the Statement of Disputed Issues and a copy of this letter to the following:

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.

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

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1154480069		18	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Line	Request					
1	1	15	1	17	\$249.55	(\$0.16)	\$249.39
2	1	15	1	17	251.55	(0.16)	251.39
<p>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</p>							
<p><b>MEMORANDUM ADJUSTMENTS</b></p>							



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1154480069		18	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
3		1	1	1	33,559	25	33,584
4		3	1	4	197	4	201
5		9	1	8	\$1,946,506	\$186	\$1,946,692
6		9	1	8	6,995,605	4,393	6,999,998
7		13	1	15	29,611	742	30,353

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

Medi-Cal Managed Care - Code 18 Visits (Period 2)  
 Medi-Cal Non-Managed Care Crossover - 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:  
 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1154480069		18	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
8	1	5	5	Not Reported		0	1,080
9	1	5	5	Not Reported		0	3,408
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(i)                      State Plan Amendment Attachment 4.19B, section J</p>							
10	1	8	1	Medicare and MAP Payments (Period 1)		\$869	\$21,839
11	1	8	1	Medicare and MAP Payments (Period 2)		1,712	91,853
<p>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&amp;I Code, section 14132.100 (h)</p>							
12	1	20	Not Reported	Medi-Cal Billing Review Results (Period 1)		\$0	\$748 *
13	1	20	Not Reported	Medi-Cal Billing Review Results (Period 2)		0	3,519 *
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1154480069		18	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
14	1	20	Not Reported	*	\$748	\$275,825	\$276,573 *
15	1	20	Not Reported	*	3,519	414,236	417,755 *
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 (f)(1)(i) State Plan Amendment Attachment 4.19B, section J							
16	1	20	Not Reported	*	\$276,573	\$1,517	\$278,090
17	1	20	Not Reported	*	417,755	2,986	420,741 *
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							
18	1	20	Not Reported	*	\$420,741	\$58,005	\$478,746
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/fo subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 2012**

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:

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

Edgar Bulloch

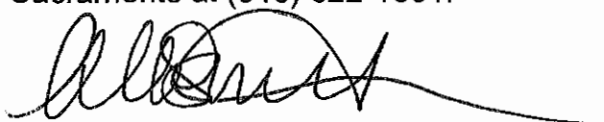
Page 2

**JUN 28 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**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1184065088**

FISCAL PERIOD FROM:

**JULY 1, 2014**

FISCAL PERIOD TO:

**JUNE 30, 2015**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Medi-Cal Managed Care - Code 18	-	25	-	25
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-
4 Total Visits	-	25	-	25
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	-	25	-	25

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
<b>Code 18: Managed Care</b>				
7 Medi-Cal Managed Care Plan Payments	\$ -	\$ 290	\$ -	\$ 290
8 Medicare and MAP Payments	\$ -	\$ -	\$ -	\$ -
9 Code 18 Payments	\$ -	\$ 3,355	\$ -	\$ 3,355
<b>Code 20: Non-Managed Care</b>				
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -
<b>Code 02: Non-Managed Care</b>				
12 Medicare Payments for Crossovers	\$ -	\$ -	\$ -	\$ -
13 Code 02 Payments	\$ -	\$ -	\$ -	\$ -
14 Total Payments	\$ -	\$ 3,645	\$ -	\$ 3,645

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
15 PPS Rate	\$ 179.51	\$ 179.51	\$ 121.19	\$ 121.19
16 Total Medi-Cal Visits (From Line 6)	-	25	-	25
17 PPS Amount (Line 15 x Line 16)	\$ -	\$ 4,488	\$ -	\$ 3,030
18 Less: Total Payments (From Line 14)	\$ -	\$ 3,645	\$ -	\$ 3,645
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ -	\$ 843	\$ -	\$ (615)
20 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ -	\$ 843	\$ -	\$ (615)
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ -	\$ 843	\$ -	\$ (615)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1184065088		2			
Adj. No.	Report References		Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							
1	1	15	1	14	14	PPS Rate (Period 1)	\$179.51	(\$58.32)	\$121.19
2	1	15	1	14	14	PPS Rate (Period 2)	179.51	(58.32)	121.19
<p>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</p>									
<p><b>MEMORANDUM ADJUSTMENTS</b></p>									



**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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
2. Adjustments Schedule

**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.

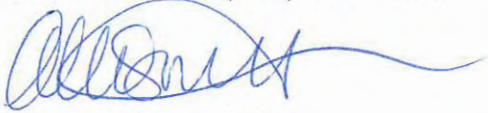
Send the Statement of Disputed Issues and a copy of this letter to the following:

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 4237

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS

NPI:

1255490819

FISCAL PERIOD FROM:

JULY 1, 2014

FISCAL PERIOD TO:

JUNE 30, 2015

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Medi-Cal Managed Care - Code 18	1,470	5,364	1,470	5,367
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	24	55	24	55
4 Total Visits	1,494	5,419	1,494	5,422
5 Less: Duplicate and Unallowable Visits	N/A	N/A	-	2
6 Payable Visits	1,494	5,419	1,494	5,420
		6,834		6,837

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
Code 18:				
7 Medi-Cal Managed Care Plan Payments	\$ 46,238	\$ 51,740	\$ 46,238	\$ 51,740
8 Medicare and MAP Payments	\$ 188	\$ 728	\$ 516	\$ 6,550
9 Code 18 Payments	\$ 152,723	\$ 558,031	\$ 152,845	\$ 558,471
Code 20:				
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -
Code 02:				
12 Medicare Payments for Crossovers	\$ 2,477	\$ 5,626	\$ 2,477	\$ 5,709
13 Code 02 Payments	\$ 1,576	\$ 3,464	\$ 1,576	\$ 3,464
14 Total Payments	\$ 203,203	\$ 619,589	\$ 203,652	\$ 625,934
		8103		8,186
		5,040		5,040
		822,792		829,586

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
15 PPS Rate	\$ 150.95	\$ 152.16	\$ 150.96	\$ 152.17
16 Total Medi-Cal Visits (From Line 6)	1,494	5,419	1,494	5,420
17 PPS Amount (Line 15 x Line 16)	\$ 225,519	\$ 824,555	\$ 225,534	\$ 824,761
18 Less: Total Payments (From Line 14)	\$ 203,203	\$ 619,589	\$ 203,652	\$ 625,934
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 22,316	\$ 204,966	\$ 21,882	\$ 198,827
20 Less: Medi-Cal Billing Review Results	N/A	N/A	68	298
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 22,316	\$ 204,966	\$ 21,814	\$ 198,529
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ 22,316	\$ 204,966	\$ 21,814	\$ 198,529
		227,282		220,343
		-		-
		227,282		220,343

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS		JULY 1, 2014 THROUGH JUNE 30, 2015		1255490819		11	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
1		15	1	17	\$150.95	\$0.01	\$150.96
2		15	1	17	152.16	0.01	152.17
<p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Section 2304</p>							

<b>Provider Legal Name</b>		<b>Fiscal Period</b>		<b>Provider NPI</b>		<b>Adjustments</b>	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS		JULY 1, 2014 THROUGH JUNE 30, 2015		1255490819		11	
<b>Report References</b>							
Adj. Reconciliation Review:		Reconciliation Request		As Reported		As Adjusted	
No.	Schedule	Line	Worksheet	Line			

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

3	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	\$5,364	\$3	\$5,367
4	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 1)	\$152,723	\$122	\$152,845
5	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 2)	558,031	440	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS		JULY 1, 2014 THROUGH JUNE 30, 2015		1255490819		11	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Line	Request					
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
6	1	5	Not Reported		0	2	2
				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			
7	1	8	1	7	\$188	\$328	\$516
8	1	8	1	7	728	5,822	6,550
				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)			
9	1	12	1	14	\$5,626	\$83	\$5,709
				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)			
10	1	20	Not Reported		\$0	\$68	\$68
11	1	20	Not Reported		0	298	298
				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			



**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

**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:

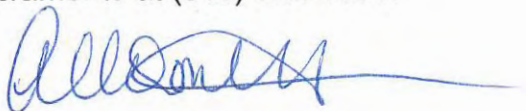
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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 4220

**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI:

**1275849283**

FISCAL PERIOD FROM:

**JULY 1, 2014**

FISCAL PERIOD TO:

**JUNE 30, 2015**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Medi-Cal Managed Care - Code 18	3,198	10,184	13,382	3,198	10,185	13,383
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-	-	-
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	13,423
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	63	7	70
6 Payable Visits	3,226	10,196	13,422	3,163	10,190	13,353

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>Code 18:</b>						
7 Medi-Cal Managed Care Plan Payments	\$ 43,313	\$ 482,549	\$ 525,862	\$ 43,313	\$ 482,549	\$ 525,862
8 Medicare and MAP Payments	\$ 1,554	\$ 6,546	\$ 8,101	\$ 7,948	\$ 40,919	\$ 48,867
9 Code 18 Payments	\$ 610,805	\$ 1,946,824	\$ 2,557,629	\$ 610,900	\$ 1,947,164	\$ 2,558,064
<b>Code 20:</b>						
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Code 02:</b>						
12 Medicare Payments for Crossovers	\$ 2,877	\$ 1,239	\$ 4,116	\$ 2,877	\$ 1,239	\$ 4,116
13 Code 02 Payments	\$ 2,170	\$ 1,085	\$ 3,255	\$ 2,890	\$ 1,085	\$ 3,975
14 Total Payments	\$ 660,719	\$ 2,438,243	\$ 3,098,962	\$ 667,928	\$ 2,472,956	\$ 3,140,884

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
15 PPS Rate	\$ 211.73	\$ 211.73	N/A	\$ 271.31	\$ 271.31	N/A
16 Total Medi-Cal Visits (From Line 6)	3,226	10,196	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	\$ 3,622,803
18 Less: Total Payments (From Line 14)	\$ 660,719	\$ 2,438,243	\$ 3,098,962	\$ 667,928	\$ 2,472,956	\$ 3,140,884
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 22,322	\$ (279,444)	\$ (257,122)	\$ 190,226	\$ 291,693	\$ 481,919
20 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	4,302	7,049	11,351
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 22,322	\$ (279,444)	\$ (257,122)	\$ 185,924	\$ 284,644	\$ 470,568
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ 22,322	\$ (279,444)	\$ (257,122)	\$ 185,924	\$ 284,644	\$ 470,568

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1275849283		16	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line					
1	1	15	1	17	\$211.73	\$59.58	\$271.31
2	1	15	1	17	211.73	59.58	271.31
<p><u>MEMORANDUM ADJUSTMENT</u></p> <p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Section 2304</p>							

<b>Provider Legal Name</b>		<b>Fiscal Period</b>		<b>Provider NPI</b>		<b>Adjustments</b>	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1275849283		16	
<b>Report References</b>							
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line	Worksheet				

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

3	1	1	1	1	1	10,184	1	10,185
4	1	9	1	8	8	\$610,805	\$95	\$610,900
5	1	9	1	8	8	1,946,824	340	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







**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**



MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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:

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

**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:

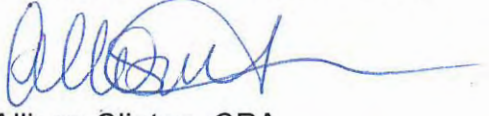
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Medi-Cal Managed Care - Code 18	2,344	8,292	10,636	2,344	8,295	10,639
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-	-	-
4 Total Visits	2,344	8,292	10,636	2,344	8,295	10,639
5 Duplicate and Unallowable Visits	87	-	87	87	586	673
6 Payable Visits	2,344	8,292	10,636	2,431	8,881	11,312

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 Code 18: Managed Care	115,880	501,895	617,575	115,880	501,895	617,575
8 Medi-Cal Managed Care Plan Payments	-	-	-	2,890	15,786	18,676
9 Medicare and MAP Payments	408,059	1,445,766	1,853,825	408,059	1,446,413	1,854,472
10 Code 20: Non-Managed Care	-	-	-	-	-	-
11 Capitated MAP Plan Payments	-	-	-	-	-	-
12 Code 20 Payments	-	-	-	-	-	-
13 Code 02: Non-Managed Care	-	-	-	-	-	-
14 Medicare Payments for Crossovers	-	-	-	-	-	-
15 Code 02 Payments	-	-	-	-	-	-
16 Total Payments	523,938	1,947,461	2,471,400	526,829	1,963,894	2,490,723

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
17 PPS Rate	182.77	184.23	367.00	182.77	184.23	367.00
18 Total Medi-Cal Visits (From Line 6)	2,344	8,292	10,636	2,431	8,881	11,312
19 PPS Amount (Line 15 x Line 16)	428,413	1,527,635	1,956,048	444,314	1,636,147	2,080,461
20 Total Payments (From Line 14)	523,938	1,947,461	2,471,400	526,829	1,963,894	2,490,723
21 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	(95,526)	(419,826)	(515,352)	(82,515)	(327,747)	(410,262)
22 Less: Medi-Cal Billing Review Results	-	-	-	-	-	-
23 Sub Amount Due Clinic (State) (L 19 - L 20)	(95,526)	(419,826)	(515,352)	8,634	89,330	97,964
24 Healthy Families Plans (Schedule 1-A L12)	-	-	-	(91,149)	(417,077)	(508,226)
25 Total Amount Due Clinic (State) (L 21+22)	(95,526)	(419,826)	(515,352)	(91,149)	(417,077)	(508,226)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1306131545		12	
Report References							
Adj. No.	Reconciliation: Review	Reconciliation Request		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Schedule	Line				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
1	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	8,292	3 8,295
2	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 2)	\$1,445,766	\$647 \$1,446,413

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1306131545		12	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	5	Not Reported				
4	1	5	Not Reported	0	87	87	
				0	586	586	
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 (f)(1)(i) SPA Attachment 4.19B, Section J							
5	1	8	1				
6	1	8	1	\$0	\$2,890	\$2,890	
				0	15,786	15,786	
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)							
7	1	20	Not Reported				
				\$0	\$553	\$553	*
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							
8	1	20	Not Reported				
9	1	20	Not Reported	\$0	\$8,042	\$8,042	*
				553	72,841	73,394	*
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 (f)(1)(i) SPA Attachment 4.19B, Section J							
*Balance carried forward from prior to subsequent adjustments							



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1306131545		12	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
10		1	20	Not Reported			
11		1	20	Not Reported	\$8,042	\$592	\$8,634
					73,394	379	73,773 *
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>							
12		1	23	Not Reported	\$73,773	\$15,557	\$89,330
<p>Medi-Cal Billing Review Results (Period 2) *</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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.

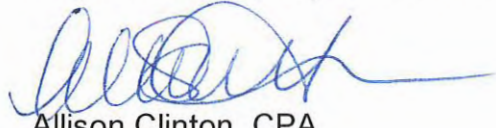
Send the Statement of Disputed Issues and a copy of this letter to the following:

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.

A handwritten signature in blue ink, appearing to read 'Allison Clinton', with a long horizontal flourish extending to the right.

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

Certified

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDAT		JULY 1, 2014 THROUGH JUNE 30, 2015		1386069995		10	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line	Worksheet				
1	1	18	1	16	PPS Rate (Period 1)	\$182.16	\$115.43
2	1	18	1	16	PPS Rate (Period 2)	182.16	115.43
<p>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</p>							
<u>MEMORANDUM ADJUSTMENTS</u>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1386069995		10			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							

Explanation of Audit Adjustments

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

3	1	2	1	2	1	2	Medi-Cal Managed Care Visits (Period 1)	0	111	111
4	1	2	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	630	2,422	3,052
5	1	10	1	8	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$65,607	\$27,259	\$92,866

To adjust Medi-Cal reconciliation data to agree with the following  
 Fiscal Intermediary Payment Data:  
 Payment Period: 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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1386069995		10	
Adj. No.	Report References		Schedule	Line	Worksheet	Line	
	Reconciliation Review	Reconciliation Request					
6	1	3a	Not Reported	N/A			83
7	1	3a	Not Reported	N/A			1601
<p><b>Explanation of Audit Adjustments</b>  <b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>1 Misbilled Medi-Cal PPS Visits (Code 01) Period 1                      2 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</p> <p>8 Medi-Cal Billing Review Results (Period 1)                      9 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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p> <p>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 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&amp;I Code, section 14115</p>							
						\$0	\$503 *
						0	507 *
						\$507	\$880

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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 MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1568747137**

FISCAL PERIOD FROM: **JULY 1, 2014**

FISCAL PERIOD TO: **JUNE 30, 2015**

	REPORTED			AUDITED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>VISITS</b>						
1 Medi-Cal Managed Care - Code 18	1,317	3,119	4,436	1,317	3,119	4,436
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-	-	-
4 Total Visits	1,317	3,119	4,436	1,317	3,119	4,436
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	1,317	3,119	4,436	1,317	3,119	4,436

	REPORTED			AUDITED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>PAYMENTS</b>						
<b>Code 18:</b>						
7 Medi-Cal Managed Care Plan Payments	1,089	3,350	4,439	1,089	3,350	4,439
8 Medicare and MAP Payments	-	-	-	1,239	3,629	4,868
9 Code 18 Payments	168,027	397,947	565,974	168,027	397,947	565,974
<b>Code 20:</b>						
10 Capitated MAP Plan Payments	-	-	-	-	-	-
11 Code 20 Payments	-	-	-	-	-	-
<b>Code 02:</b>						
12 Medicare Payments for Crossovers	-	-	-	-	-	-
13 Code 02 Payments	-	-	-	-	-	-
14 Total Payments	169,116	401,297	570,412	170,355	404,926	575,281

	REPORTED RECONCILIATION			AUDITED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>SETTLEMENT</b>						
15 PPS Rate	185.00	185.00	N/A	227.26	227.26	N/A
16 Total Medi-Cal Visits (From Line 6)	1,317	3,119	4,436	1,317	3,119	4,436
17 PPS Amount (Line 15 x Line 16)	243,645	577,015	820,660	299,301	708,824	1,008,125
18 Less: Total Payments (From Line 14)	169,116	401,297	570,412	170,355	404,926	575,281
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	74,529	175,718	250,248	128,946	303,898	432,844
20 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	226	406	632
21 Sub Amount Due Clinic (State) (L 19 - L 20)	74,529	175,718	250,248	128,720	303,492	432,212
22 Healthy Families Plans ( Schedule 1-A L12)	-	-	-	-	-	-
23 Total Amount Due Clinic (State) (L 21+22)	74,529	175,718	250,248	128,720	303,492	432,212

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1568747137		6	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	15	1	17	PPS Rate (Period 1)	\$185.00	\$227.26
2	1	15	1	17	PPS Rate (Period 2)	185.00	227.26
<p>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</p>							
<b>MEMORANDUM ADJUSTMENTS</b>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1568747137			
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line					
3	1	8	1	7	\$0	\$1,239	\$1,239
4	1	8	1	7	0	3,629	3,629
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medicare and MAP Payments (Period 1)</p> <p>Medicare and MAP Payments (Period 2)</p> <p>To adjust Medicare payments received for Medi-Cal managed care patients.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Section 2304</p> <p>W&amp;I Code, Section 14132.100 (h)</p>							
5	1	20	Not Reported		\$0	\$226	\$226
6	1	20	Not Reported		0	406	406
<p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>							



**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

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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

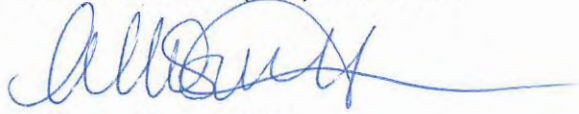
(916) 322-5603

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

Edgar Bulloch  
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JUN 28 2022

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

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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

Certified

7021 2720 0003 0819 4220

SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1619036514**

FISCAL PERIOD FROM: **JULY 1, 2014**

FISCAL PERIOD TO: **JUNE 30, 2015**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Medi-Cal Managed Care - Code 18	8,894	53,774	8,894	53,981
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	277	335	277	345
4 Total Visits	9,171	54,109	9,171	54,326
5 Less: Duplicate and Unallowable Visits	-	-	1,610	29,853
6 Payable Visits	9,171	54,109	7,561	24,473
		<b>62,868</b>		<b>62,875</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Code 18: Managed Care				
Medi-Cal Managed Care Plan Payments	\$ 495,088	\$ 2,524,509	\$ 495,088	\$ 2,524,509
8 Medicare and MAP Payments	\$ 4,673	\$ 10,799	\$ 22,295	\$ 118,293
9 Code 18 Payments	\$ 1,650,883	\$ 9,992,290	\$ 1,651,456	\$ 10,024,927
Code 20: Non-Managed Care				
Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -
Code 20 Payments	\$ -	\$ -	\$ -	\$ -
Code 02: Non-Managed Care				
Medicare Payments for Crossovers	\$ 28,592	\$ 34,267	\$ 28,019	\$ 35,044
Code 02 Payments	\$ 40,157	\$ 49,733	\$ 40,359	\$ 50,933
14 Total Payments	\$ 2,219,393	\$ 12,611,597	\$ 2,237,217	\$ 12,753,706
		<b>3,019,597</b>		<b>3,019,597</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
15 PPS Rate	\$ 233.76	\$ 235.63	\$ 233.61	\$ 235.48
16 Total Medi-Cal Visits (From Line 6)	9,171	54,109	7,561	24,473
17 PPS Amount (Line 15 x Line 16)	\$ 2,143,813	\$ 12,749,704	\$ 1,786,325	\$ 5,762,902
18 Less: Total Payments (From Line 14)	\$ 2,219,393	\$ 12,611,597	\$ 2,237,217	\$ 12,753,706
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ (75,580)	\$ 138,106	\$ (470,892)	\$ (6,990,804)
20 Less: Medi-Cal Billing Review Results				
Sub Amount Due Clinic (State) (L 19 - L 20)	\$ (75,580)	\$ 138,106	\$ (980,060)	\$ (10,080,869)
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ (75,580)	\$ 138,106	\$ (980,060)	\$ (10,080,869)
		<b>62,526</b>		<b>62,526</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1619036514		22	
Report References							
Adj. No.	Reconciliation Review	Schedule	Line	Worksheet	Line	As Reported	As Adjusted
1		1	15	1	17	\$233.76	\$233.61
2		1	15	1	17	235.63	235.48
<p>Explanation of Audit Adjustments</p> <p><u>MEMORANDUM ADJUSTMENTS</u></p> <p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Section 2304</p>							

<b>Provider Legal Name</b>		<b>Fiscal Period</b>		<b>Provider NPI</b>		<b>Adjustments</b>	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1619036514		23	
<b>Report References</b>							
Reconciliation Request							
Adj. No.	Schedule	Line	Worksheet	Line			

**Explanation of Audit Adjustments**

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

Adj. No.	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	AS Reported	Increase (Decrease)	AS Adjusted
3	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	53,774	207	53,981
4	1	3	1	4	Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)	335	10	345
5	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 1)	\$1,650,883	\$573	\$1,651,456
6	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 2)	9,992,290	32,637	10,024,927
7	1	13	1	15	Medi-Cal Non-Managed Care - Code 02 Payments (Period 1)	40,157	202	40,359
8	1	13	1	15	Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	49,733	1,200	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1619036514		23	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Line	Request					
3	1	1	1	1	53,774	207	53,981
4	1	3	1	4	335	10	345
5	1	9	1	8	\$1,650,883	\$573	\$1,651,456
6	1	9	1	8	9,992,290	32,637	10,024,927
7	1	13	1	15	40,157	202	40,359
8	1	13	1	15	49,733	1,200	50,933
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
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							



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1619036514		23	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Line	Request					
9	1	5	Not Reported		0	1	1 *
10	1	5	Not Reported		0	4	4 *
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
11	1	5	Not Reported		1	1,609	1,610
12	1	5	Not Reported		4	29,849	29,853
<p>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                      W&amp;I Code 14043.15, 14110, and 14132.100 (l)(1)(i)                      SPA Attachment 4.19B, Section J</p>							
13	1	8	1	7	\$4,673	\$17,622	\$22,295
14	1	8	1	7	10,799	107,494	118,293
<p>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&amp;I Code, Section 14132.100 (h)</p>							
15	1	12	1	14	\$28,592	(\$573)	\$28,019
16	1	12	1	14	34,267	777	35,044
<p>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&amp;I Code, Section 14132.100 (h)</p>							

\*Balance carried forward from prior/fo subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1619036514		23		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
17	1	20	Not Reported			\$0	\$1,635	\$1,635 *
18	1	20	Not Reported			0	6,829	6,829 *
<p style="text-align: center;"><b>EXPLANATION OF AUDIT ADJUSTMENTS</b></p> <p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p>								
19	1	20	Not Reported			\$1,635	\$4,357	\$5,992 *
20	1	20	Not Reported			6,829	15,227	22,056 *
<p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2</p> <p>CCR, Title 22, section 51458.1</p> <p>W&amp;I Code, section 14132.100</p> <p>California State Plan Amendment, Attachment 4.19-B, Page 6D</p>								
21	1	20	Not Reported			\$5,992	\$503,176	\$509,168 *
22	1	20	Not Reported			22,056	2,923,981	2,946,037 *
<p>Misbilled Billing Review Results (Period 1)</p> <p>Misbilled Billing Review Results (Period 2)</p> <p>To eliminate visits and payments paid to the provider for services provided at an unapproved FQHC service location</p> <p>42 CFR 419.4</p> <p>22 CCR Section 51458.1</p> <p>W&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(0)</p> <p>SPA Attachment 4.19B, Section J</p>								

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1619036514		23	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
23	1	20	Not Reported		\$2,946,037	\$144,028	\$3,090,065
<p>Medi-Cal Billing Review Results (Period 2)</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>				<p><b>ADJUSTMENTS TO OTHER MATTERS</b></p>			

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

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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 4237





Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1730249947		15	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	15	1	17	\$170.14	\$0.01	\$170.15
2	1	15	1	17	171.50	0.01	171.51
<p><u>MEMORANDUM ADJUSTMENTS</u></p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1730249947		15	
Report References		Reconciliation Request		As Reported		As Adjusted	
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
3	1	1	1	1	3,705	3	3,708
4	1	3	1	4	64	2	66
Medi-Cal Managed Care - Code 18 Visits (Period 2) Medi-Cal Non-Managed Care Crossover - Code 02 Visits (Period 2)							
5	1	9	1	8	\$85,785	\$41	\$85,826
6	1	9	1	8	302,502	156	302,658
7	1	13	1	15	4,960	163	5,123
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:  
 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1730249947		15	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
8	1	5	Not Reported			0	2
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							
9	1	8	1	7		\$258	\$1,651
10	1	8	1	7		1,678	24,409
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)							
11	1	12	1	14		\$6,547	\$6,830
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)							
12	1	20	Not Reported			\$0	\$172 *
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1730249947		15	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
Explanation of Audit Adjustments							
ADJUSTMENTS TO OTHER MATTERS							
13	1	20	Not Reported		\$0	\$384	\$384
14	1	20	Not Reported		172	254	426 *
<p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>							
15	1	23	Not Reported		\$426	\$30,800	\$31,226
<p>Medi-Cal Billing Review Results (Period 2)</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*Balance carried forward from prior to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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

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 4237



**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI:

**1790075315**

FISCAL PERIOD FROM:

**JULY 1, 2014**

FISCAL PERIOD TO:

**JUNE 30, 2015**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Medi-Cal Managed Care - Code 18	2,102	6,015	2,102	6,019
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-
4 Total Visits	2,102	6,015	2,102	6,019
5 Less: Duplicate and Unallowable Visits	N/A	N/A	3	1
6 Payable Visits	2,102	6,015	2,099	6,018
		<b>8,117</b>		<b>8,117</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
Code 18:				
7 Medi-Cal Managed Care Plan Payments	85,851	159,886	85,851	159,886
8 Medicare and MAP Payments	-	-	2,580	14,215
9 Code 18 Payments	345,068	1,041,510	345,118	1,130,073
Code 20:				
10 Capitated MAP Plan Payments	-	-	-	-
11 Code 20 Payments	-	-	-	-
Code 02:				
12 Medicare Payments for Crossovers	-	-	-	-
13 Code 02 Payments	-	-	-	-
14 Total Payments	430,919	1,201,396	433,549	1,304,174
		<b>1,632,315</b>		<b>1,737,723</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
15 PPS Rate	229.08	230.92	229.08	230.92
16 Total Medi-Cal Visits (From Line 6)	2,102	6,015	2,099	6,018
17 PPS Amount (Line 15 x Line 16)	481,528	1,388,984	480,839	1,389,677
18 Less: Total Payments (From Line 14)	430,919	1,201,396	433,549	1,304,174
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	50,607	187,588	47,290	85,503
20 Less: Medi-Cal Billing Review Results	N/A	N/A	547	972
21 Sub Amount Due Clinic (State) (L 19 - L 20)	50,607	187,588	46,743	84,531
22 Healthy Families Plans (Schedule 1-A L12)	-	-	-	-
23 Total Amount Due Clinic (State) (L 21+22)	50,607	187,588	46,743	84,531
		<b>238,195</b>		<b>131,274</b>

<b>Provider Legal Name</b>		<b>Fiscal Period</b>		<b>Provider NPI</b>		<b>Adjustments</b>	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1790075315		10	
<b>Report References</b>							
Adj. Reconciliation Review		Reconciliation Request		As Reported		As Adjusted	
No.	Schedule	Line	Worksheet	Line		Increase (Decrease)	

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	6,015	4	6,019
2	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 1)	\$345,068	\$50	\$345,118
3	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 2)	1,041,510	88,563	1,130,073

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1790075315		10			
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line					
4	1	5	Not Reported			0		3	
5	1	5	Not Reported			0		1	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14132.100                  California State Plan Amendment, Attachment 4.19-B, Page 6D</p>									
6	1	8	1	7	Medicare and MAP Payments (Period 1)	\$0	\$2,580	\$2,580	
7	1	8	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 W&I Code, Section 14132.100 (h)	0	14,215	14,215	
8	1	20	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$0	\$547	\$547	
9	1	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	0	700	700 *	

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1790075315		10	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
10	1	23	Not Reported	\$700	\$272	\$972	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*Balance carried forward from prior/to subsequent adjustments

**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 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, 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 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 0007 0819 4220



**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1942623667**

FISCAL PERIOD FROM: **JULY 1, 2014**

FISCAL PERIOD TO: **JUNE 30, 2015**

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
1 Medi-Cal Managed Care - Code 18	271	1,153	271	1,155	1,426
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-	-
4 Total Visits	271	1,153	271	1,155	1,426
5 Less: Duplicate and Unallowable Visits	-	-	-	-	-
6 Payable Visits	271	1,153	271	1,155	1,426

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
7 Code 18: Managed Care	970	62,667	970	62,667	63,637
8 Medi-Cal Managed Care Plan Payments	-	-	-	4,370	4,370
9 Medicare and MAP Payments	17,638	75,222	17,639	75,304	92,943
10 Code 20: Non-Managed Care	-	-	-	-	-
11 Capitated MAP Plan Payments	-	-	-	-	-
12 Code 02: Non-Managed Care	-	-	-	-	-
13 Medicare Payments for Crossovers	-	-	-	-	-
14 Code 02 Payments	-	-	-	-	-
Total Payments	18,608	137,889	18,609	142,341	160,950

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
15 PPS Rate	129.02	129.02	278.22	278.22	2
16 Total Medi-Cal Visits (From Line 6)	271	1,153	271	1,155	1,426
17 PPS Amount (Line 15 x Line 16)	34,964	148,760	75,398	321,344	396,742
18 Less: Total Payments (From Line 14)	18,608	137,889	18,609	142,341	160,950
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	16,356	10,871	56,789	179,003	235,792
20 Less: Medi-Cal Billing Review Results	-	-	409	1,419	1,828
21 Sub Amount Due Clinic (State) (L 19 - L 20)	16,356	10,871	56,380	177,584	233,964
22 Healthy Families Plans (Schedule 1-A L12)	-	-	-	-	-
23 Total Amount Due Clinic (State) (L 21+22)	16,356	10,871	56,380	177,584	233,964

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1942623657		9		
Report References		Explanation of Audit Adjustments						
Adj. No.	Schedule	Line	Worksheet	Line	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted
1	1	15	1	14	PPS Rate (Period 1)	\$129.02	\$149.20	\$278.22
2	1	15	1	14	PPS Rate (Period 2)	129.02	149.20	278.22
<p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDAT		JULY 1, 2014 THROUGH JUNE 30, 2015		1942623657		9			
Report References		Reconciliation Request		As Reported		Increase (Decrease)		As Adjusted	
Adj. No.	Schedule	Line	Worksheet	Line					
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>									
3	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	1,153	2	1,155	
4	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 1)	\$17,638	\$1	\$17,639	
5	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 2)	75,222	82	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2014 THROUGH JUNE 30, 2015		1942623657		9	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
6	1	8	1	7	\$0	\$4,370	\$4,370
		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)					
7	1	20	Not Reported		\$0	\$409	\$409
8	1	20	Not Reported		0	1,285	1,285 *
		Medi-Cal Billing Review Results (Period 1) Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal outbacks 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	1	23	Not Reported		\$1,285	\$134	\$1,419
		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					

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

JUN 28 2022

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



GAVIN NEWSOM  
GOVERNOR

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

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:

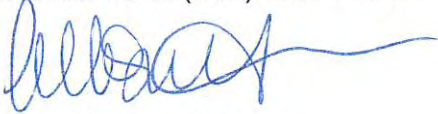
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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

Certified

7021 2720 0003 0819 4251



**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, 2015**

FISCAL PERIOD TO: **JUNE 30, 2016**

VISITS		REPORTED			AUDITED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
1	Managed Care - Code 18	2,759	9,613	12,372	2,759		9,932	3	12,691
2	Capitated MAP - Code 20	-	-	-	-		-		-
3	Crossovers - Code 02	4	3	7	4		3		7
4	Total Visits	2,763	9,616	12,379	2,763		9,935		12,698
5	Less: Duplicate and Unallowable Visits				-		-		-
6	Payable Visits	2,763	9,616	12,379	2,763		9,935		12,698
PAYMENTS		REPORTED			AUDITED				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
<b>Code 18: Managed Care</b>									
7	Medi-Cal Managed Care Plan Payments	\$ 155,329	\$ 494,852	\$ 650,180	\$ 155,329		\$ 494,852		\$ 650,181
8	Medicare and MAP Payments	\$ 22,042	\$ 45,780	\$ 67,822	\$ 22,042		\$ 45,780		\$ 67,822
9	Code 18 Payments	\$ 405,987	\$ 1,424,548	\$ 1,830,535	\$ 406,244	4	\$ 1,461,314	5	\$ 1,867,558
10	3rd Party Payers	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
<b>Code 20: Medicare Managed Care Advantage Plans</b>									
11	Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
12	Code 20 Payments	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
13	3rd Party Payers	\$ -	\$ -	\$ -	\$ -		\$ -		\$ -
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>									
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
SETTLEMENT		REPORTED RECONCILIATION			AUDITED RECONCILIATION				
		PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	ADJ NO.	PERIOD 2	ADJ NO.	TOTAL
18	PPS Rate	\$ 233.44	\$ 235.31		\$ 236.98	1	\$ 238.88	2	
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		\$ 2,373,273		\$ 3,028,049
21	Less: Total Payments (From Line 17)	\$ 584,150	\$ 1,965,777	\$ 2,549,927	\$ 584,407		\$ 2,002,543		\$ 2,586,950
22	Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 60,844	\$ 296,964	\$ 357,808	\$ 70,369		\$ 370,730		\$ 441,099
23	Less: Medi-Cal Billing Review Results				\$ 10,819	6,8,9	\$ 39,296	8,10	\$ 50,115
24	Total Amount Due Clinic (State) (L 22 - L 23)	\$ 60,844	\$ 296,964	\$ 357,808	\$ 59,550		\$ 331,434		\$ 390,984

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1023349883		10	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
1		18	1	14	\$233.44	\$3.54	\$236.98
2		18	1	14	235.31	3.57	238.88
<p><b>MEMORANDUM ADJUSTMENTS</b></p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1023349883		10	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

3	1	1	1	1	1	9,613	319	9,932
4	1	9	1	8		\$405,987	\$257	\$406,244
5	1	9	1	8		1,424,548	36,766	1,461,314

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1023349883		10		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
Explanation of Audit Adjustments								
ADJUSTMENTS TO OTHER MATTERS								
6	1	23	Not Reported			\$0	\$237	\$237 *
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								
7	1	23	Not Reported			\$237	\$1,770	\$2,007 *
8	1	23	Not Reported			0	12,246	12,246 *
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	1	23	Not Reported			\$2,007	\$8,812	\$10,819
10	1	23	Not Reported			12,246	27,050	39,296
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

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

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**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

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**FQHC/IRHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1134144165**

FISCAL PERIOD FROM:

**JULY 1, 2015**

FISCAL PERIOD TO:

**JUNE 30, 2016**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Medi-Cal Managed Care - Code 18	996	2,888	3,884	996	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	3,971
5 Duplicate and Unallowable Visits	N/A	N/A	N/A	431	1,177	1,608
6 Payable Visits	1,011	2,920	3,931	580	1,783	2,363

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
Code 18:						
7 Medi-Cal Managed Care Plan Payments	\$ 69,901	\$ 222,529	\$ 292,430	\$ 69,901	\$ 222,529	\$ 292,430
8 Medicare and MAP Payments	\$ 9,905	\$ 24,996	\$ 34,901	\$ 9,905	\$ 24,996	\$ 34,901
9 Code 18 Payments	\$ 177,077	\$ 519,477	\$ 696,554	\$ 177,077	\$ 525,189	\$ 702,266
Code 20:						
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Code 02:						
12 Medicare Payments for Crossovers	\$ 1,470	\$ 3,154	\$ 4,624	\$ 1,470	\$ 3,154	\$ 4,624
13 Code 02 Payments	\$ 2,217	\$ 4,768	\$ 6,985	\$ 2,217	\$ 4,768	\$ 6,985
14 Total Payments	\$ 280,570	\$ 774,924	\$ 1,035,494	\$ 280,570	\$ 780,636	\$ 1,041,206

	REPORTED/RECONCILIATION		TOTAL	AUDITED/RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
15 PPS Rate	\$ 251.03	\$ 253.04	N/A	\$ 251.03	\$ 253.04	N/A
16 Total Medi-Cal Visits (From Line 6)	1,011	2,920	3,931	580	1,783	2,363
17 PPS Amount (Line 15 x Line 16)	\$ 253,791	\$ 738,877	\$ 992,668	\$ 145,597	\$ 451,170	\$ 596,767
18 Less: Total Payments (From Line 14)	\$ (6,779)	\$ (774,924)	\$ (1,035,494)	\$ (114,973)	\$ (780,636)	\$ (1,041,208)
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ (6,779)	\$ (36,047)	\$ (42,826)	\$ (329,466)	\$ (329,466)	\$ (444,439)
20 Medi-Cal Billing Review Results	N/A	N/A	N/A	N/A	N/A	N/A
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ (6,779)	\$ (36,047)	\$ (42,826)	\$ 20,874	\$ 59,619	\$ 80,493
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ (135,847)	\$ (389,085)	\$ (524,932)
23 Total Amount Due Clinic (State) (L 21+22)	\$ (6,779)	\$ (36,047)	\$ (42,826)	\$ (135,847)	\$ (389,085)	\$ (524,932)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1134144165		10	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted	

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	1	1	1	2,888	40	2,928
2	1	9	8	\$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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1134144165		10	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	5	Not Reported	0	431	431	
4	1	5	Not Reported	0	1,177	1,177	
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)(i) SPA Attachment 4.19B, Section J							
5	1	20	Not Reported	\$0	\$19,226	\$19,226	*
6	1	20	Not Reported	0	54,024	54,024	*
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)(i) SPA Attachment 4.19B, Section J							
7	1	20	Not Reported	\$19,226	\$157	\$19,383	*
8	1	20	Not Reported	54,024	900	54,924	*
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1134144165		10		
Report References		Explanation of Audit Adjustments						
Adj. No.	Reconciliation Review	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
						Reconciliation Request		
9		1	23	Not Reported		\$19,383	\$1,490	\$20,874
10		1	23	Not Reported		54,924	4,695	59,619
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>								

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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:

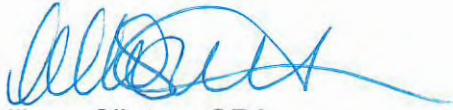
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1154480069		16		
Report References								
Adj. No.	Reconciliation Review	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
1		15		1		\$251.55	(\$0.16)	\$251.39
				17	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			
<u>MEMORANDUM ADJUSTMENT</u>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1154480069		16	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
2	1	1	1	38,257	195	38,452	
3	1	9	1	\$2,345,054	\$179	\$2,345,233	
4	1	9	1	8,015,973	33,436	8,049,409	
5	1	13	1	4,003	191	4,194	
6	1	13	1	16,092	338	16,430	

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1154480069		16	
Report References							
Adj. No.	Reconciliation Review	Worksheet	Line	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted
	Schedule						
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
7	1	5	Not Reported	Medi-Cal Billing Review Visits (Period 1)	0	1,193	1,193
8	1	5	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)(i)	0	4,416	4,416
9	1	20	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$502	\$502 *
10	1	20	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	0	507	\$507 *
11	1	20	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$502	\$30,669	\$31,171 *
12	1	20	Not Reported	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)(i)	507	107,315	107,822 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1154480069		16	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
13	1	20	Not Reported	\$31,171	\$952	\$32,123	*
14	1	20	Not Reported	107,822	6,112	113,934	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							
15	1	20	Not Reported	\$32,123	\$30,481	\$62,604	*
16	1	20	Not Reported	113,934	94,144	208,078	*
<p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

**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 28 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
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

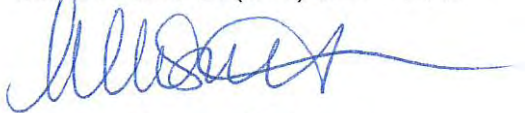
JUN 28 2022

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**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1184065088**

FISCAL PERIOD FROM:

**JULY 1, 2015**

FISCAL PERIOD TO: **JUNE 30, 2016**

	REPORTED		ACCEPTED AS FILED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Medi-Cal Managed Care - Code 18	57	254	57	254
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-
4 Total Visits	57	254	57	254
5 Less: Duplicate and Unallowable Visits	N/A	N/A	-	-
6 Payable Visits	57	254	57	254
<b>TOTAL</b>	<b>57</b>	<b>254</b>	<b>57</b>	<b>254</b>
<b>PAYMENTS</b>				
<b>Code 18:</b>				
7 Medi-Cal Managed Care Plan Payments	408	2,038	408	2,038
8 Medicare and MAP Payments	-	-	-	-
9 Code 18 Payments	7,649	34,087	7,649	34,087
<b>Code 20:</b>				
10 Capitated MAP Plan Payments	-	-	-	-
11 Code 20 Payments	-	-	-	-
<b>Code 02:</b>				
12 Medicare Payments for Crossovers	-	-	-	-
13 Code 02 Payments	-	-	-	-
14 Total Payments	8,057	36,125	8,057	36,125
<b>TOTAL</b>	<b>8,057</b>	<b>36,125</b>	<b>8,057</b>	<b>36,125</b>
<b>SETTLEMENT</b>				
15 PPS Rate	179.51	179.51	121.19	121.19
16 Total Medi-Cal Visits (From Line 6)	57	254	57	254
17 PPS Amount (Line 15 x Line 16)	10,232	45,596	6,908	30,782
18 Less: Total Payments (From Line 14)	8,057	36,125	8,057	36,125
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	2,175	9,471	(1,149)	(5,343)
20 Less: Medi-Cal Billing Review Results	N/A	N/A	-	-
21 Sub Amount Due Clinic (State) (L 19 - L 20)	2,175	9,471	(1,149)	(5,343)
22 Healthy Families Plans (Schedule 1-A L12)	-	-	-	-
23 Total Amount Due Clinic (State) (L 21+22)	2,175	9,471	(1,149)	(5,343)
<b>TOTAL</b>	<b>2,175</b>	<b>9,471</b>	<b>(1,149)</b>	<b>(5,343)</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDAT		JULY 1, 2015 THROUGH JUNE 30, 2016		1184065088		2	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
1		15	1	17	\$179.51	(\$58.32)	\$121.19
2		15	1	17	179.51	(58.32)	121.19
<p><b>MEMORANDUM ADJUSTMENTS</b></p> <p>17 PPS Rate (Period 1)</p> <p>17 PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Section 2304</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

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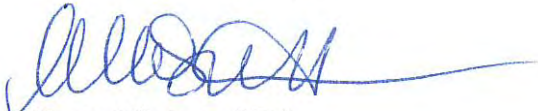
JUN 28 2022

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**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION** NPI: **1255490819**

FISCAL PERIOD FROM: **July 1, 2015** FISCAL PERIOD TO: **June 30, 2016**

	REPORTED			ACCEPTED AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
1 Medi-Cal Managed Care - Code 18	1,887	5,370	7,227	1,887	5,370	7,227
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	30	73	103	30	73	103
4 Total Visits	1,887	5,443	7,330	1,887	5,443	7,330
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	1,887	5,443	7,330	1,887	5,443	7,330

	REPORTED			ACCEPTED AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
Code 18:						
7 Medi-Cal Managed Care Plan Payments	\$ 21,185	\$ 160,579	\$ 181,764	\$ 21,185	\$ 160,579	\$ 181,764
8 Medicare and MAP Payments	\$ 4,421	\$ 10,381	\$ 14,802	\$ 4,421	\$ 10,381	\$ 14,802
9 Code 18 Payments	\$ 182,601	\$ 519,314	\$ 701,915	\$ 182,601	\$ 519,314	\$ 701,915
Code 20:						
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Code 02:						
12 Medicare Payments for Crossovers	\$ 2,940	\$ 7,195	\$ 10,135	\$ 2,940	\$ 7,195	\$ 10,135
13 Code 02 Payments	\$ 1,586	\$ 3,602	\$ 5,188	\$ 1,586	\$ 3,602	\$ 5,188
14 Total Payments	\$ 212,733	\$ 701,071	\$ 913,804	\$ 212,733	\$ 701,071	\$ 913,804

	REPORTED RECONCILIATION			ACCEPTED AS FILED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
15 PPS Rate	\$ 152.16	\$ 153.39	N/A	\$ 152.17	\$ 153.39	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
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 74,393	\$ 133,831	\$ 208,224	\$ 74,412	\$ 133,831	\$ 208,243
20 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 74,393	\$ 133,831	\$ 208,224	\$ 74,412	\$ 133,831	\$ 208,243
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ 74,393	\$ 133,831	\$ 208,224	\$ 74,412	\$ 133,831	\$ 208,243

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		July 1, 2015 THROUGH June 30, 2016		1255490819		1	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	15	1	14	\$152.16	\$0.01	\$152.17
Explanation of Audit Adjustments <u>MEMORANDUM ADJUSTMENT</u> 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							

**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**





MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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:

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

**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

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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

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1275849283**

FISCAL PERIOD FROM: **JULY 1, 2015**

FISCAL PERIOD TO: **JUNE 30, 2016**

	REPORTED			AUDITED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
1 Medi-Cal Managed Care - Code 18	4,487	13,503	17,990	4,487	13,636	18,123
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-	-	-
4 Total Visits	4,487	13,503	17,990	4,487	13,636	18,123
5 Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	4,487	13,503	17,990	4,487	13,636	18,123

	REPORTED			AUDITED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
7 Medi-Cal Managed Care Plan Payments	\$ 154,174	\$ 525,802	\$ 679,976	\$ 154,174	\$ 525,802	\$ 679,976
8 Medicare and MAP Payments	\$ 24,274	\$ 64,303	\$ 88,577	\$ 24,274	\$ 64,303	\$ 88,577
9 Code 18 Payments	\$ 854,120	\$ 2,582,374	\$ 3,436,494	\$ 854,362	\$ 2,601,813	\$ 3,456,175
10 Code 20:						
Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12 Medicare Payments for Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13 Code 02 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14 Total Payments	\$ 1,032,568	\$ 3,172,478	\$ 4,205,046	\$ 1,032,810	\$ 3,191,918	\$ 4,224,728

	REPORTED RECONCILIATION			AUDITED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
15 PPS Rate	\$ 267.51	\$ 269.95	N/A	\$ 271.31	\$ 273.48	N/A
16 Total Medi-Cal Visits (From Line 6)	4,487	13,503	17,990	4,487	13,636	18,123
17 PPS Amount (Line 15 x Line 16)	\$ 1,200,317	\$ 3,645,135	\$ 4,845,452	\$ 1,217,358	\$ 3,729,173	\$ 4,946,541
18 Less: Total Payments (From Line 14)	\$ 1,032,568	\$ 3,172,478	\$ 4,205,046	\$ 1,032,810	\$ 3,191,918	\$ 4,224,728
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 167,749	\$ 472,657	\$ 640,406	\$ 184,558	\$ 537,255	\$ 721,813
20 Medi-Cal Billing Review Results	N/A	N/A	N/A	2,646	10,031	12,677
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 167,749	\$ 472,657	\$ 640,406	\$ 181,912	\$ 527,224	\$ 709,136
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ 167,749	\$ 472,657	\$ 640,406	\$ 181,912	\$ 527,224	\$ 709,136

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1275849283		8	
Report References							
Adj. No.	Reconciliation Review		Worksheet	Line	Explanation of Audit Adjustments	As Reported	As Adjusted
	Schedule	Line					
1	1	15	1	14	PPS Rate (Period 1)	\$267.51	\$271.31
2	1	15	1	14	PPS Rate (Period 2)	269.95	273.48
<p>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</p>							
<b>MEMORANDUM ADJUSTMENT</b>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1275849283		10	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Worksheet	Line				
Schedule	Line	Worksheet	Line				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
3	1	1	1	13,503	133	13,636	
							Medi-Cal Managed Care - Code 18 Visits (Period 2)
4	1	9	1	\$854,120	\$242	\$854,362	
							Medi-Cal Managed Care - Code 18 Payments (Period 1)
5	1	9	1	2,582,374	19,439	2,601,813	
							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: 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1275849283		8	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Line	Request					
6	1	20	Not Reported		\$0	\$2,646	\$2,646
7	1	20	Not Reported		0	5,454	5,454 *
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							
8	1	23	Not Reported		\$5,454	\$4,577	\$10,031
<p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\* 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, 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**





MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

**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:

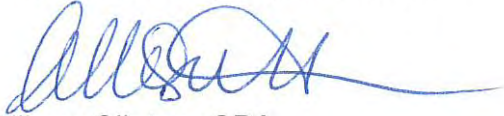
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Edgar Bulloch  
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JUN 28 2022

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

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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

Certified

7021 2720 0003 0819 4244



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1306131545		12		
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line		
1	1	1	1	1	1	1	8,681	8,759
2	1	9	1	8	1	8	\$1,321,308	\$9,285 \$1,330,593
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>								
<p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1306131545		12	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	5	Not Reported	7	0	221	221
4	1	5	Not Reported	7	0	610	610
				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)(i) SPA Attachment 4.19B, Section J			
5	1	8	1	7	\$617	\$3,146	\$3,763
6	1	8	1	7	1,327	9,259	10,586
				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)			
7	1	20	Not Reported		\$0	\$16,028	\$16,028 *
8	1	20	Not Reported		0	45,518	45,518 *
				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)(i) SPA Attachment 4.19B, Section J			

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1306131545		12		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
9	1	20	Not Reported			\$16,028	\$235	\$16,263 *
10	1	20	Not Reported			45,518	2,557	48,075 *
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>								
<p>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&amp;I Code, section 14115</p>								
11	1	20	Not Reported			\$16,263	\$4,764	\$21,027
12	1	20	Not Reported			48,075	20,388	68,463
<p>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&amp;I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.</p>								

**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 28 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:

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 28 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

7021 2720 0003 0819 4244

SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1386069995**

FISCAL PERIOD FROM: **JULY 1, 2015**

FISCAL PERIOD TO: **JUNE 30, 2016**

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>VISITS</b>						
1 Managed Care - Code 18	1,033	3,277	4,310	1,033	3,277	4,310
2 Capitated MAP - Code 20	-	-	-	-	-	-
3 Crossover - Code 02	-	-	-	-	-	-
4 Total Visits	1,033	3,277	4,310	1,033	3,277	4,310
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	1,033	3,277	4,310	1,033	3,277	4,310

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>PAYMENTS</b>						
<b>Code 18: Managed Care</b>						
7 Medi-Cal Managed Care Plan Payments	9,609	26,816	36,425	9,609	26,816	36,425
8 Medicare and MAP Payments	784	1,195	1,979	784	1,195	1,979
9 Code 18 Payments	151,031	480,315	631,346	151,031	480,315	631,346
10 3rd Party Payers	-	-	-	-	-	-
<b>Code 20: Managed Care Advantage Plans</b>						
11 Capitated MAP Plan Payments	-	-	-	-	-	-
12 Code 20 Payments	-	-	-	-	-	-
13 3rd Party Payers	-	-	-	-	-	-
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>						
14 Medicare Payments for Crossovers	-	-	-	-	-	-
15 Code 02 Payments	-	-	-	-	-	-
16 3rd Party Payers	-	-	-	-	-	-
17 Total Payments	161,424	508,326	669,750	161,424	508,326	669,750

	REPORTED RECONCILIATION		TOTAL	ACCEPTED AS FILED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>SETTLEMENT</b>						
18 PPS Rate	182.16	182.16	N/A	115.43	2	N/A
19 Total Medi-Cal Visits (From Line 6)	1,033	3,277	4,310	1,033	3,277	4,310
20 PPS Amount (Line 18 x Line 19)	188,171	596,938	785,109	119,239	378,264	497,503
21 Less: Total Payments (From Line 17)	161,424	508,326	669,750	161,424	508,326	669,750
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	26,747	88,612	115,359	(42,185)	(130,062)	(172,247)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	26,747	88,612	115,359	(42,185)	(130,062)	(172,247)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1386069995		2	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	14	\$182.16	(\$66.73)	\$115.43
2	1	18	1	14	182.16	(66.73)	115.43
<p><b>Explanation of Audit Adjustments</b>  <b>MEMORANDUM ADJUSTMENTS</b></p> <p>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</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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

Edgar Bulloch

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**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  
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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 0603 0819 4251



**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1568747137**

FISCAL PERIOD FROM:

**JULY 1, 2015**

FISCAL PERIOD TO:

**JUNE 30, 2016**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Managed Care - Code 18	1,243	3,801	5,044	1,243	3,808	5,051
2 Capitated MAP - Code 20	-	-	-	-	-	-
3 Crossovers - Code 02	-	-	-	-	-	-
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

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 Code 18: Managed Care	46,304	93,814	140,118	46,304	93,814	140,118
8 Medi-Cal Managed Care Plan Payments	430	60	490	870	3,942	4,812
9 Medicare and MAP Payments	158,610	485,248	643,858	158,610	485,854	644,464
10 3rd Party Payers	-	-	-	-	-	-
11 Code 20: Medicare Managed Care Advantage Plans	-	-	-	-	-	-
12 Capitated MAP Plan Payments	-	-	-	-	-	-
13 Code 02 Payments	-	-	-	-	-	-
14 3rd Party Payers	-	-	-	-	-	-
15 Code 02: Medi-Cal Non-Managed Care Crossover	-	-	-	-	-	-
16 Medicare Payments for Crossovers	-	-	-	-	-	-
17 Code 02 Payments	-	-	-	-	-	-
18 3rd Party Payers	-	-	-	-	-	-
19 Total Payments	205,345	579,122	784,466	205,784	583,610	789,394

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	185.00	185.00	370.00	227.26	228.08	455.34
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	1,154,821
21 Less: Total Payments (From Line 17)	205,345	579,122	784,466	205,784	583,610	789,394
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	24,610	124,063	148,674	76,700	288,727	365,427
23 Less: Medi-Cal Billing Review Results	-	-	-	111	490	601
24 Total Amount Due Clinic (State) (L 22 - L 23)	24,610	124,063	148,674	76,589	288,237	364,826

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1568747137		8	
Adj. No.	Report References		Explanation of Audit Adjustments				
	Reconciliation Review	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted		
Schedule	Line	Worksheet	Line				
1	18	1	14	PPS Rate (Period 1)	\$185.00	\$42.26	\$227.26
2	18	1	14	PPS Rate (Period 2)	185.00	44.08	229.08
<p>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</p>							
<b>MEMORANDUM ADJUSTMENTS</b>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1568747137		8	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	1	1	3,801	7	3,808	
4	1	9	8	\$485,248	\$606	\$485,854	
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
<p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1568747137		8	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
5	1	8	1	7			
6	1	8	1	7	\$430	\$870	
					60	3,942	
<p>Medicare and MAP Payments (Period 1)</p> <p>Medicare and MAP Payments (Period 2)</p> <p>To adjust MAP &amp; Medicare payments received for Medi-Cal managed care patients.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p> <p>W&amp;I Code, section 14132.100 (h)</p>							
7	1	23	Not Reported		\$0	\$111	
8	1	23	Not Reported		0	490	
<p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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, 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

**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:

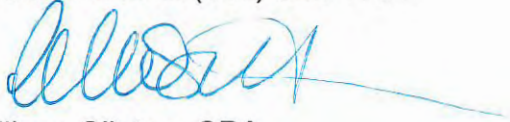
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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 4251



**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**  
 NPI: **1619036514**

FISCAL PERIOD FROM: **JULY 1, 2015**  
 FISCAL PERIOD TO: **JUNE 30, 2016**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Medi-Cal Managed Care - Code 18	11,263	30,158	11,263	30,273
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	74	256	74	257
4 Total Visits	11,337	30,414	11,337	30,530
5 Less: Duplicate and Unallowable Visits	-	-	2,558	2,930
6 Payable Visits	11,337	30,414	8,979	27,600
		41,421		41,536

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
Code 18: Managed Care				
7 Medi-Cal Managed Care Plan Payments	\$ 651,677	\$ 1,412,731	\$ 651,677	\$ 1,412,731
8 Medicare and MAP Payments	\$ 57,775	\$ 146,661	\$ 57,775	\$ 146,661
9 Code 18 Payments	\$ 1,991,512	\$ 5,239,482	\$ 1,991,882	\$ 5,254,847
Code 20: Non-Managed Care				
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -
Code 02: Non-Managed Care				
12 Medicare Payments for Crossovers	\$ 7,250	\$ 25,234	\$ 7,250	\$ 25,234
13 Code 02 Payments	\$ 10,418	\$ 34,030	\$ 10,418	\$ 34,163
14 Total Payments	\$ 2,718,632	\$ 6,858,138	\$ 2,719,002	\$ 6,873,636
		\$ 2,064,408		\$ 2,064,408
		\$ 204,436		\$ 204,436
		\$ 7,246,729		\$ 7,246,729

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
15 PPS Rate	\$ 235.63	\$ 237.36	\$ 233.61	\$ 235.48
16 Total Medi-Cal Visits (From Line 6)	11,337	30,414	8,979	27,600
17 PPS Amount (Line 15 x Line 16)	\$ 2,671,337	\$ 7,219,067	\$ 2,097,584	\$ 6,499,248
18 Less: Total Payments (From Line 14)	\$ 2,718,632	\$ 6,858,138	\$ 2,719,002	\$ 6,873,636
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ (47,295)	\$ 360,929	\$ (621,418)	\$ (374,388)
20 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ (47,295)	\$ 360,929	\$ (621,418)	\$ (374,388)
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ (47,295)	\$ 360,929	\$ (1,100,207)	\$ (1,492,477)
		\$ 313,634		\$ 313,634
		\$ -		\$ -
		\$ 313,634		\$ 313,634

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1619036514		18	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	15	1	14	\$235.63	(\$2.02)	\$233.61
2	1	15	1	14	237.36	(1.88)	235.48
<p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, Section 2304</p>							
<p><b>MEMORANDUM ADJUSTMENTS</b></p>							



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1619036514		18	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Schedule	Line				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
9	1	5	Not Reported	Medi-Cal Billing Review Visits (Period 1)	0	2,358	2,358
10	1	5	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&J Code 14043.15, 14110, and 14132.100 (i)(1)(j) SPA Attachment 4.19B, Section J	0	2,930	2,930
11	1	20	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$1,884	\$1,884 *
12	1	20	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&J Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D	0	5,697	5,697 *
13	1	20	Not Reported	Medi-Cal Billing Review Results (Period 1)	*	\$1,884	\$2,382 *
14	1	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(c)(1) CCR, Title 22, section 51008 CMS Pub. 15-1, sections 2300 and 2304 W&J Code, section 14115	*	5,504	11,201 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1619036514		18	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
15	1	20	Not Reported				
16	1	20	Not Reported	\$2,382	\$397,282	\$399,664 *	
				11,201	810,418	821,619 *	
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 W&I Code 14043.15, 14110, and 14132.100 (i)(1)(i) SPA Attachment 4.19B, Section J							
17	1	20	Not Reported	\$399,664	\$79,125	\$478,789	
18	1	20	Not Reported	821,619	296,470	1,118,089	
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/fo subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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 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

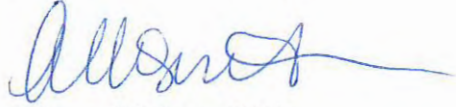
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.



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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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

Certified

7021 2720 0003 0819 4244

**SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT**

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1730249947**

FISCAL PERIOD FROM: **July 1, 2015**

FISCAL PERIOD TO: **June 30, 2016**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Medi-Cal Managed Care - Code 18	1,354	3,273	4,627	1,354	3,354	4,708
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-	-	-
4 Total Visits	1,354	3,273	4,627	1,354	3,354	4,708
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	1,354	3,273	4,627	1,354	3,354	4,708

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
Code 18:						
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	\$ 25,477
9 Code 18 Payments	\$ 107,109	\$ 256,584	\$ 363,693	\$ 89,827	\$ 278,472	\$ 368,299
Code 20:						
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Code 02:						
12 Medicare Payments for Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13 Code 02 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14 Total Payments	\$ 277,490	\$ 470,805	\$ 748,295	\$ 260,208	\$ 492,693	\$ 752,901

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
15 PPS Rate	\$ 171.50	\$ 172.88	N/A	\$ 171.51	\$ 172.88	N/A
16 Total Medi-Cal Visits (From Line 6)	1,354	3,273	4,627	1,354	3,354	4,708
17 PPS Amount (Line 15 x Line 16)	\$ 232,211	\$ 565,836	\$ 798,047	\$ 232,225	\$ 579,840	\$ 812,065
18 Less: Total Payments (From Line 14)	\$ 277,490	\$ 470,805	\$ 748,295	\$ 260,208	\$ 492,693	\$ 752,901
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ (45,279)	\$ 95,031	\$ 49,752	\$ (27,983)	\$ 87,147	\$ 59,164
20 Medi-Cal Billing Review Results	N/A	N/A	N/A	\$ 11,375	\$ 18,762	\$ 30,137
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ (45,279)	\$ 95,031	\$ 49,752	\$ (39,358)	\$ 68,385	\$ 29,027
22 Healthy Families Plans ( Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ (45,279)	\$ 95,031	\$ 49,752	\$ (39,358)	\$ 68,385	\$ 29,027

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		July 1, 2015 THROUGH June 30, 2016		1730249947		8		
Report References								
Adj. No.	Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	
					As Adjusted			
1	1	15	1	14	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>MEMORANDUM ADJUSTMENT</u>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		July 1, 2015 THROUGH June 30, 2016		1730249947		8	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

2	1	1	1	1	Medi-Cal Managed Care - Code 18 Visits (Period 2)	3,273	81	3,354
3	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 1)	\$107,109	(\$17,282)	\$89,827
4	1	9	1	8	Medi-Cal Managed Care - Code 18 Payments (Period 2)	256,584	21,888	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		July 1, 2015 THROUGH June 30, 2016		1730249947		8	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Worksheet		As Reported	Increase (Decrease)	As Adjusted	
		Line	Line				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
5	1	20	Not Reported	\$0	\$86	\$86	*
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							
6	1	20	Not Reported	\$0	\$531	\$531	*
Medi-Cal Billing Review Results (Period 2) To adjust Medi-Cal payments for fiscal outbacks 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	1	23	Not Reported	\$86	\$11,289	\$11,375	*
8	1	23	Not Reported	531	18,231	18,762	*
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.							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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 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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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

Certified

7021 2720 0003 0819 4244

**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION** NPI: **1790075315**

FISCAL PERIOD FROM: **JULY 1, 2015** FISCAL PERIOD TO: **JUNE 30, 2016**

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
1 Managed Care - Code 18	2,252	8,140	2,252	8,214	10,392
2 Capitated MAP - Code 20	-	-	-	-	-
3 Crossovers - Code 02	-	-	-	-	-
4 Total Visits	2,252	8,140	2,252	8,214	10,392
5 Less: Duplicates and Unallowable Visits					
6 Payable Visits	2,252	8,140	2,252	8,214	10,392

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
7 Code 18: Managed Care					
Medi-Cal Managed Care Plan Payments	\$ 101,097	\$ 368,253	\$ 101,097	\$ 368,253	\$ 469,350
8 Medicare and MAP Payments	\$ 622	\$ 2,764	\$ 2,611	\$ 10,899	\$ 13,310
9 Code 18 Payments	\$ 438,394	\$ 1,599,171	\$ 438,394	\$ 1,608,877	\$ 2,047,271
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
Code 20: Medicare Managed Care Advantage Plans					
11 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -	\$ -
12 Code 20 Payments	\$ -	\$ -	\$ -	\$ -	\$ -
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
Code 02: Medi-Cal Non-Managed Care Crossover					
14 Medicare Payments for Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -
15 Code 02 Payments	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 540,114	\$ 1,970,188	\$ 542,102	\$ 1,987,829	\$ 2,529,931

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 230.92	\$ 232.77	\$ 230.92	\$ 232.77	\$ 463.69
19 Total Medi-Cal Visits (From Line 6)	2,252	8,140	2,252	8,214	10,466
20 PPS Amount (Line 18 x Line 19)	\$ 520,032	\$ 1,894,748	\$ 520,032	\$ 1,911,973	\$ 2,432,005
21 Less: Total Payments (From Line 17)	\$ 540,114	\$ 1,970,188	\$ 542,102	\$ 1,987,829	\$ 2,529,931
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (20,082)	\$ (75,440)	\$ (22,070)	\$ (75,856)	\$ (97,926)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (20,082)	\$ (75,440)	\$ (23,322)	\$ (89,368)	\$ (112,690)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1790075315		10	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line	
							As Reported
							Increase (Decrease)
							As Adjusted

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	1	1	1	1	1	1	8,140	74	8,214
2	1	9	1	1	8	8	\$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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1790075315		10		
Report References		Explanation of Audit Adjustments						
Adj. No.	Schedule	Reconciliation		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
		Review	Request					
3	1	8	1	1	7	\$622	\$1,989	\$2,611
4	1	8	1	1	7	2,764	7,935	10,699
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p>								
5	1	23	Not Reported			\$0	\$231	\$231 *
6	1	23	Not Reported			0	931	931 *
<p>Medicare and MAP Payments (Period 1)                      Medicare and MAP Payments (Period 2)                      To adjust MAP &amp; Medicare payments received for Medi-Cal managed care patients.                      42 CFR 413.20 and 413.24                      CMS Pub. 15-1, section 2304                      W&amp;I Code, section 14132.100 (h)</p>								
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>								
7	1	23	Not Reported			\$231	\$438	\$669 *
8	1	23	Not Reported			931	4,464	5,395 *
<p>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&amp;I Code, section 14115</p>								

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1790075315		10	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
9	1	23	Not Reported	\$669	\$583	\$1,252	
10	1	23	Not Reported	5,395	8,117	13,512	
<p><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*Balance carried forward from prior to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**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, 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:

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

**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

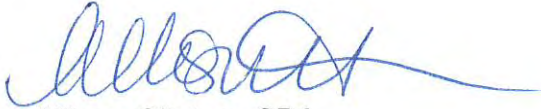
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.



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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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, 2015**

FISCAL PERIOD TO:

**JUNE 30, 2016**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Medi-Cal Managed Care - Code 18	509	1,752	509	1,780
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	1	-	1	-
4 Total Visits	510	1,752	510	1,780
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	510	1,752	510	1,780
		<b>TOTAL</b>		<b>TOTAL</b>
		2,261		2,289

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
<b>Code 18: Managed Care</b>				
7 Medi-Cal Managed Care Plan Payments	\$ 23,606	\$ 81,079	\$ 23,606	\$ 81,079
8 Medicare and MAP Payments	\$ 170	\$ 948	\$ 2,662	\$ 6,194
9 Code 18 Payments	\$ 33,345	\$ 114,745	\$ 33,345	\$ 116,149
<b>Code 20: Non-Managed Care</b>				
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -
<b>Code 02: Non-Managed Care</b>				
12 Medicare Payments for Crossovers	\$ 98	\$ -	\$ 98	\$ -
13 Code 02 Payments	\$ 26	\$ -	\$ 26	\$ -
14 Total Payments	\$ 57,244	\$ 196,771	\$ 59,737	\$ 203,422
		<b>TOTAL</b>		<b>TOTAL</b>
		104,685		104,685
		1,117		8,856
		148,089		149,494

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
15 PPS Rate	\$ 129.02	\$ 129.02	\$ 278.22	\$ 280.45
16 Total Medi-Cal Visits (From Line 6)	510	1,752	510	1,780
17 PPS Amount (Line 15 x Line 16)	\$ 65,800	\$ 226,043	\$ 141,892	\$ 499,201
18 Less: Total Payments (From Line 14)	\$ 57,244	\$ 196,771	\$ 59,737	\$ 203,422
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ 8,556	\$ 29,272	\$ 82,155	\$ 295,779
20 Less: Medi-Cal Billing Review Results				
21 Sub Amount Due Clinic (State) (L 19 - L 20)	\$ 8,556	\$ 29,272	\$ 82,155	\$ 294,306
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -
23 Total Amount Due Clinic (State) (L 21+22)	\$ 8,556	\$ 29,272	\$ 82,155	\$ 294,306
		<b>TOTAL</b>		<b>TOTAL</b>
		37,828		376,461

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1942623657		8		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1			15		14	\$129.02	\$149.20	\$278.22
2			15		14	129.02	151.43	280.45
<p><b>Explanation of Audit Adjustments</b>  <b>MEMORANDUM ADJUSTMENTS</b></p> <p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1942623657		8	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Worksheet		As Reported	Increase (Decrease)	As Adjusted	
		Line	Line				
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>							
3	1	1	1	1,752	28	1,780	
4	1	9	8	\$114,745	\$1,404	\$116,149	
<p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2015 THROUGH JUNE 30, 2016		1942623657		8	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
5	1	8	1	7	\$170	\$2,492	\$2,662
6	1	8	1	7	948	5,246	6,194
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)							
7	1	20	Not Reported		\$0	\$1,336	\$1,336 *
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							
8	1	23	Not Reported		\$1,336	\$137	\$1,473
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.							

**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 Maclsaac, 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:  
  
90DADBFE0A74438...  
Allison Clinton, CPA  
FQHC/RHC Section Chief  
Financial Review – Outpatient and Behavioral Health Division

Certified

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**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**

	AUDITED		REVISED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Medi-Cal Managed Care - Code 18	-	224	-	224
2 Medi-Cal Capitated MAP - Code 20	-	-	-	-
3 Medi-Cal Non-Managed Care Crossover - Code 02	-	-	-	-
4 Total Visits	-	224	-	224
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 <b>Payable Visits</b>	-	224	-	224

	AUDITED		REVISED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
<b>Code 18: Managed care</b>				
7 Medi-Cal Managed Care Plan Payments	\$ -	\$ 105,297	\$ -	\$ 105,297
8 Medicare and MAP Payments	\$ -	\$ 1,777	\$ -	\$ 1,777
9 Code 18 Payments	\$ -	\$ 22,396	\$ -	\$ 22,396
<b>Code 20: Medicare Advantage Plans</b>				
10 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -
11 Code 20 Payments	\$ -	\$ -	\$ -	\$ -
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>				
12 Medicare Payments for Crossovers	\$ -	\$ -	\$ -	\$ -
13 Code 02 Payments	\$ -	\$ -	\$ -	\$ -
14 <b>Total Payments</b>	\$ -	\$ 129,470	\$ -	\$ 129,470

	AUDITED RECONCILIATION		REVISED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
15 PPS Rate	\$ -	\$ 163.49	\$ -	\$ 252.35
16 Total Medi-Cal Visits (From Line 6)	-	224	-	224
17 PPS Amount (Line 15 x Line 16)	\$ -	\$ 36,622	\$ -	\$ 56,526
18 Less: Total Payments (From Line 14)	\$ -	\$ 129,470	\$ -	\$ 129,470
19 Reconciliation Amount Due Clinic (State) (L 17 - L 18)	\$ -	\$ (92,848)	\$ -	\$ (72,944)
20 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
21 <b>Sub Amount Due Clinic (State) (L 19 - L 20)</b>	\$ -	\$ (92,848)	\$ -	\$ (72,944)
22 Healthy Families Plans (Schedule 1-A L12)	\$ -	\$ -	\$ -	\$ -
23 <b>Total Amount Due Clinic (State) (L 21+22)</b>	\$ -	\$ (92,848)	\$ -	\$ (72,944)

Provider Legal Name		Fiscal Period		Provider NPI		Revision		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1780038042		1		
Rev. No.	Report References		Explanation of Revisions					
	Reconciliation	Reconciliation Review	As Audited	Increase (Decrease)	As Revised			
Schedule	Line	Schedule	Line					
1	1	15	1	15	PPS Rate (Period 2)	\$163.49	\$88.86	\$252.35
<p>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</p> <p><u>MEMORANDUM REVISION</u></p>								

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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
2. Adjustments Schedule

**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:

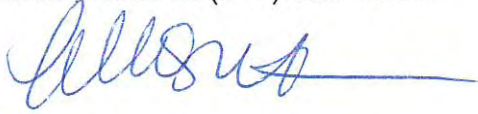
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

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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**

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
1 Managed Care - Code 18	4,145	13,522	4,144	13,667	17,811
2 Capitated MAP - Code 20	-	-	-	-	-
3 Crossovers - Code 02	2	33	2	34	36
4 Total Visits	4,147	13,555	4,146	13,701	17,847
5 Less: Duplicate and Unallowable Visits	-	-	-	-	-
6 Payable Visits	4,147	13,555	4,146	13,701	17,847

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
7 <b>Code 18: Managed Care</b>					
Medi-Cal Managed Care Plan Payments	\$ 179,166	\$ 611,273	\$ 179,166	\$ 611,273	\$ 790,439
Medicare and MAP Payments	\$ 15,986	\$ 46,476	\$ 21,646	\$ 78,159	\$ 100,805
9 Code 18 Payments	\$ 613,330	\$ 2,359,998	\$ 613,182	\$ 2,378,163	\$ 2,991,345
10 3rd Party Payers	-	-	-	-	-
11 <b>Code 20: Medicare Managed Care Advantage Plans</b>					
Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -	\$ -
12 Code 20 Payments	\$ -	\$ -	\$ -	\$ -	\$ -
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
14 <b>Code 02: Medi-Cal Non-Managed Care Crossover</b>					
Medicare Payments for Crossovers	\$ 184	\$ 3,144	\$ 265	\$ 4,591	\$ 4,856
15 Code 02 Payments	\$ 200	\$ 3,304	\$ 200	\$ 3,404	\$ 3,604
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 808,266	\$ 3,024,195	\$ 814,459	\$ 3,076,590	\$ 3,891,049

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 235.31	\$ 237.90	\$ 236.88	\$ 241.51	\$ 478.39
19 Total Medi-Cal Visits (From Line 6)	4,147	13,555	4,146	13,701	17,847
20 PPS Amount (Line 18 x Line 19)	\$ 975,831	\$ 3,224,735	\$ 990,386	\$ 3,308,929	\$ 4,299,325
21 Less: Total Payments (From Line 17)	\$ 808,266	\$ 3,024,195	\$ 814,459	\$ 3,076,590	\$ 3,891,049
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 167,564	\$ 200,539	\$ 175,937	\$ 232,339	\$ 408,276
23 Less: Medi-Cal Billing Review Results	-	-	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 167,564	\$ 200,539	\$ 163,014	\$ 194,080	\$ 357,093

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1023349883		18	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					
1	1	18	1	14	\$235.31	\$3.57	\$238.88
2	1	18	1	14	237.90	3.61	241.51
<p><b>Explanation of Audit Adjustments</b>  <b>MEMORANDUM ADJUSTMENTS</b></p> <p>1 PPS Rate (Period 1)                  2 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</p>							



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1023349883		18			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							
3	1	1	1	1	1	1	4,145	(1)	4,144
4	1	1	1	1	1	1	13,522	145	13,667
5	1	3	1	4	1	4	33	1	34
6	1	9	1	8	1	8	\$613,330	(\$148)	\$613,182
7	1	9	1	8	1	8	2,359,998	18,165	2,378,163
8	1	15	1	12	1	12	3,304	100	3,404

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

Managed Care - Code 18 Visits (Period 1)  
 Managed Care - Code 18 Visits (Period 2)  
 Crossovers - 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 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1023349883		18			
Adj. No.	Schedule	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
		Reconciliation Review	Reconciliation Request						
<u>ADJUSTMENTS TO OTHER MATTERS</u>									
9	1	8	1	7			\$15,386	\$6,260	\$21,646
10	1	8	1	7			46,476	32,683	79,159
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)									
11	1	14	1	11			\$184	\$81	\$265
12	1	14	1	11			3,144	1,447	4,591
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)									
13	1	23	Not Reported				\$0	\$478	\$478 *
14	1	23	Not Reported				0	966	966 *
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1023349883		18			
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line			
15	1	23	Not Reported				\$478	\$596	\$1,074 *
16	1	23	Not Reported				966	7,071	8,037 *
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>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.</p> <p>42 CFR 413.20, 413.24, 413.60, 413.64, and 433.139</p> <p>CMS Pub. 15-1, sections 2304, 2404, and 2408</p> <p>CCR, Title 22, section 51541</p> <p>W&amp;I Code, section 14115</p>									
17	1	23	Not Reported				\$1,074	\$11,849	\$12,923
18	1	23	Not Reported				8,037	30,222	38,259
<p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>									

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

**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 4442

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1134144165**

FISCAL PERIOD FROM: **JULY 1, 2016**

FISCAL PERIOD TO: **JUNE 30, 2017**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Managed Care - Code 18	1,085	2,719	1,085	2,811
2 Capitated MAP - Code 20	-	-	-	-
3 Crossovers - Code 02	13	17	13	17
4 Total Visits	1,098	2,736	1,098	2,828
5 Less: Duplicate and Unallowable Visits	-	-	424	259
6 Payable Visits	1,098	2,736	674	2,569
<b>TOTAL</b>		<b>3,834</b>		<b>3,243</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Code 18: Managed Care	79,415	214,221	68,815	207,771
8 Medi-Cal Managed Care Plan Payments	6,093	25,277	6,900	38,791
9 Medicare and MAP Payments	194,641	491,796	194,641	502,734
10 Code 18 Payments	-	-	-	-
11 3rd Party Payers	-	-	-	-
12 Code 20: Medicare Managed Care Advantage Plans	-	-	-	-
13 Capitated MAP Plan Payments	-	-	-	-
14 Code 20 Payments	-	-	-	-
15 3rd Party Payers	-	-	-	-
16 Code 02: Medi-Cal Non-Managed Care Crossover	1,187	1,599	1,723	2,259
17 Medicare Payments for Crossovers	1,937	2,485	1,937	2,485
18 Code 02 Payments	-	-	-	-
19 3rd Party Payers	-	-	-	-
20 Total Payments	283,273	735,379	274,016	754,040
<b>TOTAL</b>		<b>1,018,652</b>		<b>1,028,066</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	253.04	255.82	253.04	255.82
19 Total Medi-Cal Visits (From Line 6)	1,098	2,736	674	2,569
20 PPS Amount (Line 18 x Line 19)	277,838	699,924	170,549	657,202
21 Less: Total Payments (From Line 17)	283,273	735,379	274,016	754,040
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(5,435)	(35,455)	(103,467)	(96,838)
23 Less: Medi-Cal Billing Review Results	-	-	12,14	13,15
24 Total Amount Due Clinic (State) (L 22 - L 23)	(5,435)	(35,455)	(181,753)	(272,002)
<b>TOTAL</b>		<b>(40,890)</b>		<b>(453,754)</b>



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1134144165		19	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	1	1	1	Managed Care - Code 18 Visits (Period 2)	2,719	92	2,811
2	1	9	8	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1134144165		19		
Adj. No.	Report References		Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
3	1	5	Not Reported		Medi-Cal Billing Review Visits (Period 1)	0	424	424
4	1	5	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)(f) State Plan Amendment Attachment 4.19B, section J	0	258	258 *
5	1	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. 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	259
6	1	7	1	6	Medi-Cal Managed Care Plan Payments (Period 1)	\$79,415	(\$10,600)	\$68,815
7	1	7	1	6	Medi-Cal Managed Care Plan Payments (Period 2) To adjust Medi-Cal managed care plan payments to agree with the settlement agreement. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, Section 2304 W&I Code, Section 14132.100 (h)	214,221	(6,450)	207,771
8	1	8	1	7	Medicare and MAP Payments (Period 1)	\$6,093	\$807	\$6,900
9	1	8	1	7	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)	25,277	13,514	38,791

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1134144165		19		
Report References								
Adj. No.	Reconciliation Review	Reconciliation Request				As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line				
<b>ADJUSTMENTS TO OTHER MATTERS</b>								
10	1	14	1	11	Medicare Payments for Crossovers (Period 1)	\$1,187	\$536	\$1,723
11	1	14	1	11	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	660	2,259
12	1	20	Not Reported		Medi-Cal Payments Review (Period 1)	\$0	\$75,959	\$75,959 *
13	1	20	Not Reported		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 14D43.15, 14110, and 14132.100 (f)(1)(j) State Plan Amendment Attachment 4.19B, Section J	0	168,744	168,744 *
14	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	*	\$253	\$76,212 *
15	1	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	*	128	168,872 *

\*Balance carried forward from prior/fo subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1134144165		19		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
16	1	23	Not Reported			\$76,212	\$228	\$76,440 *
17	1	23	Not Reported			168,872	2,742	171,614 *
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>								
18	1	23	Not Reported			\$76,440	\$1,846	\$78,286
19	1	23	Not Reported			171,614	3,550	175,164
<p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>								

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

**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:

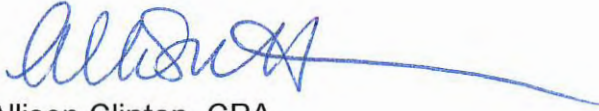
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI:

**1154480069**

FISCAL PERIOD FROM:

**JULY 1, 2016**

FISCAL PERIOD TO:

**JUNE 30, 2017**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
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	6,781	8,484
6 Payable Visits	13,969	43,050	57,019	12,266	36,908	49,174

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 Medi-Cal Managed Care (Formerly Code 18)	2,913,159	9,072,594	11,985,754	2,913,159	9,157,990	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	222,747	287,234
10 3rd Party Payers	-	-	-	-	-	-
Code 20: Medicare Managed Care Advantage Plans	-	-	-	-	-	-
11 Capitated MAP Plan Payments	-	-	-	-	-	-
12 Code 20 Payments	-	-	-	-	-	-
13 3rd Party Payers	-	-	-	-	-	-
Code 02: Medi-Cal Non-Managed Care Crossover	-	-	-	-	-	-
14 Medicare Payments for Crossovers	6,871	17,784	24,654	6,871	18,233	25,104
15 Code 02 Payments	4,418	11,321	15,739	13,157	11,099	24,256
16 3rd Party Payers	-	-	-	-	-	-
17 Total Payments	3,580,031	11,042,443	14,622,474	3,608,517	11,246,363	14,854,880

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	253.40	256.19	509.59	253.40	256.19	509.59
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)	3,589,745	11,028,960	14,588,724	3,108,204	9,455,461	12,563,665
21 Less: Total Payments (From Line 17)	3,580,031	11,042,443	14,622,474	3,608,517	11,246,363	14,854,880
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(40,287)	(13,463)	(53,750)	(500,313)	(1,790,902)	(2,291,215)
23 Less: Medi-Cal Billing Review Results				13,15	14,16	27,31
24 Total Amount Due Clinic (State) (L 22 - L 23)	(40,287)	(13,463)	(53,750)	(562,378)	(2,247,472)	(2,809,850)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1154480069		20		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>								
1	3	1	4			118	3	121
2	1	1	1			42,932	636	43,568
3	1	15	1			\$17,784	\$449	\$18,233
4	1	9	8			9,072,594	85,396	9,157,990
<p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1154480069		20	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					
5	1	5	Not Reported		0	3	3 *
6	1	5	Not Reported		0	4	4 *
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
5	1	5	Not Reported		0	3	3 *
6	1	5	Not Reported		0	4	4 *
<p>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&amp;I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
7	1	5	Not Reported		3	1,700	1,703
8	1	5	Not Reported		4	6,777	6,781
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(i) State Plan Amendment Attachment 4.19B, section J</p>							
9	1	8	1	7	\$44,740	\$19,747	\$64,487
10	1	8	1	7	104,450	118,297	222,747
<p>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&amp;I Code, section 14132.100 (h)</p>							
11	1	14	1	14	\$4,418	\$8,739	\$13,157
12	1	14	1	14	11,321	(222)	11,099
<p>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&amp;I Code, section 14132.100 (h)</p>							

\*Balance carried forward from prior/ to subsequent adjustments

Provider Legal Name		Fiscal Period			Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017			1154480069		20	
Report References		Explanation of Audit Adjustments						
Adj. No.	Schedule	Line	Worksheet	Line	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted
13	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$0	\$253	\$253 *
14	1	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	0	1,537	1,537 *
15	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$253	\$8,945	\$9,198 *
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 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	1,537	32,205	33,742 *
17	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$9,198	\$31,328	\$40,526 *
18	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 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	33,742	86,451	120,193 *

**ADJUSTMENTS TO OTHER MATTERS**

\*Balance carried forward from prior/to subsequent adjustments



**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

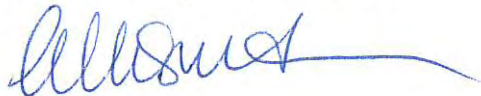
**JUN 28 2022**

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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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1184065088		2	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
1		18	1	14	\$179.51	(\$58.32)	\$121.19
2		18	1	14	179.51	(56.99)	122.52
<p><b>MEMORANDUM ADJUSTMENTS</b></p> <p>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</p>							

**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**



MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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:

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.

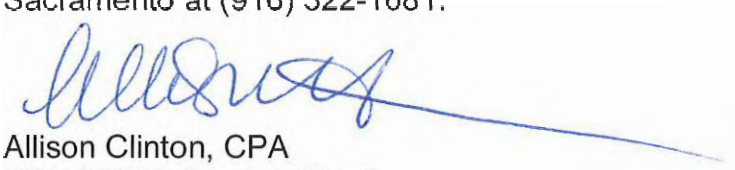
This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations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

Edgar Bulloch  
Page 2  
**JUN 28 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 4459

**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**

	REPORTED		ACCEPTED AS FILED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Managed Care - Code 18	1,709	5,705	1,709	5,705
2 Capitated MAP - Code 20	-	-	-	-
3 Crossover - Code 02	24	83	24	83
4 Total Visits	1,733	5,788	1,733	5,788
5 Less: Duplicate and Unallowable Visits	N/A	N/A	-	-
6 Payable Visits	1,733	5,788	1,733	5,788
<b>TOTAL</b>	<b>7,414</b>	<b>7,414</b>	<b>7,414</b>	<b>7,414</b>

	REPORTED		ACCEPTED AS FILED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
<b>Code 18: Managed Care</b>				
7 Medi-Cal Managed Care Plan Payments	119,060	406,361	119,060	406,361
8 Medicare and MAP Payments	2,934	14,011	2,934	14,011
9 Code 18 Payments	165,053	556,500	165,053	556,500
10 3rd Party Payers	-	-	-	-
<b>Code 20: Managed Care Advantage Plans</b>				
11 Capitated MAP Plan Payments	-	-	-	-
12 Code 20 Payments	-	-	-	-
13 3rd Party Payers	-	-	-	-
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>				
14 Medicare Payments for Crossovers	2,293	7,891	2,293	7,891
15 Code 02 Payments	1,184	4,142	1,184	4,142
16 3rd Party Payers	-	-	-	-
17 Total Payments	290,525	988,904	290,524	988,905
<b>TOTAL</b>	<b>1,279,429</b>	<b>1,279,429</b>	<b>1,279,429</b>	<b>1,279,429</b>

	REPORTED RECONCILIATION		ACCEPTED AS FILED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	153.39	155.08	153.39	155.08
19 Total Medi-Cal Visits (From Line 6)	1,733	5,788	1,733	5,788
20 PPS Amount (Line 18 x Line 19)	265,825	897,603	265,825	897,603
21 Less: Total Payments (From Line 17)	290,525	988,904	290,524	988,905
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(24,700)	(91,301)	(24,699)	(91,302)
23 Less: Medi-Cal Billing Review Results	-	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	(24,700)	(91,301)	(24,699)	(91,302)
<b>TOTAL</b>	<b>(116,001)</b>	<b>(116,001)</b>	<b>(116,001)</b>	<b>(116,001)</b>

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

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**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:

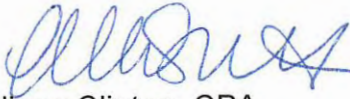
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Edgar Bulloch  
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**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 4459

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1275849283**

FISCAL PERIOD FROM: **JULY 1, 2016**

FISCAL PERIOD TO: **JUNE 30, 2017**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Managed Care - Code 18	4,807	14,849	4,807	15,352
2 Capitated MAP - Code 20	-	-	-	-
3 Crossovers - Code 02	-	-	-	-
4 Total Visits	4,807	14,849	4,807	15,352
5 Less: Duplicate and Unallowable Visits				
6 Payable Visits	4,807	14,849	4,807	15,352
		<b>TOTAL</b>		<b>TOTAL</b>
		19,656		20,159

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
<b>Code 18: Managed Care</b>				
7 Medi-Cal Managed Care Plan Payments	196,140	640,080	196,140	640,080
8 Medicare and MAP Payments	24,089	76,837	30,711	118,448
9 Code 18 Payments	916,843	3,487,993	916,843	3,569,682
10 3rd Party Payers	-	-	-	-
<b>Code 20: Medicare Managed Care Advantage Plans</b>				
11 Capitated MAP Plan Payments	-	-	-	-
12 Code 20 Payments	-	-	-	-
13 3rd Party Payers	-	-	-	-
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>				
14 Medicare Payments for Crossovers	-	-	-	-
15 Code 02 Payments	-	-	-	-
16 3rd Party Payers	-	-	-	-
17 Total Payments	1,137,071	4,204,910	1,143,694	4,328,210
		<b>TOTAL</b>		<b>TOTAL</b>
		5,341,981		5,471,904

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	289.65	272.62	273.48	276.49
19 Total Medi-Cal Visits (From Line 6)	4,807	14,849	4,807	15,352
20 PPS Amount (Line 18 x Line 19)	1,286,208	4,048,134	1,314,618	4,244,674
21 Less: Total Payments (From Line 17)	1,137,071	4,204,910	1,143,694	4,328,210
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	159,137	(156,776)	170,924	(83,536)
23 Less: Medi-Cal Billing Review Results				
24 Total Amount Due Clinic (State) (L 22 - L 23)	159,137	(156,776)	157,919	(174,619)
		<b>TOTAL</b>		<b>TOTAL</b>
		2,361		(16,700)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1275849283		12		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	14	PPS Rate (Period 1)	\$269.65	\$3.83	\$273.48
2	1	18	1	14	PPS Rate (Period 2)	272.62	3.87	276.49
<p><b>Explanation of Audit Adjustments</b>  <b>MEMORANDUM ADJUSTMENTS</b></p> <p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1275849283		12	
Report References		Explanation of Audit Adjustments		As Reported		Increase (Decrease)	
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted

ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA

3	1	1	1	1	14,849	503	15,352
4	1	9	1	8	\$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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1275849283		12	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					
Schedule	Line						
5	1	8	1	7	\$24,089	\$6,622	\$30,711
6	1	8	1	7	76,837	41,611	118,448
<p>Explanation of Audit Adjustments</p> <p><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medicare and MAP Payments (Period 1)</p> <p>Medicare and MAP Payments (Period 2)</p> <p>To adjust MAP &amp; Medicare payments received for Medi-Cal managed care patients.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p> <p>W&amp;I Code, section 14132.100 (h)</p>							
7	1	23	Not Reported		\$0	\$273	\$273 *
8	1	23	Not Reported		0	5,619	5,619 *
<p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>To recover payments related to non-allowable visits paid to the provider due to duplicates, or non-allowable billings.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2</p> <p>CCR, Title 22, section 51458.1</p> <p>W&amp;I Code, section 14132.100</p> <p>California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
9	1	23	Not Reported		\$273	\$1,283	\$1,556 *
10	1	23	Not Reported		5,619	40,996	46,615 *
<p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>22 CCR, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>							

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1275849283		12	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
11	1	23	Not Reported	\$1,556	\$11,449	\$13,005	
12	1	23	Not Reported	46,615	44,468	91,083	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*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**





MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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
2. Adjustments Schedule

**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  
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**JUN 28 2022**

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

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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

Certified

7021 2720 0003 0819 4459

**FQHC/IRHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1306131545**

FISCAL PERIOD FROM: **JULY 1, 2016**

FISCAL PERIOD TO: **JUNE 30, 2017**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Managed Care - Code 18	3,535	10,377	3,532	10,507
2 Capitated MAP - Code 20	-	-	-	-
3 Crossovers - Code 02	-	-	-	-
4 Total Visits	3,535	10,377	3,532	10,510
5 Less: Duplicate and Unallowable Visits				
6 Payable Visits	3,535	10,377	3,532	10,510
		13,912		14,039

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Code 18: Managed Care				
Medi-Cal Managed Care Plan Payments	\$ 251,801	\$ 701,213	\$ 251,801	\$ 701,213
Medicare and MAP Payments	\$ 8,432	\$ 22,401	\$ 11,906	\$ 43,572
Code 18 Payments	\$ 537,032	\$ 1,593,383	\$ 536,576	\$ 1,603,343
3rd Party Payers				
Code 20: Medicare Managed Care Advantage Plans				
Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -
Code 20 Payments	\$ -	\$ -	\$ -	\$ -
3rd Party Payers				
Code 02: Medi-Cal Non-Managed Care Crossover				
Medicare Payments for Crossovers	\$ -	\$ -	\$ -	\$ -
Code 02 Payments	\$ -	\$ -	\$ -	\$ -
3rd Party Payers				
17 Total Payments	\$ 797,265	\$ 2,316,997	\$ 800,283	\$ 2,350,781
		3,114,262		3,151,064

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 185.70	\$ 187.74	\$ 185.70	\$ 187.74
19 Total Medi-Cal Visits (From Line 6)	3,535	10,377	3,532	10,510
20 PPS Amount (Line 18 x Line 19)	\$ 656,450	\$ 1,948,178	\$ 655,892	\$ 1,973,147
21 Less: Total Payments (From Line 17)	\$ 797,265	\$ 2,316,997	\$ 800,283	\$ 2,350,781
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (140,815)	\$ (368,819)	\$ (144,391)	\$ (377,634)
23 Less: Medi-Cal Billing Review Results				
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (140,815)	\$ (368,819)	\$ (165,782)	\$ (473,771)
		(509,635)		(539,503)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1306131545		15	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>							
1	1	1	1	Managed Care - Code 18 Visits (Period 1)	3,535	(3)	3,532
2	1	1	1	Managed Care - Code 18 Visits (Period 2)	10,377	130	10,507
3	1	3	4	Crossovers - Code 02 Visits (Period 2)	0	3	3
4	1	9	8	Medi-Cal Managed Care - Code 18 Payments (Period 1)	\$537,032	(\$456)	\$536,576
5	1	9	8	Medi-Cal Managed Care - Code 18 Payments (Period 2)	1,593,383	11,960	1,605,343
6	1	15	12	Medi-Cal Non-Managed Care - Code 02 Payments (Period 2)	0	248	248

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1306131545		15		
Adj. No.	Report References		Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
7	1	8	1	7	Medicare and MAP Payments (Period 1)	\$8,432	\$3,474	\$11,906
8	1	8	1	7	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)	22,401	21,171	43,572
9	1	14	1	11	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)	\$0	\$405	\$405
10	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$0	\$186	\$186 *
11	1	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	0	3,567	3,567 *
12	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$186	\$383	\$569 *
13	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 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	2,217	5,784 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1306131545		15	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
14	1	23	Not Reported				
15	1	23	Not Reported	\$569	\$20,772	\$21,341	
				5,784	90,353	96,137	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p> <p>State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*Balance carried forward from prior/fo subsequent adjustments

**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**





MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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
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 28 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

7021 2720 00030819 4442

**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, 2016**

FISCAL PERIOD TO: **JUNE 30, 2017**

	REPORTED			ACCEPTED AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>VISITS</b>						
1 Managed Care - Code 18	1,667	4,818	6,485	1,667	4,818	6,485
2 Capitated MAP - Code 20	-	-	-	-	-	-
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	N/A	N/A	N/A	-	-	-
6 Payable Visits	1,667	4,818	6,485	1,667	4,818	6,485
<b>PAYMENTS</b>						
<b>Code 18: Managed Care</b>						
7 Medi-Cal Managed Care Plan Payments	-	10,306	10,306	-	10,306	10,306
8 Medicare and MAP Payments	1,314	7,945	9,259	1,314	7,945	9,259
9 Code 18 Payments	244,356	705,863	950,219	244,356	705,863	950,219
10 3rd Party Payers	-	-	-	-	-	-
<b>Code 20: Managed Care Advantage Plans</b>						
11 Capitated MAP Plan Payments	-	-	-	-	-	-
12 Code 20 Payments	-	-	-	-	-	-
13 3rd Party Payers	-	-	-	-	-	-
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>						
14 Medicare Payments for Crossovers	-	-	-	-	-	-
15 Code 02 Payments	-	-	-	-	-	-
16 3rd Party Payers	-	-	-	-	-	-
17 Total Payments	245,670	724,114	969,784	245,670	724,114	969,784

	REPORTED RECONCILIATION			ACCEPTED AS FILED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>SETTLEMENT</b>						
18 PPS Rate	182.16	182.16	N/A	115.43	116.70	N/A
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
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	57,991	153,533	211,524	(53,248)	(161,853)	(215,101)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	57,991	153,533	211,524	(53,248)	(161,853)	(215,101)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1386069995		2	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
1		18	1	14	\$182.16	(\$66.73)	\$115.43
2		18	1	14	182.16	(65.46)	116.70
<p><b>MEMORANDUM ADJUSTMENTS</b></p> <p>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</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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

Certified

7021 2720 0003 0819 4459



**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION** NPI: **1568747137**

FISCAL PERIOD FROM: **JULY 1, 2016** FISCAL PERIOD TO: **JUNE 30, 2017**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Managed Care - Code 18	1,555	3,717	1,555	3,734
2 Capitated MAP - Code 20	-	-	-	-
3 Crossovers - Code 02	-	-	-	-
4 Total Visits	1,555	3,717	1,555	3,734
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	1,555	3,717	1,555	3,734
		<b>5,272</b>		<b>5,289</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
<b>Code 18: Managed Care</b>				
7 Medi-Cal Managed Care Plan Payments	18,011	47,234	18,011	47,234
8 Medicare and MAP Payments	697	2,409	947	4,381
9 Code 18 Payments	198,510	474,140	198,510	475,416
10 3rd Party Payers	-	-	-	-
<b>Code 20: Medicare Managed Care Advantage Plans</b>				
11 Capitated MAP Plan Payments	-	-	-	-
12 Code 02 Payments	-	-	-	-
13 3rd Party Payers	-	-	-	-
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>				
14 Medicare Payments for Crossovers	-	-	-	-
15 Code 02 Payments	-	-	-	-
16 3rd Party Payers	-	-	-	-
17 Total Payments	217,218	523,783	217,468	527,031
		<b>741,001</b>		<b>744,499</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	185.00	185.00	229.08	231.60
19 Total Medi-Cal Visits (From Line 6)	1,555	3,717	1,555	3,734
20 PPS Amount (Line 18 x Line 19)	287,675	687,645	356,219	864,794
21 Less: Total Payments (From Line 17)	217,218	523,783	217,468	527,031
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	70,457	163,862	138,751	337,763
23 Less: Medi-Cal Billing Review Results	-	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	70,457	163,862	138,731	336,175
		<b>234,319</b>		<b>474,906</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1568747137		9	
Adj. No.	Report References		Line	Worksheet	Line	As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments			
1	1	1	14		\$185.00	\$229.08	
2	1	1	14		185.00	231.60	
<p><b>MEMORANDUM ADJUSTMENTS</b></p> <p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1568747137		9	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

3	1	1	1	Managed Care - Code 18 Visits (Period 2)	3,717	17	3,734
4	1	9	1	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1568747137		9			
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line			
<b>ADJUSTMENTS TO OTHER MATTERS</b>									
5	1	8	1	7	Medicare and MAP Payments (Period 1)		\$697	\$250	\$947
6	1	8	1	7	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
7	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)		\$0	\$20	\$20
8	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 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		0	1,551	1,551 *
9	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 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.		\$1,551	\$37	\$1,588

\*Balance carried forward from prior to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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:

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

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI:

**1619036514**

FISCAL PERIOD FROM:

**JULY 1, 2016**

FISCAL PERIOD TO:

**JUNE 30, 2017**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO.	PERIOD 2	
1 Managed Care - Code 18	9,106	29,013	38,121	9,108	29,573	38,681
2 Capitated MAP - Code 20	-	-	-	-	-	-
3 Crossovers - Code 02	85	192	277	85	194	279
4 Total Visits	9,193	29,205	38,398	9,193	29,767	38,960
5 Less: Duplicate and Unallowable Visits	-	-	-	-	2	2
6 Payable Visits	9,193	29,205	38,398	9,193	29,765	38,958

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO.	PERIOD 2	
7 Code 18: Managed Care	460,980	1,521,288	1,982,268	460,980	1,521,288	1,982,268
8 Medi-Cal Managed Care Plan Payments	36,879	126,984	163,864	47,487	187,223	234,710
9 Medicare and MAP Payments	1,580,399	5,080,044	6,660,442	1,580,399	5,146,095	6,726,494
10 3rd Party Payers	-	-	-	-	-	-
11 Code 20: Medicare Managed Care Advantage Plans	-	-	-	-	-	-
12 Capitated MAP Plan Payments	-	-	-	-	-	-
13 Code 20 Payments	-	-	-	-	-	-
14 3rd Party Payers	-	-	-	-	-	-
15 Code 02: Medi-Cal Non-Managed Care Crossover	8,129	18,259	26,389	11,269	25,971	37,240
16 Medicare Payments for Crossovers	11,166	25,685	36,850	11,166	25,947	37,113
17 3rd Party Payers	-	-	-	-	-	-
Total Payments	2,097,553	6,772,259	8,869,813	2,111,301	6,906,524	9,017,825

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO.	PERIOD 2	
18 PPS Rate	237.36	239.97	477.33	237.36	239.97	477.33
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	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	8,869,813	2,111,301	6,906,524	9,017,825
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	84,497	236,065	320,563	70,749	236,183	306,932
23 Less: Medi-Cal Billing Review Results	-	-	-	10,12	11,13	21,25
24 Total Amount Due Clinic (State) (L 22 - L 23)	84,497	236,065	320,563	378,087	497,488	875,574
				(307,338)	(261,305)	(568,642)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1619036514		.17	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line					
1	1	1	1	29,013	560	29,573	
2	1	3	4	192	2	194	
3	1	9	8	\$5,080,044	\$66,051	\$5,146,095	
4	1	15	12	25,685	262	25,947	

**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 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1619036514		17	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					
Explanation of Audit Adjustments							
ADJUSTMENTS TO OTHER MATTERS							
5	1	5	Not Reported		0	2	2
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	1	8	1	7	\$36,879	\$10,608	\$47,487
7	1	8	1	7	126,984	60,239	187,223
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	1	14	1	11	\$8,129	\$3,140	\$11,269
9	1	14	1	11	18,259	7,712	25,971
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)							
10	1	23	Not Reported		\$0	\$2,374	\$2,374 *
11	1	23	Not Reported		0	14,700	14,700 *
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1619036514		17		
Adj. No.	Report References		Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
12	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$2,374	\$1,597	\$3,971 *
13	1	23	Not Reported		Medi-Cal Billing Review Results (Period 2)	14,700	20,894	35,594 *
<p>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&amp;I Code, section 14115</p>								
14	1	20	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$3,971	\$236,826	\$240,797 *
15	1	20	Not Reported		Medi-Cal Billing Review Results (Period 2)	35,594	47,514	83,108 *
<p>To recover non-allowable payments to the provider due to the misbilling of visits                      42 CFR 419.4                      22 CCR section 51458.1                      W&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(i)                      SPA Attachment 4.19B, Section J</p>								
16	1	20	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$240,797	\$137,290	\$378,087
17	1	20	Not Reported		Medi-Cal Billing Review Results (Period 2)	83,108	414,380	497,488
<p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>								

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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.

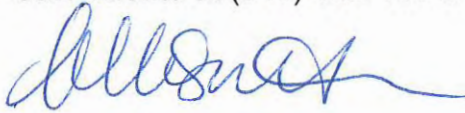
Edgar Bulloch  
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**JUN 28 2022**

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: **1730249947**

FISCAL PERIOD FROM: **JULY 1, 2016**

FISCAL PERIOD TO: **JUNE 30, 2017**

	REPORTED			ACCEPTED AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>VISITS</b>						
1 Managed Care - Code 18	1,053	3,867	4,920	1,053	3,867	4,920
2 Capitated MAP - Code 20	-	-	-	-	-	-
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	N/A	-	-	-
6 Payable Visits	1,053	3,867	4,920	1,053	3,867	4,920
<b>PAYMENTS</b>						
<b>Code 18: Managed Care</b>						
7 Medi-Cal Managed Care Plan Payments	\$ 76,028	\$ 223,019	\$ 299,047	\$ 76,028	\$ 223,019	\$ 299,047
8 Medicare and MAP Payments	\$ 4,928	\$ 24,401	\$ 29,328	\$ 4,928	\$ 24,401	\$ 29,328
9 Code 18 Payments	\$ 82,340	\$ 305,519	\$ 387,859	\$ 82,340	\$ 305,519	\$ 387,859
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Code 20: Managed Care Advantage Plans</b>						
11 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12 Code 20 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>						
14 Medicare Payments for Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Code 02 Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 163,296	\$ 552,939	\$ 716,234	\$ 163,296	\$ 552,939	\$ 716,235

	REPORTED RECONCILIATION			ACCEPTED AS FILED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>SETTLEMENT</b>						
18 PPS Rate	\$ 172.88	\$ 174.78	N/A	\$ 172.88	\$ 174.78	N/A
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	\$ 675,874	\$ 857,917
21 Less: Total Payments (From Line 17)	\$ 163,296	\$ 552,939	\$ 716,234	\$ 163,296	\$ 552,939	\$ 716,235
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 18,748	\$ 122,935	\$ 141,683	\$ 18,747	\$ 122,935	\$ 141,682
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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 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  
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JUN 28 2022

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

A handwritten signature in blue ink, appearing to read "Allison Clinton", is written over a light gray rectangular background.

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

Certified

7021 2720 0003 0819 4442

**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1790075315**

FISCAL PERIOD FROM: **JULY 1, 2016**

FISCAL PERIOD TO: **JUNE 30, 2017**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Managed Care - Code 18	3,053	8,987	12,040	3,053	9,097	12,150
2 Capitated MAP - Code 20	-	-	-	-	-	-
3 Crossovers - Code 02	-	-	-	-	17	17
4 Total Visits	3,053	8,987	12,040	3,053	9,114	12,167
5 Less: Duplicate and Unallowable Visits						
6 Payable Visits	3,053	8,987	12,040	3,053	9,114	12,167

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>Code 18: Managed Care</b>						
7 Medi-Cal Managed Care Plan Payments	71,487	210,846	282,133	71,487	210,846	282,133
8 Medicare and MAP Payments	4,492	22,885	27,377	5,953	35,927	41,880
9 Code 18 Payments	599,355	1,781,969	2,381,324	599,355	1,791,805	2,391,160
10 3rd Party Payers	-	-	-	-	-	-
<b>Code 20: Medicare Managed Care Advantage Plans</b>						
11 Capitated MAP Plan Payments	-	-	-	-	-	-
12 Code 20 Payments	-	-	-	-	-	-
13 3rd Party Payers	-	-	-	-	-	-
<b>Code 02: Medi-Cal Non-Managed Care Crossover</b>						
14 Medicare Payments for Crossovers	-	-	-	-	2,297	2,297
15 Code 02 Payments	-	-	-	-	2,212	2,212
16 3rd Party Payers	-	-	-	-	-	-
17 Total Payments	675,334	2,015,500	2,690,834	676,795	2,042,887	2,719,862

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	232.77	235.33		232.77	235.33	
19 Total Medi-Cal Visits (From Line 6)	3,053	8,987	12,040	3,053	9,114	12,167
20 PPS Amount (Line 18 x Line 19)	710,647	2,114,911	2,825,558	710,647	2,144,798	2,855,445
21 Less: Total Payments (From Line 17)	675,334	2,015,500	2,690,834	676,795	2,042,887	2,719,862
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	35,312	99,411	134,724	33,852	101,911	135,763
23 Less: Medi-Cal Billing Review Results	-	-	-	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	35,312	99,411	134,724	2,166	8,012	18,162

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1790075315		12		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA								
1	1	1	1	1	1	8,987	110	9,097
2	1	3	1	4	4	0	17	17
3	1	9	1	8	8	\$1,781,969	\$9,836	\$1,791,805
4	1	15	1	12	12	0	2,212	2,212

Managed Care - Code 18 Visits (Period 2)  
 Crossovers - Code 02 Visits (Period 2)  
 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 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1790075315		12		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
<b>ADJUSTMENTS TO OTHER MATTERS</b>								
5	1	8	1	7	7	\$4,492	\$1,461	\$5,953
6	1	8	1	7	7	22,885	13,042	35,927
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)								
7	1	14	1	11	11	\$0	\$2,297	\$2,297
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	1	23	Not Reported			\$0	\$235	\$235 *
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	1	23	Not Reported			\$0	\$355	\$355 *
10	1	23	Not Reported			235	10,420	10,655 *
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								

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1790075315		12	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
11	1	23	Not Reported		\$355	\$2,166	
12	1	23	Not Reported		10,655	15,996	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>To recover Medi-Cal overpayments for services that should have been billed to the managed care plan, and due to lack of documentation.</p> <p>42 CFR 413.20</p> <p>CMS Pub. 15-1, section 2409.2 and 2304</p> <p>CCR, Title 22, section 51005 and 51458.1</p> <p>W&amp;I Code 14132.100</p>							

\*Balance carried forward from prior/to subsequent adjustments



**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**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, 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:

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

**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 4442

**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, 2016**

FISCAL PERIOD TO: **JUNE 30, 2017**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Managed Care - Code 18	667	1,727	667	1,762
2 Capitated MAP - Code 20	-	-	-	-
3 Crossovers - Code 02	-	-	-	-
4 Total Visits	667	1,727	667	1,762
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	667	1,727	667	1,762
		2,394		2,429

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Code 18: Managed Care				
Medi-Cal Managed Care Plan Payments	\$ 31,244	\$ 94,381	\$ 31,244	\$ 94,381
8 Medicare and MAP Payments	\$ 5,200	\$ 11,475	\$ 6,494	\$ 16,165
Code 18 Payments	\$ 43,384	\$ 111,940	\$ 43,384	\$ 113,545
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
Code 20: Medicare Managed Care Advantage Plans				
11 Capitated MAP Plan Payments	\$ -	\$ -	\$ -	\$ -
12 Code 20 Payments	\$ -	\$ -	\$ -	\$ -
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
Code 02: Medi-Cal Non-Managed Care Crossover				
14 Medicare Payments for Crossovers	\$ -	\$ -	\$ -	\$ -
15 Code 02 Payments	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 79,828	\$ 217,796	\$ 81,122	\$ 224,091
		297,624		305,213

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 129.02	\$ 129.02	\$ 280.45	\$ 283.53
19 Total Medi-Cal Visits (From Line 6)	667	1,727	667	1,762
20 PPS Amount (Line 18 x Line 19)	\$ 86,056	\$ 222,818	\$ 187,060	\$ 499,580
21 Less: Total Payments (From Line 17)	\$ 79,828	\$ 217,796	\$ 81,122	\$ 224,091
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 6,228	\$ 5,022	\$ 105,938	\$ 275,489
23 Less: Medi-Cal Billing Review Results	-	-	813	4,548
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 6,228	\$ 5,022	\$ 105,125	\$ 270,941
		11,250		376,066

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1942623657		8	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line	Worksheet				
1	1	18	1	14	PPS Rate (Period 1)	\$129.02	\$280.45
2	1	18	1	14	PPS Rate (Period 2)	129.02	283.53
<p>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</p>							
<p><b>MEMORANDUM ADJUSTMENTS</b></p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1942623657		8			
Report References		Explanation of Audit Adjustments		As Reported		Increase (Decrease)		As Adjusted	
Adj. No.	Schedule	Line	Worksheet	Line	Reconciliation Request				

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

3	1	1	1	1	Managed Care - Code 18 Visits (Period 2)	1,727	35	1,762
4	1	9	1	8	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2016 THROUGH JUNE 30, 2017		1942623657		8		
Report References		Explanation of Audit Adjustments						
Adj. No.	Reconciliation Review	Worksheet		As Reported	Increase (Decrease)	As Adjusted		
		Line	Line					
<b>ADJUSTMENTS TO OTHER MATTERS</b>								
5	1	8	1	7	Medicare and MAP Payments (Period 1)	\$5,200	\$1,294	\$6,494
6	1	8	1	7	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)	11,475	4,690	16,165
7	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$0	\$813	\$813
8	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 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	0	4,548	4,548



**REVISED REPORT ON THE  
FEDERALLY QUALIFIED HEALTH CENTER  
RECONCILIATION REVIEW**

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**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 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, 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

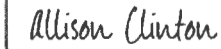


Rose Maclsaac  
Page 2

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.

DocuSigned by:



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

Certified

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**REVISED RECONCILIATION REVIEW REPORT**

SCHEDULE 1  
Revised Medi-Cal Settlement

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1780038042**

FISCAL PERIOD FROM:

**JULY 1, 2017**

FISCAL PERIOD TO:

**JUNE 30, 2018**

	AUDITED			REVISED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	688	4,117	4,805	688	4,117	4,805
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	688	4,117	4,805	688	4,117	4,805
5 Less: Duplicate and Unallowable Visits	-	-	-	-	-	-
6 Payable Visits	688	4,117	4,805	688	4,117	4,805

	AUDITED			REVISED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>PAYMENTS</b>						
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):						
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 66,462	\$ 405,369	\$ 471,831	\$ 66,462	\$ 405,369	\$ 471,831
13 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 51,844	\$ 304,441	\$ 356,285	\$ 51,844	\$ 304,441	\$ 356,285
14 3rd Party Payers	\$ 2,153	\$ 11,665	\$ 13,818	\$ 2,153	\$ 11,665	\$ 13,818
15 Total Payments	\$ 120,459	\$ 721,475	\$ 841,934	\$ 120,459	\$ 721,475	\$ 841,934

	AUDITED RECONCILIATION			REVISED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
18 PPS Rate	\$ 163.49	\$ 163.49	N/A	\$ 252.35	\$ 252.35	N/A
19 Total Medi-Cal Visits (From Line 6)	688	4,117	4,805	688	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)	\$ (56,365)	\$ 53,158	\$ 317,450	\$ 370,608
23 Less: Medi-Cal Billing Review Results	\$ 6,635	\$ 5,613	\$ 12,248	\$ 6,635	\$ 5,613	\$ 12,248
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (14,613)	\$ (54,000)	\$ (68,613)	\$ 46,523	\$ 311,837	\$ 368,360

Provider Legal Name		Fiscal Period		Provider NPI		Revisions	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1780038042		2	
Rev. No.	Report References		Explanation of Revisions	As Audited	Increase (Decrease)	As Revised	
	Reconciliation Schedule	Reconciliation Review					
No.	Schedule	Line	Schedule	Line			
1	1	18	1	18	PPS Rate (Period 1)	\$163.49	\$252.35
2	1	18	1	18	PPS Rate (Period 2)	163.49	252.35
<p style="text-align: center;"><u>MEMORANDUM REVISIONS</u></p> <p>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</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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

**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

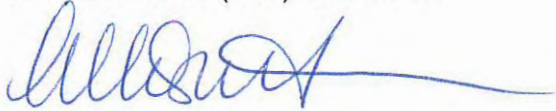
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.



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

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1023349883**

FISCAL PERIOD FROM: **JULY 1, 2017**

FISCAL PERIOD TO: **JUNE 30, 2018**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	8	-	8	8
2 Medi-Cal Managed Care (Formerly Code 18)	4,734	12,169	4,734	12,242
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	4,742	12,169	4,742	12,242
5 Less: Duplicate and Unallowable Visits	-	-	-	1
6 Payable Visits	4,742	12,169	4,742	12,241
<b>TOTAL</b>				
		16,911		16,983

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	778	-	801	-
9 Medicare PPS/IUPL/FFS, FFS MAP, Code 519 & Part D Totalled	801	-	1,080	-
10 3rd Party Payers	-	-	-	-
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	870,047	2,281,552	870,047	2,272,006
13 Medi-Cal Managed Care Plans - TOTAL	247,406	650,225	247,406	650,225
14 Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	18,384	21,788	28,304	35,898
15 3rd Party Payers	-	-	-	-
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	-	-
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	-	-	-	-
19 3rd Party Payers	-	-	-	-
20 <b>Total Payments</b>	1,137,416	2,933,565	1,147,638	2,957,929
<b>TOTAL</b>		4,070,980		4,105,567

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	237.90	240.75	241.51	244.41
19 Total Medi-Cal Visits (From Line 6)	4,742	12,169	4,742	12,241
20 PPS Amount (Line 18 x Line 19)	1,128,122	2,929,687	1,145,240	2,991,823
21 Less: Total Payments (From Line 17)	1,137,416	2,933,565	1,147,638	2,957,929
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(9,294)	(3,878)	(2,398)	33,894
23 Less: Medi-Cal Billing Review Results	-	-	-	-
24 <b>Total Amount Due Clinic (State) (L 22 - L 23)</b>	(9,294)	(3,878)	(16,518)	12,982
<b>TOTAL</b>		(13,171)		(3,536)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments				
BORREGO COMMUNITY HEALTH FOUNDAT		JULY 1, 2017 THROUGH JUNE 30, 2018		1023349883		15				
Adj. No.	Report References		Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request								
1	1	18	1	16			PPS Rate (Period 1)	\$237.90	\$3.61	\$241.51
2	1	18	1	16			PPS Rate (Period 2)	240.75	3.66	244.41
<p>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</p>										
<p><u>MEMORANDUM ADJUSTMENTS</u></p>										

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1023349883		15	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Schedule	Worksheet	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted
		Line		Line			

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

3	1	2	1	1	12,169	73	12,242
4	1	7	1	11	\$778	\$23	\$801
5	1	10	1	8	2,261,552	10,454	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1023349883		15	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
6	1	5	Not Reported		0	1	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							
7	1	8	1	12	\$801	\$279	\$1,080
Medicare PPS/IUPL/FFS, FFS MAP, Code 519 & Part D Totalled 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)							
8	1	12	1	7	\$18,384	\$9,920	\$28,304
9	1	12	1	7	21,788	13,910	35,698
Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1023349883		15	
Adj. No.	Schedule	Report References		Line	Worksheet	Line	Line
		Reconciliation Review	Reconciliation Request				
Explanation of Audit Adjustments							
<u>ADJUSTMENTS TO OTHER MATTERS</u>							
10	1	23	Not Reported				
11	1	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							
						As Reported	As Adjusted
						\$0	\$966 *
						0	489 *
							Increase (Decrease)
						\$966	\$1,574
						489	7,838
12	1	23	Not Reported				
13	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 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							
						\$966	\$2,540 *
						489	8,327 *
14	1	23	Not Reported				
15	1	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, 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	\$14,120
						8,327	20,912
							Increase (Decrease)
						\$11,580	\$11,580
						8,327	12,585

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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



**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:

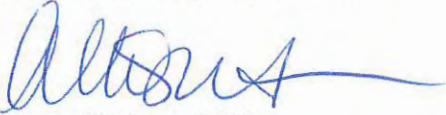
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", is written over a light blue rectangular background.

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

Certified

7021 2720 0003 0819 4428



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1134144165		10	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					

Explanation of Audit Adjustments

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

1 1 1 1 1 Managed Care - Code 18 Visits (Period 2)

2 1 9 1 8 Code 18 Payments (Period 2)

2,293 4 2,297

\$419,275 \$911 \$420,186

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1134144165		10	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	8	1	7			
4	1	8	1	7			
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)							
5	1	14	1	11	\$7,031	\$3,203	\$10,234
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)							
6	1	23	Not Reported		15,150	7,444	22,594
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							
7	1	23	Not Reported		\$0	\$259	\$259 *
8	1	23	Not Reported		\$0	\$1,537	\$1,537 *
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1134144165		10	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
9	1	23	Not Reported	\$1,537	\$663	\$2,200	
10	1	23	Not Reported	1,779	1,019	2,798	
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b>  <b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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 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

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**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

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1154480069		19			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							

**EXPLANATION OF AUDIT ADJUSTMENTS**  
**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	1	2	1	1	1	1	15,085	(2)	15,083
2	1	2	1	1	1	1	40,448	125	40,573
3	1	10	1	8	1	8	\$3,178,315	(\$424)	\$3,177,891
4	1	10	1	8	1	8	8,646,354	29,652	8,676,006

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 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1154480069		19	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
5	1	5	Not Reported	0	3	3	*
6	1	5	Not Reported	0	10	10	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
7	1	5	Not Reported	3	1,397	1,400	
8	1	5	Not Reported	10	4,174	4,184	
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (f)(1)(i)                      State Plan Amendment Attachment 4.19B, Section J</p>							
9	1	8	1	11	\$785	\$1,081	
<p>Medicare PPS/UPL/FFS, FFS MAP, Code 519 &amp; Part D Totalled 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&amp;I Code, sections 14124.2(b) and 14132.100 (h)</p>							
10	1	12	1	7	\$54,460	\$77,672	
11	1	12	1	7	40,526	70,780	
<p>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled Payments (Period 1)                      Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled 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&amp;I Code, sections 14124.2(b) and 14132.100 (h)</p>							

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1154480069		19		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
<b>ADJUSTMENTS TO OTHER MATTERS</b>								
12	1	23	Not Reported			\$0	\$2,050	\$2,050 *
13	1	23	Not Reported			0	5,444	5,444 *
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								
14	1	23	Not Reported			\$2,050	\$14,440	\$16,490 *
15	1	23	Not Reported			5,444	16,850	22,294 *
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	1	23	Not Reported			\$16,490	\$126,302	\$142,792 *
17	1	23	Not Reported			22,294	373,893	396,187 *
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)(i) State Plan Amendment Attachment 4.19B, Section J								

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1154480069		19	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
18	1	23	Not Reported	\$142,792	\$44,163	\$186,955	
19	1	23	Not Reported	396,187	24,618	420,806	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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 51468.1                      W&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*Balance carried forward from prior/to subsequent adjustments

**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**





MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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 28 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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SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1184065088**

FISCAL PERIOD FROM: **JULY 1, 2017**

FISCAL PERIOD TO: **JUNE 30, 2018**

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	149	134	283	149	134	283
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	149	134	283	149	134	283
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	149	134	283	149	134	283

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8 Medicare PPS/IPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10 Medi-Cal Managed Care (Formerly Code 18):						
Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 19,929	\$ 17,983	\$ 37,912	\$ 19,929	\$ 17,983	\$ 37,912
11 Medi-Cal Managed Care Plans - TOTAL	\$ 952	\$ 849	\$ 1,801	\$ 952	\$ 849	\$ 1,801
12 Medicare PPS/IPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):						
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 20,880	\$ 18,932	\$ 39,812	\$ 20,881	\$ 18,932	\$ 39,813

	REPORTED RECONCILIATION		TOTAL	ACCEPTED AS FILED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 179.51	\$ 179.51	N/A	\$ 122.52	\$ 123.99	N/A
19 Total Medi-Cal Visits (From Line 6)	149	134	283	149	134	283
20 PPS Amount (Line 18 x Line 19)	\$ 26,747	\$ 24,054	\$ 50,801	\$ 18,255	\$ 16,615	\$ 34,870
21 Less: Total Payments (From Line 17)	\$ 20,880	\$ 18,932	\$ 39,812	\$ 20,881	\$ 18,932	\$ 39,813
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 5,867	\$ 5,122	\$ 10,989	\$ (2,626)	\$ (2,317)	\$ (4,943)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 5,867	\$ 5,122	\$ 10,989	\$ (2,626)	\$ (2,317)	\$ (4,943)

\*Corrected rounding error

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1184065088		2	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
1	18	1	14	\$179.51	(\$56.99)	\$122.52	
2	18	1	14	179.51	(55.52)	123.99	
<p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate(s) to agree with the PPS rate(s) in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1255490819**

FISCAL PERIOD FROM: **JULY 1, 2017**

FISCAL PERIOD TO: **JUNE 30, 2018**

VISITS	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	29	-	29	29	-	29
2 Medi-Cal Managed Care (Formerly Code 18)	2,022	5,126	7,148	2,022	5,132	7,154
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	2,051	5,126	7,177	2,051	5,132	7,183
5 Less: Duplicate and Unallowable Visits	-	-	-	-	1	1
6 Payable Visits	2,051	5,126	7,177	2,051	5,131	7,182

PAYMENTS	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	1,447	-	1,447	1,447	-	1,447
9 Medicare PPS/UP/FFS, FFS MAP, Code 519 & Part D Totalled	2,823	-	2,823	3,902	4	3,902
10 3rd Party Payers	-	-	-	-	-	-
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>						
12 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	196,685	505,911	702,596	196,685	506,921	703,606
13 Medicare PPS/UP/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	98,030	249,050	347,080	98,030	249,050	347,080
14 3rd Party Payers	2,336	4,867	7,203	3,426	7,950	11,376
15 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
16 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	-	-	-	-
17 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	-	-	-	-	-	-
18 3rd Party Payers	-	-	-	-	-	-
19 Total Payments	301,320	759,828	1,061,148	303,490	763,921	1,067,411

SETTLEMENT	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	155.08	156.94	312.02	155.08	156.94	312.02
19 Total Medi-Cal Visits (From Line 6)	2,051	5,126	7,177	2,051	5,131	7,182
20 PPS Amount (Line 18 x Line 19)	318,069	804,474	1,122,543	318,069	805,259	1,123,328
21 Less: Total Payments (From Line 17)	301,320	759,828	1,061,148	303,490	763,921	1,067,411
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	16,749	44,647	61,396	14,579	41,338	55,917
23 Less: Medi-Cal Billing Review Results	-	-	-	884	693	1,577
24 Total Amount Due Clinic (State) (L 22 - L 23)	16,749	44,647	61,396	13,695	40,645	54,340

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1255490819		11		
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request						

Explanation of Audit Adjustments

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

1	1	2	1	1	1	1	5,126	5,132
2	1	10	1	8			\$505,911	\$506,921

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1255490819		11	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
<b>Explanation of Audit Adjustments</b>							
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	5	Not Reported	0	1	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							
4	1	8	1	\$2,823	\$1,079	\$3,902	
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled 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)							
5	1	12	1	\$2,336	\$1,090	\$3,426	
6	1	12	1	4,867	3,083	7,950	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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	1	23	Not Reported	\$0	\$116	\$116	*
8	1	23	Not Reported	0	314	314	*
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS		JULY 1, 2017 THROUGH JUNE 30, 2018		1255490819		11		
Adj. No.	Schedule	Line	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
			Reconciliation Review	Reconciliation Request				
<u>ADJUSTMENTS TO OTHER MATTERS</u>								
9	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$116	\$719	\$835 *
10	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 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	314	379	693
11	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, 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.	\$835	\$49	\$884

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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

**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

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDAT		JULY 1, 2017 THROUGH JUNE 30, 2018		1275849283		14	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	14	\$272.62	\$3.87	\$276.49
2	1	18	1	14	275.89	3.92	279.81
<p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p>							
<b>MEMORANDUM ADJUSTMENTS</b>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1275849283		14	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
3	1	2	1	1	13,829	992	14,821
4	1	10	1	8	\$3,513,824	\$253,124	\$3,766,948
<p><b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b></p> <p>1 Medi-Cal Managed Care Visits (Period 2)</p> <p>8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)</p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1275849283		14			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							
<b>ADJUSTMENTS TO OTHER MATTERS</b>									
5	1	5	Not Reported				0	2	2
6	1	5	Not Reported				0	13	13
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									
7	1	12	1	7			\$28,172	\$10,865	\$39,037
8	1	12	1	7			41,558	21,617	63,175
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)									
9	1	23	Not Reported				\$0	\$7,091	\$7,091 *
10	1	23	Not Reported				0	9,769	9,769 *
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/fo subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1275849283		14			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							
11	1	23	Not Reported				\$7,091	\$4,784	\$11,875 *
12	1	23	Not Reported				9,769	7,874	17,643 *
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>									
13	1	23	Not Reported				\$11,875	\$19,195	\$31,070
14	1	23	Not Reported				17,643	10,123	27,766
<p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4, 19-B Page 6D.</p>									

**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**



MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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:

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

**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

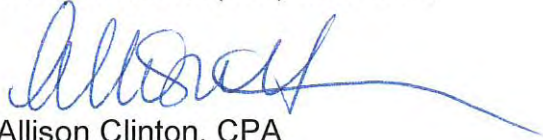
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.



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

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION** NPI: **1306131545**

FISCAL PERIOD FROM: **JULY 1, 2017** FISCAL PERIOD TO: **JUNE 30, 2018**

VISITS	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	1	-	1	-
2 Medi-Cal Managed Care (Formerly Code 18)	3,627	10,346	3,627	10,405
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	3,628	10,346	3,628	10,405
5 Less: Duplicate and Unallowable Visits	-	-	-	1
6 Payable Visits	3,628	10,346	3,628	10,404
		<b>TOTAL</b>		<b>TOTAL</b>
		13,974		14,032

PAYMENTS	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02)	83	-	83	-
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	100	-	135	-
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	-	-	-	-
10 3rd Party Payers	-	-	-	-
11 Medi-Cal Managed Care (Formerly Code 18)	555,235	1,606,855	555,235	1,614,868
12 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	210,363	602,844	210,363	602,844
13 Medi-Cal Managed Care Plans - TOTAL	16,467	42,372	23,415	64,376
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	-	-	-	-
15 3rd Party Payers	-	-	-	-
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20)	-	-	-	-
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	-	-
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	-	-	-	-
19 3rd Party Payers	-	-	-	-
20 Total Payments	782,248	2,252,070	799,231	2,282,088
		<b>TOTAL</b>		<b>TOTAL</b>
		3,034,318		3,071,319

SETTLEMENT	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	187.74	189.99	187.74	189.99
19 Total Medi-Cal Visits (From Line 6)	3,628	10,346	3,628	10,404
20 PPS Amount (Line 18 x Line 19)	681,121	1,965,637	681,121	1,976,656
21 Less: Total Payments (From Line 17)	782,248	2,252,070	789,231	2,282,088
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(101,128)	(286,433)	(108,110)	(305,432)
23 Less: Medi-Cal Billing Review Results	-	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	(101,128)	(286,433)	(31,185)	(20,481)
		<b>TOTAL</b>		<b>TOTAL</b>
		(387,561)		(465,207)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1306131545		12	
Adj. No.	Report References		Line	Worksheet	Line	As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request					

Explanation of Audit Adjustments

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	2	1	1	1	1	10,346	10,405
							59
2	10	1	8			\$1,606,855	\$1,614,868

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1306131545		12	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	5	Not Reported	0	1	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				
4	1	8	11	\$100	\$35	\$135	
			Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled 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)				
5	1	12	1	\$16,467	\$6,948	\$23,415	
6	1	12	7	42,372	22,004	64,376	
			Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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	1	23	Not Reported	\$0	\$2,407	\$2,407 *	
8	1	23	Not Reported	0	1,140	1,140 *	
			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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments					
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1306131545		12					
Adj. No.	Schedule	Report References		Line	Worksheet	Line	Reconciliation Request	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Line	Request								
9	1	23	Not Reported					Medi-Cal Billing Review Results (Period 1)	\$2,407	\$844	\$3,251 *
10	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 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	1,140	2,476	3,616 *
11	1	23	Not Reported					Medi-Cal Billing Review Results (Period 1)	\$3,251	\$27,934	\$31,185
12	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 W&I Code 14132.100 State Plan Amendment, Attachment 4.19-B Page 6D.	3,616	16,865	20,481

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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 28 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 MEDICAL SETTLEMENT

FQHC/IRHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1386069995**

FISCAL PERIOD FROM: **JULY 1, 2017**

FISCAL PERIOD TO: **JUNE 30, 2018**

	REPORTED			ACCEPTED AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>VISITS</b>						
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
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)	-	-	-	-	-	-
4 Total Visits	1,924	5,113	7,037	1,924	5,113	7,037
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	1,924	5,113	7,037	1,924	5,113	7,037

	REPORTED			ACCEPTED AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>PAYMENTS</b>						
<b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8 Medicare PPS/JPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Managed Care (Formerly Code 18):</b>						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 281,458	\$ 748,575	\$ 1,030,033	\$ 281,458	\$ 748,575	\$ 1,030,033
11 Medi-Cal Managed Care Plans - TOTAL	\$ 12,194	\$ 32,496	\$ 44,690	\$ 12,194	\$ 32,496	\$ 44,690
12 Medicare PPS/JPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 1,484	\$ 2,405	\$ 3,889	\$ 1,484	\$ 2,405	\$ 3,889
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 295,116	\$ 783,476	\$ 1,078,592	\$ 295,116	\$ 783,476	\$ 1,078,592

	REPORTED RECONCILIATION			ACCEPTED AS FILED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>SETTLEMENT</b>						
18 PPS Rate	\$ 182.16	\$ 182.16	N/A	\$ 116.70	\$ 118.10	2
19 Total Medi-Cal Visits (From Line 6)	1,924	5,113	7,037	1,924	5,113	7,037
20 PPS Amount (Line 18 x Line 19)	\$ 350,476	\$ 931,384	\$ 1,281,860	\$ 224,531	\$ 603,845	\$ 828,376
21 Less: Total Payments (From Line 17)	\$ 295,116	\$ 783,476	\$ 1,078,592	\$ 295,116	\$ 783,476	\$ 1,078,592
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 55,360	\$ 147,908	\$ 203,268	\$ (70,585)	\$ (179,631)	\$ (250,216)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 55,360	\$ 147,908	\$ 203,268	\$ (70,585)	\$ (179,631)	\$ (250,216)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDAT		JULY 1, 2017 THROUGH JUNE 30, 2018		1386069995		2	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line	Worksheet				
1	1	18	1	14	PPS Rate (Period 1)	\$182.16	\$116.70
2	1	18	1	14	PPS Rate (Period 2)	182.16	118.10
<p>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</p>							
<b>MEMORANDUM ADJUSTMENTS</b>							

**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**



MICHELLE BAASS  
DIRECTOR

**JUN 28 2022**

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



GAVIN NEWSOM  
GOVERNOR

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.

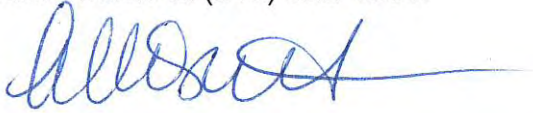
This computation utilizes the Medi-Cal Prospective Payment System (PPS) rates in effect at the time of the review. Should the PPS rates change, the Audits and Investigations Division, FQHC/RHC Section will revise the reconciliation to reflect the impact of the new PPS rates. The Audits and Investigations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

**JUN 28 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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", with a long horizontal flourish extending to the right.

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: **1568747137**

FISCAL PERIOD FROM: **JULY 1, 2017** FISCAL PERIOD TO: **JUNE 30, 2018**

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,077	3,327	4,404	1,077	3,327	4,404
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	1,077	3,327	4,404	1,077	3,327	4,404
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	1,077	3,327	4,404	1,077	3,327	4,404

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>						
12 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 136,713	\$ 470,791	\$ 607,504	\$ 136,713	\$ 470,791	\$ 607,504
13 Medi-Cal Managed Care Plans - TOTAL	\$ 6,800	\$ 21,094	\$ 27,894	\$ 6,800	\$ 21,094	\$ 27,894
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 1,875	\$ 3,594	\$ 5,469	\$ 1,875	\$ 3,594	\$ 5,469
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 145,388	\$ 495,479	\$ 640,867	\$ 145,388	\$ 495,479	\$ 640,867

	REPORTED RECONCILIATION		TOTAL	ACCEPTED AS FILED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 231.60	\$ 234.38	N/A	\$ 231.60	\$ 234.38	N/A
19 Total Medi-Cal Visits (From Line 6)	1,077	3,327	4,404	1,077	3,327	4,404
20 PPS Amount (Line 18 x Line 19)	\$ 249,433	\$ 779,782	\$ 1,029,215	\$ 249,433	\$ 779,782	\$ 1,029,215
21 Less: Total Payments (From Line 17)	\$ 145,388	\$ 495,479	\$ 640,867	\$ 145,388	\$ 495,479	\$ 640,867
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 104,045	\$ 284,303	\$ 388,350	\$ 104,045	\$ 284,303	\$ 388,350
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 104,045	\$ 284,303	\$ 388,350	\$ 104,045	\$ 284,303	\$ 388,350

\*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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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:

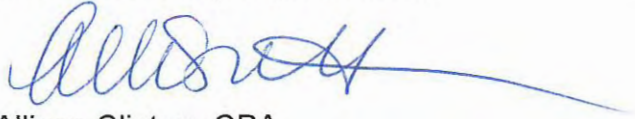
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1619036514**

FISCAL PERIOD FROM:

**JULY 1, 2017**

FISCAL PERIOD TO:

**JUNE 30, 2018**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	15	-	15	-	-	15
2 Medi-Cal Managed Care (Formerly Code 18)	9,580	31,432	41,012	9,580	31,476	41,056
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	9,595	31,432	41,027	9,595	31,476	41,071
5 Less: Duplicate and Unallowable Visits						
6 Payable Visits	9,595	31,432	41,027	9,594	31,467	41,061

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>PAYMENTS</b>						
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	2,022	-	2,022	2,022	-	2,022
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	1,470	-	1,470	2,018	-	2,018
10 3rd Party Payers						
11 Medi-Cal Managed Care (Formerly Code 18):						
12 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	1,870,110	5,599,857	7,239,767	1,870,110	5,579,802	7,249,912
13 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	567,793	1,908,793	2,476,586	567,793	1,908,793	2,476,586
14 3rd Party Payers	48,701	87,896	136,597	68,925	137,001	205,926
15 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):						
16 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	-	-	-	-
17 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	-	-	-	-	-	-
18 3rd Party Payers	-	-	-	-	-	-
19 Total Payments	2,290,095	7,566,346	9,856,442	2,310,868	7,625,596	9,936,464

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	239.97	242.85		239.97	242.85	
19 Total Medi-Cal Visits (From Line 6)	9,595	31,432	41,027	9,594	31,467	41,061
20 PPS Amount (Line 18 x Line 19)	2,302,512	7,633,261	9,935,773	2,302,272	7,641,761	9,944,033
21 Less: Total Payments (From Line 17)	2,290,095	7,566,346	9,856,442	2,310,868	7,625,596	9,936,464
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	12,417	66,915	79,332	(8,596)	16,165	7,569
23 Less: Medi-Cal Billing Review Results				173,428	8,10,12	233,762
24 Total Amount Due Clinic (State) (L 22 - L 23)	12,417	66,915	79,332	(182,024)	(44,168)	(226,193)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1619036514		13			
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line			
1	1	2	1	1	1	1	31,432	44	31,476
2	1	10	1	8	8	8	\$5,569,657	\$10,145	\$5,579,802
<p align="center"><b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b></p> <p>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</p>									

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1619036514		13		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
<b>ADJUSTMENTS TO OTHER MATTERS</b>								
3	1	5	Not Reported			0	1	1
4	1	5	Not Reported			0	9	9
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								
5	1	8	11			\$1,470	\$548	\$2,018
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)								
6	1	12	1			\$48,701	\$20,224	\$68,925
7	1	12	1			87,896	49,105	137,001
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)								
8	1	23	Not Reported			\$0	\$5,279	\$5,279 *
9	1	23	Not Reported			0	1,639	1,639 *
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1619036514		13	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
10	1	23	Not Reported	* \$5,279	\$8,537	\$13,816	*
11	1	23	Not Reported	* 1,639	7,541	9,180	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1)                      Medi-Cal Billing Review Results (Period 2)                      To adjust Medi-Cal payments for fiscal outbacks 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&amp;I Code, section 14115</p>							
12	1	23	Not Reported	* \$13,816	\$159,612	\$173,428	*
13	1	23	Not Reported	* 9,180	51,153	60,333	*
<p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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:

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.

A handwritten signature in blue ink, appearing to read "Allison Clinton", written over a light blue rectangular background.

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

Certified

7021 2720 0003 0819 4428

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**  
 NPI: **1730249947**

FISCAL PERIOD TO: **JUNE 30, 2018**

FISCAL PERIOD FROM: **JULY 1, 2017**

VISITS	REPORTED		TOTAL	AUDITED		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2			
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,457	4,498	5,955	1,457	4,508	1	1	5,965
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-	-	-
4 Total Visits	1,457	4,498	5,955	1,457	4,508	-	-	5,965
5 Less: Duplicate and Unallowable Visits	-	-	-	-	-	-	-	-
6 Payable Visits	1,457	4,498	5,955	1,457	4,508	-	-	5,965

PAYMENTS	REPORTED		TOTAL	AUDITED		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2			
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):								
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	\$ -
10 Medi-Cal Managed Care (Formerly Code 18):								
11 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 114,967	\$ 358,822	\$ 473,789	\$ 114,967	\$ 359,800	2	2	\$ 474,767
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 155,582	\$ 494,442	\$ 650,024	\$ 155,582	\$ 494,442	-	-	\$ 650,024
3rd Party Payers	\$ 7,493	\$ 10,589	\$ 18,082	\$ 10,488	\$ 16,897	3	4	\$ 27,385
13 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):								
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	\$ -
17 Total Payments	\$ 278,042	\$ 863,853	\$ 1,141,895	\$ 281,037	\$ 871,139	-	-	\$ 1,152,176

SETTLEMENT	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2			
18 PPS Rate	\$ 174,78	\$ 176,88	\$ 351,66	\$ 174,78	\$ 176,88	-	-	\$ 351,66
19 Total Medi-Cal Visits (From Line 6)	1,457	4,498	5,955	1,457	4,508	-	-	5,965
20 PPS Amount (Line 18 x Line 19)	\$ 254,664	\$ 795,606	\$ 1,050,261	\$ 254,664	\$ 797,375	-	-	\$ 1,052,029
21 Less: Total Payments (From Line 17)	\$ 278,042	\$ 863,853	\$ 1,141,895	\$ 281,037	\$ 871,139	-	-	\$ 1,152,176
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (23,387)	\$ (68,247)	\$ (91,634)	\$ (28,383)	\$ (73,764)	-	-	\$ (100,147)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ 31,142	\$ 5,79	5,7,9	6,8,10	\$ 53,830
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (23,387)	\$ (68,247)	\$ (91,634)	\$ (57,525)	\$ (96,452)	-	-	\$ (153,977)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1730249947		10	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					

Explanation of Audit Adjustments

ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA

1	2	1	1	1	4,498	10	4,508
2	10	1	8	2	\$358,822	\$978	\$359,800

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1730249947		10	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	12	1	7			
4	1	12	1	7	\$7,493	\$2,995	\$10,488
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)			
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)			
5	1	23	Not Reported		\$0	\$2,971	\$2,971 *
6	1	23	Not Reported		0	177	177 *
				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			
7	1	23	Not Reported		\$2,971	\$165	\$3,136 *
8	1	23	Not Reported		177	934	1,111 *
				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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1730249947		10		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
9	1	23	Not Reported			\$3,136	\$28,006	\$31,142
10	1	23	Not Reported			1,111	21,577	22,688
<p style="text-align: center;"><b>EXPLANATION OF AUDIT ADJUSTMENTS</b></p> <p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>								

\*Balance carried forward from prior/to subsequent adjustments.

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**JUN 28 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



**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:

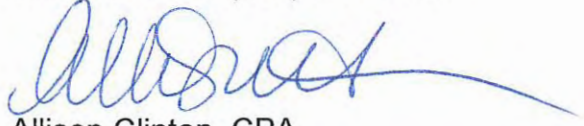
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION** NPI: **1790075315**

FISCAL PERIOD FROM: **JULY 1, 2017** FISCAL PERIOD TO: **JUNE 30, 2018**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	1	-	1	-
2 Medi-Cal Managed Care (Formerly Code 18)	2,945	9,322	2,945	9,390
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	2,946	9,322	2,946	9,390
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	2,946	9,322	2,946	9,386
		<b>TOTAL</b>		<b>TOTAL</b>
		12,267		12,335
		-		-
		12,268		12,336
		12,268		12,336

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	130	-	130	-
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	99	-	135	-
10 3rd Party Payers	-	-	-	-
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	579,918	1,864,246	579,918	1,874,584
13 Medi-Cal Managed Care Plans - TOTAL	148,494	466,867	148,494	466,867
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	9,679	36,642	14,696	56,901
15 3rd Party Payers	-	-	-	-
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	-	-
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	-	-	-	-
19 3rd Party Payers	-	-	-	-
20 Total Payments	738,320	2,367,754	743,373	2,398,352
		<b>TOTAL</b>		<b>TOTAL</b>
		3,106,074		3,141,725

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	235.33	238.15	235.33	238.15
19 Total Medi-Cal Visits (From Line 6)	2,946	9,322	2,946	9,386
20 PPS Amount (Line 18 x Line 19)	693,282	2,220,034	693,282	2,235,276
21 Less: Total Payments (From Line 17)	738,320	2,367,754	743,373	2,398,352
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(45,038)	(147,720)	(50,091)	(163,076)
23 Less: Medi-Cal Billing Review Results	-	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	(45,038)	(147,720)	(58,208)	(175,368)
		<b>TOTAL</b>		<b>TOTAL</b>
		12,268		12,332
		2,913,316		2,928,558
		3,106,074		3,141,725
		(192,757)		(213,167)
		(192,757)		(213,167)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1790075315		12		
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	2	1	1	1	1	9,322	9,390
2	1	10	1	8	8	8	\$1,864,246	\$1,874,584
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>								
<p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1790075315		12		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
<b>ADJUSTMENTS TO OTHER MATTERS</b>								
3	1	5	Not Reported			0	4	4
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	1	8	1	11		\$99	\$36	\$135
Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled 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)								
5	1	12	1	7		\$9,679	\$5,017	\$14,696
6	1	12	1	7		36,642	20,259	56,901
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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	1	23	Not Reported			\$0	\$633	\$633 *
8	1	23	Not Reported			0	2,307	2,307 *
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1790075315		12	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
9	1	23	Not Reported	* \$633	\$3,792	\$4,425 *	
10	1	23	Not Reported	* 2,307	9,336	11,643 *	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							
11	1	23	Not Reported	* \$4,425	\$3,692	\$8,117	
12	1	23	Not Reported	* 11,643	649	12,292	
<p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**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:

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



**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:

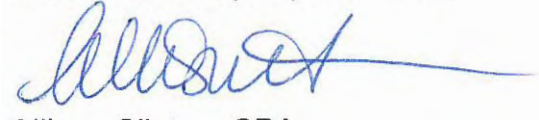
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1942623657**

FISCAL PERIOD FROM: **JULY 1, 2017**

FISCAL PERIOD TO: **JUNE 30, 2018**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	643	2,081	2,724	643	2,087	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	1
6 Payable Visits	643	2,081	2,724	643	2,086	2,729

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/JUP/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>						
12 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 41,861	\$ 277,404	\$ 319,265	\$ 41,861	\$ 277,838	\$ 319,699
13 Medi-Cal Managed Care Plans - TOTAL	\$ 36,821	\$ 127,564	\$ 164,385	\$ 36,821	\$ 127,564	\$ 164,385
14 Medicare PPS/JUP/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 6,538	\$ 8,123	\$ 14,660	\$ 8,436	\$ 11,099	\$ 19,535
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 85,219	\$ 413,091	\$ 498,310	\$ 87,118	\$ 416,501	\$ 503,619

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 283.53	\$ 286.93	\$ 2,724	\$ 283.53	\$ 286.93	\$ 2,729
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	\$ 184,010	\$ 281,101	\$ 95,192	\$ 182,035	\$ 277,227
23 Less: Medi-Cal Billing Review Results				417	1,113	1,530
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 97,091	\$ 184,010	\$ 281,101	\$ 94,775	\$ 180,922	\$ 275,697

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1942623657		7	
Adj. No.	Report References		Line	Worksheet	Line	As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request					

Explanation of Audit Adjustments  
ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA

1	2	1	1	1	Medi-Cal Managed Care Visits (Period 2)	2,081	2,087
2	10	1	8	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments Payments (Period 2)	\$277,404	\$277,838

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2017 THROUGH JUNE 30, 2018		1942623657		7			
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line			
3	1	5	Not Reported				0	1	1
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>									
4	1	12	1	7			\$6,538	\$1,898	\$8,436
5	1	12	1	7			8,123	2,976	11,099
<p>Medicare PPS/JPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled Payments (Period 1)                      Medicare PPS/JPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled 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&amp;I Code, section 14132.100 (h)</p>									
6	1	23	Not Reported				\$0	\$417	\$417
7	1	23	Not Reported				0	1,113	1,113
<p>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&amp;I Code, section 14115</p>									

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

**BORREGO COMMUNITY HEALTH FOUNDATION  
NATIONAL PROVIDER IDENTIFIER: 1942623657**

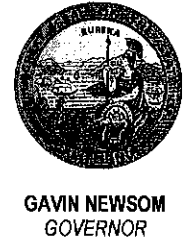
**FISCAL PERIOD ENDED  
JUNE 30, 2019**

**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 10 2023**

Rose Maclsaac, 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

**FEB 10 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 Maclsaac  
Page 3

FEB 10 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 Chief  
Financial Audits Branch

Certified

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1942623657		8	
Adj. No.	Report References		Line	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
1	1	2	1	5,344	87	5,431	
2	1	10	1	\$1,207,058	\$10,535	\$1,217,593	
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
<p>Explanation of Audit Adjustments</p> <p>1 Medi-Cal Managed Care Visits (Period 2)</p> <p>2 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)</p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORRERO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1942623657		8		
Report References		Explanation of Audit Adjustments						
Adj. No.	Schedule	Line	Worksheet	Line	As Reported			As Adjusted
					Reconciliation Request	Increase (Decrease)	As Reported	
<b>ADJUSTMENTS TO OTHER MATTERS</b>								
3	1	5	Not Reported			0	1	1
4	1	5	Not Reported			0	4	4
				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				
5	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$6,650	\$4,319	\$10,969
6	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)	23,373	16,130	39,503
7	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$0	\$2,627	\$2,627
8	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 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	10,321	10,321

**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



GAVIN NEWSOM  
GOVERNOR

**FEB 10 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
2. Adjustments Schedule

Rose MacIsaac  
Page 2

**FEB 10 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 Maclsaac

Page 3

FEB 10 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 Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 9864



**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORRERO COMMUNITY HEALTH FOUNDATION**

NPI: **1306131545**

FISCAL PERIOD FROM:

**JULY 1, 2018**

FISCAL PERIOD TO:

**JUNE 30, 2019**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	4,606	14,092	4,606	15,141
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	4,606	14,092	4,606	15,141
5 Less: Duplicate and Unallowable Visits	-	-	1	2
6 Payable Visits	4,606	14,092	4,605	15,139
		<b>TOTAL</b>		<b>TOTAL</b>
		18,698		19,747

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):	\$ -	\$ -	\$ -	\$ -
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
10 Medi-Cal Managed Care (Formerly Code 18):	\$ 690,669	2,212,420	\$ 2,325,135	2
11 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 307,364	941,550	\$ 941,550	\$ 1,248,914
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 18,047	53,550	\$ 95,388	6
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
14 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):	\$ -	\$ -	\$ -	\$ -
15 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
16 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
17 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
<b>Total Payments</b>	\$ 1,016,080	\$ 3,207,520	\$ 3,362,073	\$ 4,386,725

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 189.99	\$ 192.65	\$ 189.99	\$ 192.65
19 Total Medi-Cal Visits (From Line 6)	4,606	14,092	4,605	15,139
20 PPS Amount (Line 18 x Line 19)	\$ 875,094	\$ 2,714,824	\$ 874,904	\$ 2,916,528
21 Less: Total Payments (From Line 17)	\$ 1,016,080	\$ 3,207,520	\$ 1,024,652	\$ 3,362,073
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (140,986)	\$ (492,696)	\$ (149,748)	\$ (445,545)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
24 <b>Total Amount Due Clinic (State) (L 22 - L 23)</b>	\$ (140,986)	\$ (492,696)	\$ (168,442)	\$ (493,450)

<b>Provider Legal Name</b>		<b>Fiscal Period</b>		<b>Provider NPI</b>		<b>Adjustments</b>	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1306131545		12	
Report References							
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted

ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA

1	1	2	1	2	14,092	1,049	15,141
2	1	10	1	8	\$2,212,420	\$112,715	\$2,325,135

2 Medi-Cal Managed Care Visits (Period 2)

8 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1306131545		12	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	5	Not Reported	0	1	1	
4	1	5	Not Reported	0	2	2	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
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							
5	1	12	1	10	Medicare PPS/UP/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$18,047	\$8,572
6	1	12	1	10	Medicare PPS/UP/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 2)	53,550	41,838
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	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$0	\$380 *
8	1	23	Not Reported		Medi-Cal Billing Review Results (Period 2)	0	385 *
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1306131545		12	
Adj. No.	Schedule	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Reconciliation Review	Reconciliation Request				
	Line	Worksheet	Line				
9	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$380	\$18,188	\$18,568 *
10	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 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	385	47,394	47,779 *
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
11	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$18,568	\$126	\$18,694
12	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. 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.	47,779	126	47,905

\*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, 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



GAVIN NEWSOM  
GOVERNOR

**FEB 10 2023**

Rose Maclsaac, 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:

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

**FEB 10 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 Maclsaac  
Page 3

**FEB 10 2023**

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

  
*FCA*

Allison Clinton, CPA  
FQHC/RHC Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 9864





Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1548795453		11		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	PPS Rate (Period 1)	\$166.60	\$107.34	\$273.94
2	1	18	1	16	PPS Rate (Period 2)	166.60	107.34	273.94
<p><b>Explanation of Audit Adjustments</b>  <b>MEMORANDUM ADJUSTMENTS</b></p> <p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1548795453		11		
Report References		Explanation of Audit Adjustments						
Adj. No.	Reconciliation Review	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
						As Reported	Increase (Decrease)	As Adjusted
3	1	2	1	1	2	3,280	31	3,311
4	1	10	1	8	8	\$336,739	\$2,263	\$339,002
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>								
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								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1548795453		11		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
5	1	5	Not Reported			0	1	1
6	1	5	Not Reported			0	1	1
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>								
7	1	12	1	10	Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$510	\$285	\$795
8	1	12	1	10	Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 2)	6,534	7,461	13,995
<p>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&amp;I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D</p> <p>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&amp;I Code, section 14132.100 (h)</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1548795453		11	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
9	1	23	Not Reported	\$0	\$167	\$167	*
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
10	1	23	Not Reported	\$0	\$24,316	\$24,316	
11	1	23	Not Reported	167	9,734	9,901	
<p>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&amp;I Code, section 14115</p>							

\*Balance carried forward from prior/to subsequent adjustments

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

**BORREGO COMMUNITY HEALTH FOUNDATION  
NATIONAL PROVIDER IDENTIFIER: 1134144165**

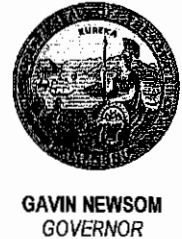
**FISCAL PERIOD ENDED  
JUNE 30, 2019**

**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 10 2023**

Rose Maclsaac, 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:

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

Rose MacIsaac

Page 2

**FEB 10 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 10 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 Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 9864

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1134144165

FISCAL PERIOD FROM:

JULY 1, 2016

FISCAL PERIOD TO:

JUNE 30, 2019

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	951	2,757	951	2,831
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	951	2,757	951	2,831
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	951	2,757	951	2,831

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 170,707	\$ 512,813	\$ 170,707	\$ 521,444
13 Medi-Cal Managed Care Plans - TOTAL	\$ 38,540	\$ 112,841	\$ 38,540	\$ 112,841
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 10,365	\$ 27,640	\$ 15,963	\$ 47,815
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 219,611	\$ 653,293	\$ 225,210	\$ 682,100

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 258.89	\$ 262.51	\$ 258.89	\$ 262.51
19 Total Medi-Cal Visits (From Line 6)	951	2,757	951	2,831
20 PPS Amount (Line 18 x Line 19)	\$ 246,204	\$ 723,740	\$ 246,204	\$ 743,166
21 Less: Total Payments (From Line 17)	\$ 219,611	\$ 653,293	\$ 225,210	\$ 682,100
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 26,593	\$ 70,447	\$ 20,994	\$ 61,066
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 3,670	\$ 5,187
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 26,593	\$ 70,447	\$ 17,324	\$ 55,879

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1134144165		7	
Adj. No.	Report References		Line	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Worksheet					
1	1	2	1	2	74	2,831	
2	1	10	1	8	\$8,631	\$512,444	
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
<p>Explanation of Audit Adjustments</p> <p>2 Medi-Cal Managed Care Visits (Period 2)</p> <p>8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)</p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1134144165		7	
Adj. No.	Schedule	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Line	Worksheet				
3	1	12	1	10 Medicare PPS/JPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1)	\$10,365	\$5,598	\$15,963
4	1	12	1	10 Medicare PPS/JPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)	27,640	20,175	47,815
5	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$3,630	\$3,630 *
6	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 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	5,187	5,187
7	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.	\$3,630	\$40	\$3,670

\*Balance carried forward from prior/fo subsequent adjustments

**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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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 Maclsaac

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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.

Rose Maclsaac  
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APR 19 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 6887



SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

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**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	11,781	38,908	11,781	40,411
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	11,781	38,908	11,781	40,411
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	11,781	38,908	11,778	40,401
		<b>TOTAL</b>		<b>TOTAL</b>
		50,689		52,192

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/IU/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
10 Medi-Cal Managed Care (Formerly Code 18):				
11 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,993,983	\$ 6,974,476	\$ 1,993,983	\$ 7,147,379
12 Medicare PPS/IU/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 760,935	\$ 2,539,486	\$ 760,935	\$ 2,539,486
3rd Party Payers	\$ 57,077	\$ 150,512	\$ 87,738	\$ 265,903
13 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):	\$ -	\$ -	\$ -	\$ -
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 2,811,995	\$ 9,694,474	\$ 2,842,656	\$ 9,952,768
		<b>TOTAL</b>		<b>TOTAL</b>
		12,476,469		12,795,424

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 242.85	\$ 246.25	\$ 242.85	\$ 246.25
19 Total Medi-Cal Visits (From Line 6)	11,781	38,908	11,778	40,401
20 PPS Amount (Line 18 x Line 19)	\$ 2,881,016	\$ 9,581,095	\$ 2,860,287	\$ 9,948,748
21 Less: Total Payments (From Line 17)	\$ 2,811,995	\$ 9,694,474	\$ 2,842,656	\$ 9,952,768
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 49,021	\$ (83,379)	\$ 17,631	\$ (4,022)
23 Less: Medi-Cal Billing Review Results				
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 49,021	\$ (83,379)	\$ 84,675	\$ 124,559
		<b>TOTAL</b>		<b>TOTAL</b>
		(34,358)		(195,625)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY		JULY 1, 2018 THROUGH JUNE 30, 2019		1619036514		12	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	38,908	1,503	40,411
2	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$6,974,476	\$172,903	\$7,147,379

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY		JULY 1, 2018 THROUGH JUNE 30, 2019		1619036514		12	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	5	Not Reported		0		3
4	1	5	Not Reported		0		10
				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			
5	1	12	1	10	\$87,077	\$30,661	\$87,738
6	1	12	1	10	150,512	115,391	265,903
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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	1	23	Not Reported		\$0	\$486	\$486 *
8	1	23	Not Reported		0	739	739 *
				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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY		JULY 1, 2018 THROUGH JUNE 30, 2019		1619036514		12	
Adj. No.	Schedule	Line	Report References		As Reported	Increase (Decrease)	As Adjusted
			Reconciliation Review	Reconciliation Request			
Explanation of Audit Adjustments							
<u>ADJUSTMENTS TO OTHER MATTERS</u>							
9	1	23	Not Reported		\$486	\$83,936	\$84,422 *
10	1	23	Not Reported		739	122,998	123,737 *
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							
11	1	23	Not Reported		\$84,422	\$253	\$84,675
12	1	23	Not Reported		123,737	822	124,559
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

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**FEB 10 2023**

Rose Maclsaac, 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.

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.

Rose Maclsaac  
Page 3

**FEB 10 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 Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 9857



**SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT**

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO,  
COACHELLA**

NPI:

**1730249947**

FISCAL PERIOD FROM:

**JULY 1, 2018**

FISCAL PERIOD TO:

**JUNE 30, 2019**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,983	5,913	1,983	6,086
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	1
4 Total Visits	1,983	5,913	1,983	6,086
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	1,983	5,913	1,983	6,086
<b>TOTAL</b>	<b>1,983</b>	<b>5,913</b>	<b>1,983</b>	<b>6,086</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 152,079	\$ 477,956	\$ 152,079	\$ 486,680
13 Medi-Cal Managed Care Plans - TOTAL	\$ 132,412	\$ 392,412	\$ 132,412	\$ 392,412
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ 13,225	\$ 49,294
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 284,491	\$ 870,368	\$ 297,716	\$ 928,386
<b>TOTAL</b>	<b>\$ 284,491</b>	<b>\$ 870,368</b>	<b>\$ 297,716</b>	<b>\$ 928,386</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 176.88	\$ 179.36	\$ 176.88	\$ 179.36
19 Total Medi-Cal Visits (From Line 6)	1,983	5,913	1,983	6,086
20 PPS Amount (Line 18 x Line 19)	\$ 350,753	\$ 1,060,556	\$ 350,753	\$ 1,091,585
21 Less: Total Payments (From Line 17)	\$ 284,491	\$ 870,368	\$ 297,716	\$ 928,386
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 66,262	\$ 190,187	\$ 53,037	\$ 163,199
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 66,262	\$ 190,187	\$ 53,037	\$ 163,199
<b>TOTAL</b>	<b>\$ 66,262</b>	<b>\$ 190,187</b>	<b>\$ 53,037</b>	<b>\$ 163,199</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 176.88	\$ 179.36	\$ 176.88	\$ 179.36
19 Total Medi-Cal Visits (From Line 6)	1,983	5,913	1,983	6,086
20 PPS Amount (Line 18 x Line 19)	\$ 350,753	\$ 1,060,556	\$ 350,753	\$ 1,091,585
21 Less: Total Payments (From Line 17)	\$ 284,491	\$ 870,368	\$ 297,716	\$ 928,386
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 66,262	\$ 190,187	\$ 53,037	\$ 163,199
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 66,262	\$ 190,187	\$ 53,037	\$ 163,199
<b>TOTAL</b>	<b>\$ 66,262</b>	<b>\$ 190,187</b>	<b>\$ 53,037</b>	<b>\$ 163,199</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO, COACHELLA		JULY 1, 2018 THROUGH JUNE 30, 2019		1730249947		9		
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	2	1	2	2	2	5,913	6,086
2	1	10	1	8	8	8	\$477,956	\$486,680
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>								
Explanation of Audit Adjustments 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								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO, COACHELLA		JULY 1, 2018 THROUGH JUNE 30, 2019		1730249947		9	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	12	1	10	\$0	\$13,225	\$13,225
4	1	12	1	10	0	49,294	49,294
				Medicare PPS/IPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/IPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)			
5	1	23	Not Reported		\$0	\$90	\$90 *
				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			
6	1	23	Not Reported		\$0	\$8,052	\$8,052 *
7	1	23	Not Reported		90	9,031	9,121 *
				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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO, COACHELLA		JULY 1, 2018 THROUGH JUNE 30, 2019		1730249947		9	
Adj. No.	Report References		Schedule	Line	Worksheet	Line	Line
	Reconciliation Review	Reconciliation Request					
8	1	23	Not Reported				
9	1	23	Not Reported				
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b></p> <p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							
						\$8,052	\$8,182
						9,121	9,381
						\$130	\$130
						260	260

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**APR 19 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

Rose Maclsaac  
Page 2

APR 19 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:

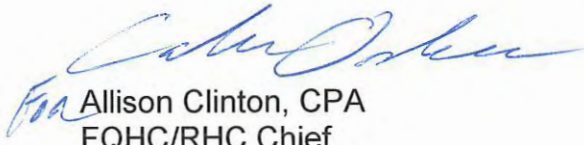
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Rose Maclsaac  
Page 3

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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

Certified

7020 2450 0000 6812 6887

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**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1154480069**

FISCAL PERIOD FROM: **JULY 1, 2018**

FISCAL PERIOD TO: **JUNE 30, 2019**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	15,447	52,583	68,030	15,447	54,570	70,017
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	15,447	52,583	68,030	15,447	54,570	70,017
5 Less: Duplicate and Unallowable Visits	-	-	-	2,152	6,949	9,101
6 Payable Visits	15,447	52,583	68,030	13,295	47,621	60,916

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>PAYMENTS</b>						
<b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Managed Care (Formerly Code 18):</b>						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 3,241,341	\$ 11,402,366	\$ 14,643,727	\$ 3,241,341	\$ 11,705,322	\$ 14,946,663
11 Medi-Cal Managed Care Plans - TOTAL	\$ 680,796	\$ 2,294,488	\$ 2,975,284	\$ 680,796	\$ 2,294,488	\$ 2,975,284
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 56,467	\$ 241,302	\$ 297,769	\$ 83,224	\$ 384,277	\$ 467,500
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 3,978,604	\$ 13,938,176	\$ 17,916,780	\$ 4,005,361	\$ 14,384,087	\$ 18,389,447

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 259,26	\$ 262,89	\$ 522,15	\$ 259,26	\$ 262,89	\$ 522,15
19 Total Medi-Cal Visits (From Line 6)	\$ 15,447	\$ 52,583	\$ 68,030	\$ 13,295	\$ 47,621	\$ 60,916
20 PPS Amount (Line 18 x Line 19)	\$ 4,004,789	\$ 13,823,545	\$ 17,828,334	\$ 3,446,862	\$ 12,519,085	\$ 15,965,947
21 Less: Total Payments (From Line 17)	\$ 3,978,604	\$ 13,938,176	\$ 17,916,780	\$ 4,005,361	\$ 14,384,087	\$ 18,389,447
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 26,185	\$ (114,631)	\$ (88,446)	\$ (568,499)	\$ (1,865,002)	\$ (2,423,500)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ 10,12	\$ 9,11	\$ 19,23
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 26,185	\$ (114,631)	\$ (88,446)	\$ 10,12	\$ 9,11	\$ 19,23

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1154480069		14		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	2	1	2	2	52,583	1,987	54,570
2	1	10	1	8	8	\$11,402,386	\$302,936	\$11,705,322
<p style="text-align: center;"><b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b></p> <p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1154480069		14	
Adj. No.	Report References		Explanation of Audit Adjustments	AS Reported	Increase (Decrease)	AS Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	5	Not Reported	0	5	5	*
4	1	5	Not Reported	0	12	12	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
5	1	5	Not Reported	5	2,147	2,152	*
6	1	5	Not Reported	12	6,937	6,949	*
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (f)(1)(i)                      State Plan Amendment Attachment 4.19B, Section J</p>							
7	1	12	1	\$56,467	\$26,757	\$83,224	
8	1	12	1	241,302	142,975	384,277	
<p>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Total Payments (Period 1)                      Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Total 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&amp;I Code, section 14132.100 (h)</p>							

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1154480069		14	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
9	1	23	Not Reported	\$0	\$789	\$789	*
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
10	1	23	Not Reported	\$0	\$52,967	\$52,967	*
11	1	23	Not Reported	789	147,220	148,009	*
<p>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&amp;I Code, section 14115</p>							
12	1	23	Not Reported	\$52,967	\$297	\$53,264	*
<p>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&amp;I Code 14132.100                      State Plan Amendment, Attachment 4.19-B Page 6D.</p>							

\*Balance carried forward from prior/fo subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1154480069		14	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
13	1	23	Not Reported	* \$53,264	\$103,523	\$156,787	
14	1	23	Not Reported	* 148,009	307,382	455,391	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(i)                      State Plan Amendment Attachment 4.19B, Section J</p>							

\*Balance carried forward from prior to subsequent adjustments

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

**BORREGO COMMUNITY HEALTH FOUNDATION  
NATIONAL PROVIDER IDENTIFIER: 1023349883**

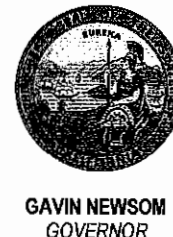
**FISCAL PERIOD ENDED  
JUNE 30, 2019**

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

**Chief: Allison Clinton, CPA  
Audit Manager: Pasia Gutierrez  
Auditor: Allison Benton**



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



FEB 10 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:

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

**FEB 10 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

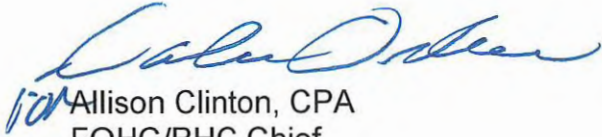
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.



Rose MacIsaac  
Page 3

**FEB 10 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 9857

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1023349883**

FISCAL PERIOD FROM: **JULY 1, 2018**

FISCAL PERIOD TO: **JUNE 30, 2019**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	5,512	20,418	5,512	21,044
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	2
4 Total Visits	5,512	20,418	5,512	21,044
5 Less: Duplicate and Unallowable Visits	-	-	51	1,569
6 Payable Visits	5,512	20,418	5,461	19,475

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 988,107	\$ 3,904,829	\$ 988,107	\$ 3,985,689
13 Medi-Cal Managed Care Plans - TOTAL	\$ 237,639	\$ 868,082	\$ 237,639	\$ 886,082
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 22,736	\$ 71,705	\$ 34,320	\$ 120,196
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 1,248,482	\$ 4,862,615	\$ 1,260,066	\$ 4,991,967

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 244.40	\$ 247.83	\$ 244.41	\$ 247.83
19 Total Medi-Cal Visits (From Line 6)	5,512	20,418	5,461	19,475
20 PPS Amount (Line 18 x Line 19)	\$ 1,347,133	\$ 5,060,193	\$ 1,334,723	\$ 4,826,489
21 Less: Total Payments (From Line 17)	\$ 1,248,482	\$ 4,862,615	\$ 1,260,066	\$ 4,991,967
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 98,651	\$ 197,578	\$ 74,657	\$ (165,478)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 98,651	\$ 197,578	\$ 74,657	\$ (165,478)

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
25 Total Payments	\$ 6,111,097	\$ 6,111,097	\$ 6,111,097	\$ 6,111,097
26 Total Amount Due Clinic (State)	\$ 296,228	\$ 296,228	\$ 296,228	\$ 296,228

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1023349883		11		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	PPS Rate (Period 1)	\$244.40	\$0.01	\$244.41
<p>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</p>								
<p><b>MEMORANDUM ADJUSTMENT</b></p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1023349883		11		
Adj. No.	Report References		Explanation of Audit Adjustments					
	Reconciliation Review	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted			
Schedule	Line	Worksheet	Line					
2	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	20,418	626	21,044
3	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$3,904,829	\$80,860	\$3,985,689
<p style="text-align: center;"><u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</u></p> <p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1023349883		11		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
<b>Explanation of Audit Adjustments</b>								
<b>ADJUSTMENTS TO OTHER MATTERS</b>								
4	1	5	Not Reported			0	51	51
5	1	5	Not Reported			0	1,569	1,569
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								
6	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$22,736	\$11,584	\$34,320
7	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)	71,705	48,491	120,196

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1023349883		11	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line					
8	1	23	Not Reported	\$0	\$37,004	\$37,004	*
9	1	23	Not Reported	0	56,493	56,493	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							
10	1	23	Not Reported	\$37,004	\$4,888	\$41,892	*
11	1	23	Not Reported	56,493	36,431	92,924	*
<p>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&amp;I Code, section 14132.100</p>							

**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, 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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**FEB 10 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 10 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.

Rose Maclsaac  
Page 3

**FEB 10 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 Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 9857

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS**

NPI: **1255490819**

FISCAL PERIOD FROM: **JULY 1, 2018**

FISCAL PERIOD TO: **JUNE 30, 2019**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,812	6,453	1,812	6,554
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	1,812	6,453	1,812	6,554
5 Less: Duplicate and Unallowable Visits	-	-	1	1
6 Payable Visits	1,812	6,453	1,811	6,553
<b>TOTAL</b>		<b>8,265</b>		<b>8,366</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02)	\$ -	\$ -	\$ -	\$ -
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/IU/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18)	\$ 178,110	\$ 646,967	\$ 178,110	\$ 654,067
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 100,330	\$ 356,184	\$ 100,330	\$ 356,184
13 Medi-Cal Managed Care Plans - TOTAL	\$ 3,487	\$ 14,334	\$ 5,643	\$ 23,358
14 Medicare PPS/IU/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20)	\$ -	\$ -	\$ -	\$ -
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ 281,927	\$ 1,017,485	\$ 284,083	\$ 1,033,609
20 Total Payments	\$ 281,927	\$ 1,017,485	\$ 284,083	\$ 1,033,609
<b>TOTAL</b>		<b>1,299,412</b>		<b>1,317,692</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 156.94	\$ 158.14	\$ 156.94	\$ 159.14
19 Total Medi-Cal Visits (From Line 6)	1,812	6,453	1,811	6,553
20 PPS Amount (Line 18 x Line 19)	\$ 284,375	\$ 1,029,930	\$ 284,218	\$ 1,042,844
21 Less: Total Payments (From Line 17)	\$ 281,927	\$ 1,017,485	\$ 284,083	\$ 1,033,609
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 2,448	\$ 9,448	\$ 135	\$ 9,235
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 563	\$ 2,928
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 2,448	\$ 9,448	\$ (428)	\$ 6,307
<b>TOTAL</b>		<b>11,894</b>		<b>5,879</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS		JULY 1, 2018 THROUGH JUNE 30, 2019		1255490819		8		
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request						

Explanation of Audit Adjustments

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

1	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	6,453	6,554
2	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$646,967	\$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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS		JULY 1, 2018 THROUGH JUNE 30, 2019		1255490819		8	
Adj. No.	Schedule	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Reconciliation Review	Reconciliation Request				
	Line	Worksheet	Line				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	5	Not Reported	Duplicate and Unallowable Visits (Period 1)	0	1	1
4	1	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. 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	1	1
5	1	12	1	10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$3,487	\$2,156	\$5,643
6	1	12	1	10 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)	14,334	9,024	23,358
7	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$563	\$563
8	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 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	2,928	2,928

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

**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  
Auditor: Allison Benton**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**FEB 10 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
2. Adjustments Schedule

Rose Maclsaac

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**FEB 10 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 10 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 Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 9864



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1780038042		12	
Adj. No.	Report References		Line	Worksheet	Line	As Reported	As Adjusted
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line	Explanation of Audit Adjustments			
1	1	18	1	16	PPS Rate (Period 1)	\$163.49	\$252.35
2	1	18	1	16	PPS Rate (Period 2)	163.49	255.88
<p>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</p>							
<b>MEMORANDUM ADJUSTMENTS</b>						\$88.86	\$252.35
						92.39	255.88

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1780038042		12		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1780038042		12	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
5	1	5	Not Reported	0	1	1	
6	1	5	Not Reported	0	1	1	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
7	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$8,984	\$4,442
8	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 2)	22,664	13,641
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
9	1	23	Not Reported	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$0	\$163
10	1	23	Not Reported	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 2)	0	327
<p>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&amp;I Code, section 14132.100 (h)</p>							
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							

\*Balance carried forward from prior/fo subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1780038042		12	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line					
11	1	23	Not Reported	\$163	\$16,089	\$16,252	
12	1	23	Not Reported	327	19,497	19,824	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1) *</p> <p>Medi-Cal Billing Review Results (Period 2) *</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>							

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

**BORREGO COMMUNITY HEALTH FOUNDATION  
NATIONAL PROVIDER IDENTIFIER: 1275849283**

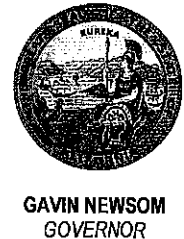
**FISCAL PERIOD ENDED  
JUNE 30, 2019**

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

**Chief: Allison Clinton, CPA  
Audit Manager: Pasia Gutierrez  
Auditor: Allison Benton**



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



**FEB 10 2023**

Rose Maclsaac, 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



Rose MacIsaac

Page 2

**FEB 10 2023**

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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.

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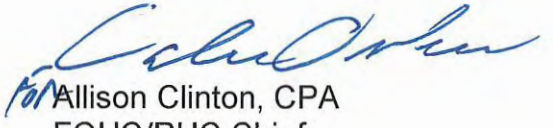
Send the Statement of Disputed Issues and a copy of this letter to the following:

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 10 2023

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

A handwritten signature in blue ink, appearing to read "Allison Clinton".

Allison Clinton, CPA  
FQHC/RHC Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 9857

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1275849283**

FISCAL PERIOD FROM: **JULY 1, 2018**

FISCAL PERIOD TO: **JUNE 30, 2019**

	REPORTED		ADJUSTED	AUDITED	
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2
<b>VISITS</b>					
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	6,399	20,337	6,399	20,916	27,315
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-
4 Total Visits	6,399	20,337	6,399	20,916	27,315
5 Less: Duplicate and Unallowable Visits			7	4	24
6 Payable Visits	6,399	20,337	6,392	20,899	27,291

	REPORTED		ADJUSTED	AUDITED	
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2
<b>PAYMENTS</b>					
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):					
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):					
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,573,317	\$ 5,301,405	\$ 1,573,317	\$ 5,380,291	\$ 6,953,608
13 Medi-Cal Managed Care Plans - TOTAL	\$ 385,157	\$ 1,237,880	\$ 385,157	\$ 1,237,880	\$ 1,623,037
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 35,950	\$ 93,274	\$ 53,882	\$ 174,041	\$ 227,923
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):					
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ 1,994,423	\$ 6,632,560	\$ 2,012,356	\$ 6,792,212	\$ 8,804,568
20 Total Payments	\$ 1,994,423	\$ 6,632,560	\$ 2,012,356	\$ 6,792,212	\$ 8,804,568

	REPORTED RECONCILIATION		ADJUSTED	AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>					
18 PPS Rate	\$ 275.88	\$ 283.73	\$ 279.81	\$ 283.73	\$ -
19 Total Medi-Cal Visits (From Line 6)	6,399	20,337	6,392	20,899	27,291
20 PPS Amount (Line 18 x Line 19)	\$ 1,765,356	\$ 5,770,217	\$ 1,788,546	\$ 5,929,673	\$ 7,716,219
21 Less: Total Payments (From Line 17)	\$ 1,994,423	\$ 6,632,560	\$ 2,012,356	\$ 6,792,212	\$ 8,804,568
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (229,067)	\$ (862,343)	\$ (223,810)	\$ (862,539)	\$ (1,086,349)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 41,918	\$ 63,867	\$ 105,785
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (229,067)	\$ (862,343)	\$ (285,726)	\$ (926,406)	\$ (1,192,134)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1275849283		11		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	PPS Rate (Period 1)	\$275.88	\$3.93	\$279.81
<p>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</p>								
<p><b>MEMORANDUM ADJUSTMENT</b></p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1275849283		11			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

2	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)		20,337	579	20,916
3	1	10	1	8	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 On: June 28, 2022  
 42 CFR 413.20, 413.60, and 413.64  
 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1275849283		11	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
4	1	5	Not Reported	0	7	7	
5	1	5	Not Reported	0	17	17	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
6	1	12	1	10			
7	1	12	1	10	\$35,950	\$17,932	\$53,882
					93,274	80,767	174,041
<p>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&amp;I Code, section 14132.100                  California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
8	1	23	Not Reported	10			
9	1	23	Not Reported	10	\$0	\$1,959	\$1,959 *
					0	8,512	8,512 *
<p>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&amp;I Code, section 14132.100                  California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1275849283		11		
Report References		Explanation of Audit Adjustments						
Adj. No.	Reconciliation Review	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
10	1	23	Not Reported			\$1,959	\$39,959	\$41,918
11	1	23	Not Reported			8,512	55,355	63,867
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>								

\*Balance carried forward from prior/to subsequent adjustments

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

**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  
Auditor: Allison Benton**





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



GAVIN NEWSOM  
GOVERNOR

**FEB 10 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:

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

**FEB 10 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 Maclsaac

Page 3

**FEB 10 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 0812 9857

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1184065088**

FISCAL PERIOD FROM: **JULY 1, 2018**

FISCAL PERIOD TO: **JUNE 30, 2019**

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	150	447	150	448	597
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-
4 Total Visits	150	447	150	448	597
5 Less: Duplicate and Unallowable Visits	-	-	-	-	-
6 Payable Visits	150	447	150	448	597

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):					
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):					
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 19,996	\$ 59,920	\$ 19,996	\$ 59,987	\$ 79,983
13 Medi-Cal Managed Care Plans - TOTAL	\$ 2,310	\$ 6,884	\$ 2,310	\$ 6,884	\$ 9,194
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):					
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 22,306	\$ 66,804	\$ 22,306	\$ 66,871	\$ 89,177

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 179.51	\$ 179.51	\$ 123.99	\$ 125.73	\$ 299.72
19 Total Medi-Cal Visits (From Line 6)	150	447	150	448	598
20 PPS Amount (Line 18 x Line 19)	\$ 26,927	\$ 80,241	\$ 18,599	\$ 56,327	\$ 74,926
21 Less: Total Payments (From Line 17)	\$ 22,306	\$ 66,804	\$ 22,306	\$ 66,871	\$ 89,177
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 4,621	\$ 13,437	\$ (3,707)	\$ (10,544)	\$ (14,251)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 4,621	\$ 13,437	\$ (3,816)	\$ (10,654)	\$ (14,470)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1184065088		6		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	16	\$179.51	(\$55.52)	\$123.99
2	1	18	1	16	16	179.51	(53.78)	125.73
<p><b>Explanation of Audit Adjustments</b>  <b>MEMORANDUM ADJUSTMENTS</b></p> <p>1 PPS Rate (Period 1)                  2 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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1184065088		6		
Adj. No.	Report References		Schedule Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

3	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	447	1	448
4	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$59,920	\$67	\$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 28, 2022  
 42 CFR 413.20, 413.60, and 413.64  
 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1184065088		6	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line					
5	1	23	Not Reported	\$0	\$109	\$109	
6	1	23	Not Reported	0	110	110	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							

**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**





MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**FEB 10 2023**

Rose Maclsaac, 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 10 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:

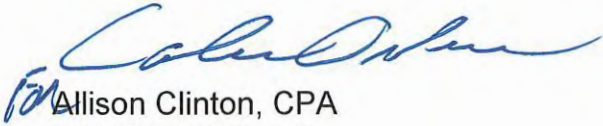
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Rose MacIsaac  
Page 3

**FEB 10 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 00 60 6812 9857



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1386069995		10	
Adj. No.	Report References		Explanation of Audit Adjustments				
	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
1	1	18	1	16	\$182.16	(\$64.06)	\$118.10
2	1	18	1	16	182.16	(62.41)	119.75
<p><b>MEMORANDUM ADJUSTMENTS</b></p> <p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1386069995		10		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

3	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	5,993	45	6,038
4	1	10	1	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  
 42 CFR 413.20, 413.60, and 413.64  
 CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1386069995		10			
Adj. No.	Schedule	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
		Reconciliation Review	Reconciliation Request						
<b>ADJUSTMENTS TO OTHER MATTERS</b>									
5	1	5	Not Reported	5			0	1	1
6	1	5	Not Reported	5			0	1	1
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									
7	1	12	1	10			\$1,023	\$158	\$1,181
8	1	12	1	10			3,479	1,431	4,910
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)									
9	1	23	Not Reported				\$0	\$315	\$315
10	1	23	Not Reported				0	1,550	1,550
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									

**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



**FEB 10 2023**

Rose Maclsaac, 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:

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

Rose MacIsaac

Page 2

**FEB 10 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:

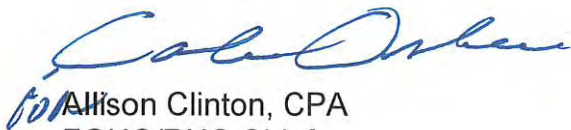
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Rose MacIsaac  
Page 3

**FEB 10 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

**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1790075315**

FISCAL PERIOD FROM:

**JULY 1, 2018**

FISCAL PERIOD TO:

**JUNE 30, 2019**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	4,390	12,902	4,390	13,369
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	4,390	12,902	4,390	13,369
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	4,390	12,902	4,390	13,369
<b>TOTAL</b>		<b>17,292</b>		<b>17,759</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 858,485	\$ 2,620,672	\$ 858,485	\$ 2,500,477
13 Medi-Cal Managed Care Plans - TOTAL	\$ 303,763	\$ 892,788	\$ 303,763	\$ 892,788
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 18,311	\$ 53,758	\$ 28,781	\$ 91,057
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Mgd. Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 1,180,559	\$ 3,567,218	\$ 1,191,029	\$ 3,484,322
<b>TOTAL</b>		<b>4,747,778</b>		<b>4,675,351</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 238.15	\$ 241.48	\$ 238.15	\$ 241.48
19 Total Medi-Cal Visits (From Line 6)	4,390	12,902	4,390	13,369
20 PPS Amount (Line 18 X Line 19)	\$ 1,045,479	\$ 3,115,675	\$ 1,045,479	\$ 3,222,792
21 Less: Total Payments (From Line 17)	\$ 1,180,559	\$ 3,567,218	\$ 1,191,029	\$ 3,484,322
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (135,081)	\$ (451,644)	\$ (145,550)	\$ (261,530)
23 Less: Medi-Cal Billing Review Results				
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (135,081)	\$ (451,644)	\$ (161,580)	\$ (289,234)
<b>TOTAL</b>		<b>(586,724)</b>		<b>(407,080)</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1790075315		10			
Report References				Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>									
1	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)		12,902	467	13,369
2	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)		\$2,620,672	(\$120,195)	\$2,500,477
<p>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</p>									

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1790075315		10	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	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. 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	1	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. 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	19	23	*
5	1	12	1				
			Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$18,311	\$10,470	\$28,781	
6	1	12	1				
			Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)	53,758	37,299	91,057	
7	1	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	\$0	\$724	\$724	*

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1790075315		10	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
8	1	23	Not Reported				
9	1	23	Not Reported	\$0	\$16,030	\$16,030	
				724	33,626	34,350 *	
<p style="text-align: center;"><u>ADJUSTMENTS TO OTHER MATTERS</u></p> <p>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&amp;I Code, section 14115</p>							
10	1	23	Not Reported	\$34,350	\$2,354	\$36,704	
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							

\*Balance carried forward from prior/to subsequent adjustments

**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 10 2023**

Rose Maclsaac, 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:

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

**FEB 10 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:

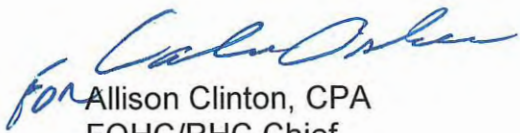
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Rose Maclsaac  
Page 3

**FEB 10 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 Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 9864

SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**  
NPI: **1568747137**

FISCAL PERIOD FROM: **JULY 1, 2018** TO: **JUNE 30, 2019**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,327	4,397	1,327	4,465
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	1,327	4,397	1,327	4,465
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	1,327	4,397	1,327	4,465

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 233,896	\$ 788,899	\$ 796,395	\$ 1,030,291
13 Medi-Cal Managed Care Plans - TOTAL	\$ 68,509	\$ 228,222	\$ 228,222	\$ 296,731
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 2,947	\$ 7,419	\$ 11,872	\$ 16,112
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 305,352	\$ 1,024,539	\$ 1,036,489	\$ 1,343,134

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 234.38	\$ 237.66	\$ 234.38	\$ 237.66
19 Total Medi-Cal Visits (From Line 6)	1,327	4,397	1,327	4,465
20 PPS Amount (Line 18 x Line 19)	\$ 311,022	\$ 1,044,991	\$ 311,022	\$ 1,061,152
21 Less: Total Payments (From Line 17)	\$ 305,352	\$ 1,024,539	\$ 306,645	\$ 1,036,489
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 5,670	\$ 20,452	\$ 4,377	\$ 24,663
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 659	\$ 4,904
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 5,670	\$ 20,452	\$ 3,718	\$ 19,759

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1568747137		6	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					

**Explanation of Audit Adjustments**

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	1	2	1	2	4,397	68	4,465
2	1	10	1	8	\$788,899	\$7,496	\$796,395

2 Medi-Cal Managed Care Visits (Period 2)

8 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2018 THROUGH JUNE 30, 2019		1568747137		6	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
3	1	12	1	10	\$2,947	\$1,293	\$4,240
4	1	12	1	10	7,419	4,453	11,872
<p>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Total Payments (Period 1)</p> <p>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Total Payments (Period 2)</p> <p>To adjust Medicare payments received for Medi-Cal managed care patients.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p> <p>W&amp;I Code, section 14132.100 (h)</p>							
5	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$659	\$659
6	1	23	Not Reported	Medi-Cal Billing Review Results (Period 2)	0	4,904	4,904
<p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>							

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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:

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



Rose Maclsaac

Page 2

APR 19 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 19 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 6849

**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1942623657**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,799	5,796	1,799	5,810
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	1,799	5,796	1,799	5,810
5 Less: Duplicate and Unallowable Visits	-	-	2	3
6 Payable Visits	1,799	5,796	1,797	5,810
		<b>7,595</b>		<b>7,609</b>
				<b>7,609</b>
				<b>2</b>
				<b>7,607</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
10 Medi-Cal Managed Care (Formerly Code 18):				
11 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 381,923	\$ 1,327,846	\$ 381,623	\$ 1,328,306
12 Medi-Cal Managed Care Plans - TOTAL	\$ 144,180	\$ 468,885	\$ 144,180	\$ 468,885
13 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 2,945	\$ 4,489	\$ 2,723	\$ 5,868
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
14 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
15 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
16 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 528,449	\$ 1,799,220	\$ 528,526	\$ 1,801,059
		<b>2,327,669</b>		<b>2,329,585</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 290.95	\$ 295.31	\$ 290.95	\$ 295.31
19 Total Medi-Cal Visits (From Line 6)	1,799	5,796	1,797	5,810
20 PPS Amount (Line 18 x Line 19)	\$ 523,419	\$ 1,711,617	\$ 522,837	\$ 1,715,751
21 Less: Total Payments (From Line 17)	\$ 528,449	\$ 1,799,220	\$ 528,526	\$ 1,801,059
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (5,030)	\$ (87,603)	\$ (5,689)	\$ (85,308)
23 Less: Medi-Cal Billing Review Results				
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (5,030)	\$ (87,603)	\$ (24,533)	\$ (6,918)
		<b>(92,633)</b>		<b>(92,226)</b>
				<b>(92,226)</b>
				<b>7,607</b>
				<b>2,238,588</b>
				<b>2,329,585</b>
				<b>(90,997)</b>
				<b>31,451</b>
				<b>(122,448)</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1942623657		8	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
1	1	2	1	2	5,796	14	5,810
2	1	10	1	8	\$1,327,846	\$460	\$1,328,306
<p>2 Medi-Cal Managed Care Visits (Period 2)</p> <p>8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)</p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1942623657		8	
Report References				Explanation of Audit Adjustments			
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	5	Not Reported		0	2	2
				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	1	12	1	10	\$2,645	\$78	\$2,723
5	1	12	1	10	4,489	1,379	5,868
				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)			
6	1	23	Not Reported		\$0	\$582	\$582 *
				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			

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1942623657		8	
Adj. No.	Schedule	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Reconciliation Review	Reconciliation Request				
	Line	Worksheet	Line				
7	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$582	\$23,951	\$24,533
8	1	23	Not Reported	Medi-Cal Billing Review Results (Period 2)	0	6,918	6,918
				<p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>			
<b>ADJUSTMENTS TO OTHER MATTERS</b>							

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

**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  
Auditor: Vu Nguyen**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 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:

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



Rose Maclsaac  
Page 2

**APR 19 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  
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APR 19 2023

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



*FCM* Allison Clinton, CPA  
FQHC/RHC Chief  
Financial Audits Branch  
Certified

7020 2450 0000 6812 6856

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1306131545**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	4,199	11,391	4,199	11,404
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	4,199	11,391	4,199	11,404
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	4,199	11,391	4,199	11,404

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
<b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Managed Care (Formerly Code 18):</b>				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 620,823	\$ 1,824,708	\$ 620,823	\$ 1,825,309
11 Medi-Cal Managed Care Plans - TOTAL	\$ 388,291	\$ 1,059,273	\$ 388,291	\$ 1,059,273
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 4,584	\$ 3,849	\$ 4,959	\$ 5,059
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 1,013,709	\$ 2,887,629	\$ 1,014,073	\$ 2,889,641

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 192.65	\$ 195.53	\$ 192.65	\$ 195.53
19 Total Medi-Cal Visits (From Line 6)	4,199	11,391	4,199	11,404
20 PPS Amount (Line 18 x Line 19)	\$ 808,937	\$ 2,227,282	\$ 808,937	\$ 2,229,824
21 Less: Total Payments (From Line 17)	\$ 1,013,709	\$ 2,887,629	\$ 1,014,073	\$ 2,889,641
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (204,771)	\$ (660,347)	\$ (205,136)	\$ (659,817)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (204,771)	\$ (660,347)	\$ (232,029)	\$ (661,435)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1306131545		7		
Adj. No.	Report References		Explanation of Audit Adjustments					
	Reconciliation Review	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted			
Schedule	Line	Worksheet	Line					
1	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	11,391	13	11,404
2	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$1,824,708	\$601	\$1,825,309

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1306131545		7	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	12	1	10			
4	1	12	1	10	\$4,959	\$365	\$4,959
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)			
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)			
5	1	23	Not Reported		\$0	\$351	\$351 *
				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			
6	1	23	Not Reported		*	\$26,542	\$26,893
7	1	23	Not Reported		0	1,618	1,618
				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

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

**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  
Auditor: Vu Nguyen**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 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

APR 19 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

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APR 19 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 Chief  
Financial Audits Branch  
Certified

7020 2450 0000 6812 6849

SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1548795453**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,669	6,207	1,669	6,250
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	1,669	6,207	1,669	6,250
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	1,669	6,207	1,669	6,250

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UP/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 165,950	\$ 644,001	\$ 165,950	\$ 646,758
13 Medi-Cal Managed Care Plans - TOTAL	\$ 135,397	\$ 504,403	\$ 135,397	\$ 504,403
14 Medicare PPS/UP/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 696	\$ 1,119	\$ 710	\$ 1,881
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 302,043	\$ 1,149,523	\$ 302,057	\$ 1,153,043

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 166.60	\$ 166.60	\$ 273.94	\$ 278.05
19 Total Medi-Cal Visits (From Line 6)	1,669	6,207	1,669	6,250
20 PPS Amount (Line 18 x Line 19)	\$ 278,055	\$ 1,034,086	\$ 457,206	\$ 1,737,813
21 Less: Total Payments (From Line 17)	\$ 302,043	\$ 1,149,523	\$ 302,057	\$ 1,153,043
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (23,988)	\$ (115,437)	\$ 155,149	\$ 584,770
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 14,341	\$ 6,855
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (23,988)	\$ (115,437)	\$ 140,808	\$ 577,915

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>TOTAL</b>				
18 PPS Rate	\$ 166.60	\$ 166.60	\$ 273.94	\$ 278.05
19 Total Medi-Cal Visits (From Line 6)	1,669	6,207	1,669	6,250
20 PPS Amount (Line 18 x Line 19)	\$ 278,055	\$ 1,034,086	\$ 457,206	\$ 1,737,813
21 Less: Total Payments (From Line 17)	\$ 302,043	\$ 1,149,523	\$ 302,057	\$ 1,153,043
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (23,988)	\$ (115,437)	\$ 155,149	\$ 584,770
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 14,341	\$ 6,855
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (23,988)	\$ (115,437)	\$ 140,808	\$ 577,915

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1548795453		8			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							
1	1	18	1	16	PPS Rate (Period 1)		\$166.60	\$107.34	\$273.94
2	1	18	1	16	PPS Rate (Period 2)		166.60	111.45	278.05
<p>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</p>									
<p><b>MEMORANDUM ADJUSTMENTS</b></p>									

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1548795453		8		
Adj. No.	Report References		Schedule Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
3	1	2	1		2	6,207	43	6,250
4	1	10	1		8	\$644,001	\$2,758	\$646,759
<b>EXPLANATION OF AUDIT ADJUSTMENTS</b> <b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>								
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								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1548795453		8			
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line					
5	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1)				\$710
6	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)				\$14 1,119 762
7	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)				\$0
8	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 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				\$14,341 0 6,855

**ADJUSTMENTS TO OTHER MATTERS**

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

**BORREGO COMMUNITY HEALTH FOUNDATION  
NATIONAL PROVIDER IDENTIFIER: 1134144165**

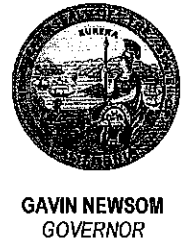
**FISCAL PERIOD ENDED  
JUNE 30, 2020**

**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  
Auditor: Vu Nguyen**



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



APR 19 2023

Rose Maclsaac, 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 Maclsaac

Page 2

APR 19 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  
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APR 19 2023

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



*AC* Allison Clinton, CPA  
FQHC/RHC Chief  
Financial Audits Branch  
Certified

7020 2450 0000 6812 6856

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1134144165**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	848	3,545	848	3,376	4,393
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-
4 Total Visits	848	3,545	848	3,376	4,393
5 Less: Duplicate and Unallowable Visits	-	-	-	7	7
6 Payable Visits	848	3,545	848	3,369	4,217

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):					
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):					
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 146,038	\$ 670,689	\$ 146,038	\$ 637,304	\$ 783,342
13 Medi-Cal Managed Care Plans - TOTAL	\$ 71,916	\$ 306,686	\$ 71,916	\$ 306,686	\$ 378,602
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 2,840	\$ 2,003	\$ 2,986	\$ 5,219	\$ 8,215
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):					
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 220,795	\$ 979,379	\$ 220,950	\$ 949,209	\$ 1,170,159

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 262.51	\$ 266.44	\$ 262.51	\$ 266.44	\$ 4,217
19 Total Medi-Cal Visits (From Line 6)	848	3,545	848	3,369	\$ 1,120,244
20 PPS Amount (Line 18 x Line 19)	\$ 222,608	\$ 944,530	\$ 222,608	\$ 897,636	\$ 1,170,159
21 Less: Total Payments (From Line 17)	\$ 220,795	\$ 979,379	\$ 220,950	\$ 949,209	\$ (49,915)
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 1,814	\$ (34,849)	\$ 1,658	\$ (51,573)	\$ 13,317
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 1,814	\$ (34,849)	\$ (9,626)	\$ (53,606)	\$ (63,232)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1134144165		7			
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line			
1	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	3,545	(169)	3,376	
2	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$670,689	(\$33,385)	\$637,304	
<p><b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b></p> <p>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</p>									

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1134144165		7	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line					
3	1	5	Not Reported	0	7	7	
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
4	1	12	1	10			
5	1	12	1	10	\$2,840	\$156	\$2,996
<p>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Total Payments (Period 1)                      Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Total 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&amp;I Code, section 14132.100 (h)</p>							
6	1	23	Not Reported	\$0	\$11,284	\$11,284	
7	1	23	Not Reported	0	2,033	2,033	
<p>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&amp;I Code, section 14115</p>							

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

**BORREGO COMMUNITY HEALTH FOUNDATION  
CENTRO MEDICO CATHEDRAL CITY  
NATIONAL PROVIDER IDENTIFIER: 1619036514**

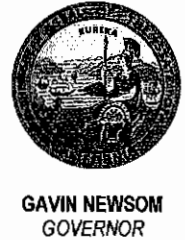
**FISCAL PERIOD ENDED  
JUNE 30, 2020**

**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 19 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:

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 Maclsaac  
Page 3  
APR 19 2023

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



*FW* Allison Clinton, CPA  
FQHC/RHC Chief  
Financial Audits Branch  
Certified

7020 2450 0000 6812 6849



**SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT**

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORRGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO  
CATHEDRAL CITY**

NPI:

**1619036514**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	1	1	-	1	1
2 Medi-Cal Managed Care (Formerly Code 18)	11,579	32,036	43,615	11,555	32,171	43,726
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	11,579	32,037	43,616	11,555	32,172	43,727
5 Less: Duplicate and Unallowable Visits	-	-	-	17	52	69
6 Payable Visits	11,579	32,037	43,616	11,538	32,120	43,658

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO	PERIOD 2	
<b>PAYMENTS</b>						
<b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ 140	\$ 140	\$ -	\$ 140	\$ 140
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ 139	\$ 139	\$ -	\$ 142	\$ 142
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Managed Care (Formerly Code 18):</b>						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 2,045,257	\$ 5,853,667	\$ 7,898,925	\$ 2,041,246	\$ 5,866,019	\$ 7,907,265
11 Medi-Cal Managed Care Plans - TOTAL	\$ 1,051,911	\$ 2,911,262	\$ 3,963,173	\$ 1,051,911	\$ 2,911,262	\$ 3,963,173
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 3,620	\$ 8,695	\$ 12,314	\$ 4,897	\$ 9,809	\$ 14,706
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 3,100,788	\$ 8,773,903	\$ 11,874,691	\$ 3,098,054	\$ 8,787,372	\$ 11,885,426

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO	PERIOD 2	
18 PPS Rate	\$ 246.25	\$ 249.94	\$ 496.19	\$ 246.25	\$ 249.94	\$ 496.19
19 Total Medi-Cal Visits (From Line 6)	11,579	32,037	43,616	11,538	32,120	43,658
20 PPS Amount (Line 18 x Line 19)	\$ 2,851,329	\$ 8,007,328	\$ 10,858,657	\$ 2,841,233	\$ 8,028,073	\$ 10,869,306
21 Less: Total Payments (From Line 17)	\$ 3,100,788	\$ 8,773,903	\$ 11,874,691	\$ 3,098,054	\$ 8,787,372	\$ 11,885,426
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (249,459)	\$ (766,576)	\$ (1,016,035)	\$ (256,821)	\$ (759,299)	\$ (1,016,120)
23 Less: Medi-Cal Billing Review Results	-	-	-	11, 13	12, 14	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (249,459)	\$ (766,576)	\$ (1,016,035)	\$ (295,667)	\$ (781,076)	\$ (1,076,763)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY		JULY 1, 2019 THROUGH JUNE 30, 2020		1619036514		18		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						

**Explanation of Audit Adjustments**  
**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1	1	2	1	2	1	11,579	(24)	11,555
2	1	2	1	2	1	32,036	135	32,171
3	1	10	1	8	1	\$2,045,257	(\$4,011)	\$2,041,246
4	1	10	1	8	1	5,853,667	12,352	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY		JULY 1, 2019 THROUGH JUNE 30, 2020		1619036514		18	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
5	1	5	Not Reported	0	4	4	*
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							
6	1	5	Not Reported	4	13	17	
7	1	5	Not Reported	0	52	52	
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)(i) State Plan Amendment Attachment 4.19B, Section J							
8	1	8	1	6	\$139	\$3	\$142
Medicare PPS/UPLUFFS, FFS MAP, Code 519 & Part D Totalled 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)							
9	1	12	1	10	\$3,620	\$1,277	\$4,897
10	1	12	1	10	8,695	1,114	9,809
Medicare PPS/UPLUFFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPLUFFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY		JULY 1, 2019 THROUGH JUNE 30, 2020		1619036514		18	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
11	1	23	Not Reported		\$0	\$919	\$919 *
12	1	23	Not Reported		0	1,000	1,000 *
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							
13	1	23	Not Reported		\$919	\$35,991	\$36,910 *
14	1	23	Not Reported		1,000	18,165	19,165 *
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							
15	1	23	Not Reported		\$36,910	\$725	\$37,635 *
16	1	23	Not Reported		19,165	363	19,528 *
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/fo subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO CATHEDRAL CITY		JULY 1, 2019 THROUGH JUNE 30, 2020		1619036514		18		
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
	Reconciliation Review	Reconciliation Request						
Schedule	Line	Worksheet	Line					
17	1	23	Not Reported					
18	1	23	Not Reported	\$37,635	\$1,231	\$38,866		
			Medi-Cal Billing Review Results (Period 1)	*				
			Medi-Cal Billing Review Results (Period 2)	*	2,249	21,777		
			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)(i)					
			State Plan Amendment Attachment 4.19B, Section J					
<b>ADJUSTMENTS TO OTHER MATTERS</b>								

\*Balance carried forward from prior/to subsequent adjustments

**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, 2020**

**FQHC/RHC Section  
Financial Audits Branch  
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 19 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, COACHELLA  
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:

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 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  
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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.



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

Certified

7020 2450 0000 6812 6856



**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO COACHELLA**

NPI: **1730249947**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO: **JUNE 30, 2020**

	REPORTED		ACCEPTED AS FILED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,474	4,339	1,474	4,339
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	1,474	4,339	1,474	4,339
5 Less: Duplicate and Unallowable Visits	N/A	N/A	-	-
6 Payable Visits	1,474	4,339	1,474	4,339
<b>TOTAL</b>				
		5,813		5,813

	REPORTED		ACCEPTED AS FILED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UP/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
10 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
11 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 115,408	\$ 357,997	\$ 115,408	\$ 357,997
12 Medi-Cal Managed Care Plans - TOTAL	\$ 172,896	\$ 516,993	\$ 172,896	\$ 516,993
13 Medicare PPS/UP/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 6,543	\$ 10,094	\$ 6,543	\$ 10,094
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
14 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
15 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
16 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
17 <b>Total Payments</b>	\$ 294,848	\$ 885,083	\$ 294,847	\$ 885,084
<b>TOTAL</b>				
		1,179,931		1,179,931

	REPORTED RECONCILIATION		ACCEPTED AS FILED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 179.36	\$ 182.05	\$ 179.36	\$ 182.05
19 Total Medi-Cal Visits (From Line 6)	1,474	4,339	1,474	4,339
20 PPS Amount (Line 18 x Line 19)	\$ 284,377	\$ 789,915	\$ 284,377	\$ 789,915
21 Less: Total Payments (From Line 17)	\$ 294,848	\$ 885,083	\$ 294,847	\$ 885,084
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (30,471)	\$ (95,169)	\$ (30,470)	\$ (95,169)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	-	-
24 <b>Total Amount Due Clinic (State) (L 22 - L 23)</b>	\$ (30,471)	\$ (95,169)	\$ (30,470)	\$ (95,169)
<b>TOTAL</b>				
		1,179,931		1,179,931

\* 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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 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:

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

Rose MacIsaac

Page 2

APR 19 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 Maclsaac  
Page 3

APR 19 2023

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

  
*Allison Clinton*

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

7020 2450 0000 6812 6856

**FQHC/IRHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORRÉGO COMMUNITY HEALTH FOUNDATION**

NPI: **1154480069**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	15,483	45,576	61,059	15,482	45,923	61,405
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	15,483	45,576	61,059	15,482	45,923	61,405
5 Less: Duplicate and Unallowable Visits	-	-	-	2,103	6,306	8,409
6 Payable Visits	15,483	45,576	61,059	13,379	39,617	52,996

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>PAYMENTS</b>						
<b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Managed Care (Formerly Code 18):</b>						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 3,277,107	\$ 10,047,189	\$ 13,324,295	\$ 3,276,889	\$ 10,088,412	\$ 13,365,301
11 Medi-Cal Managed Care Plans - TOTAL	\$ 1,063,664	\$ 3,137,998	\$ 4,201,662	\$ 1,063,664	\$ 3,137,998	\$ 4,201,662
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 12,356	\$ 22,814	\$ 35,169	\$ 12,833	\$ 25,880	\$ 38,513
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
14 Medi-Cal Fiscal Intermediary for Non-Med Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 4,353,116	\$ 13,207,999	\$ 17,560,815	\$ 4,353,376	\$ 13,251,788	\$ 17,605,164

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 262.89	\$ 266.83	\$ 529.72	\$ 262.89	\$ 266.83	\$ 529.72
19 Total Medi-Cal Visits (From Line 6)	15,483	45,576	61,059	13,379	39,617	52,996
20 PPS Amount (Line 18 x Line 19)	\$ 4,070,328	\$ 12,161,044	\$ 16,231,372	\$ 3,517,205	\$ 10,571,004	\$ 14,088,209
21 Less: Total Payments (From Line 17)	\$ 4,353,116	\$ 13,207,999	\$ 17,560,815	\$ 4,353,376	\$ 13,251,788	\$ 17,605,164
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (282,790)	\$ (1,046,655)	\$ (1,329,445)	\$ (836,171)	\$ (2,680,784)	\$ (3,516,955)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ 195,977	\$ 411,097	\$ 607,074
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (282,790)	\$ (1,046,655)	\$ (1,329,445)	\$ (1,032,148)	\$ (3,091,881)	\$ (4,124,029)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1154480069		16	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
1	2	1	2	15,483	(1)	15,482	
2	2	1	2	45,576	347	45,923	
3	10	1	8	\$3,277,107	(\$218)	\$3,276,889	
4	10	1	8	10,047,189	41,223	10,088,412	
<p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1154480069		16			
Adj. No.	Schedule	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
		Reconciliation Review	Reconciliation Request						
5	1	5	Not Reported	5			0	1	1 *
6	1	5	Not Reported	5			0	8	8 *
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>									
7	1	5	Not Reported	5			*	1	2,102
8	1	5	Not Reported	5			*	8	6,298
<p>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&amp;I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D</p>									
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J</p>									
9	1	12	1	10			\$12,356	\$477	\$12,833
10	1	12	1	10			22,814	2,866	25,680
<p>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled 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&amp;I Code, section 14132.100 (h)</p>									

\*Balance carried forward from prior/to subsequent adjustments



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1154480069		16	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
11	1	23	Not Reported	\$0	\$2,103	\$2,103	*
12	1	23	Not Reported	0	975	975	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
13	1	23	Not Reported	\$2,103	\$79,911	\$82,014	*
14	1	23	Not Reported	975	43,230	44,205	*
<p>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&amp;I Code, section 14115</p>							
15	1	23	Not Reported	\$82,014	\$113,963	\$195,977	*
16	1	23	Not Reported	44,205	366,892	411,097	*
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(G)                      State Plan Amendment Attachment 4.19B, Section J</p>							

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

**APR 19 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

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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

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APR 19 2023

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



*AC* Allison Clinton, CPA  
FQHC/RHC Chief  
Financial Audits Branch  
Certified

7020 2450 0000 6812 6849



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		10233349883		11	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
	Schedule Line	Worksheet	Line				

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

1	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	17,607	63	17,670
2	1	10	1	8	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1023349883		11	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
3	1	5	Not Reported		0	1	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			
4	1	23	Not Reported		0	313	313
				Medi-Cal Billing Review Results (Period 1)			
5	1	23	Not Reported		*	1,339	1,340
				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)(i) State Plan Amendment Attachment 4.19B, Section J			
6	1	12	1	10	\$4,119	\$415	\$4,534
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)			
7	1	12	1	10	5,020	1,127	6,147
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)			

\*Balance carried forward from prior/to subsequent adjustments



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1023349883		11	
Adj. No.	Schedule	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Line	Worksheet				
8	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$61,599	\$61,599 *
9	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 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	11,693	11,693 *
10	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	*	\$6,629	\$68,228
11	1	23	Not Reported	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)(i) State Plan Amendment Attachment 4.19B, Section J	*	22,872	34,565

\*Balance carried forward from prior to subsequent adjustments

**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 19 2023

Rose Maclsaac, 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.

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 Maclsaac

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APR 19 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 Chief  
Financial Audits Branch  
Certified

7020 2450 0000 6812 6856

SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO OASIS**

NPI: **1255490819**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,987	5,916	1,987	5,935	7,922
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-
4 Total Visits	1,987	5,916	1,987	5,935	7,922
5 Less: Duplicate and Unallowable Visits	-	-	-	-	-
6 Payable Visits	1,987	5,916	1,987	5,935	7,922

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):					
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/IU/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):					
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 185,880	\$ 601,951	\$ 185,880	\$ 602,969	\$ 788,849
13 Medi-Cal Managed Care Plans - TOTAL	\$ 163,947	\$ 487,953	\$ 163,947	\$ 487,963	\$ 651,900
14 Medicare PPS/IU/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 686	\$ 2,387	\$ 727	\$ 3,475	\$ 4,202
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):					
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 350,523	\$ 1,092,291	\$ 350,554	\$ 1,094,397	\$ 1,444,951

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 159.14	\$ 161.52	\$ 159.14	\$ 161.52	
19 Total Medi-Cal Visits (From Line 6)	1,987	5,916	1,987	5,935	7,922
20 PPS Amount (Line 18 x Line 19)	\$ 316,211	\$ 955,552	\$ 316,211	\$ 958,621	\$ 1,274,832
21 Less: Total Payments (From Line 17)	\$ 350,523	\$ 1,092,291	\$ 350,554	\$ 1,094,397	\$ 1,444,951
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (34,312)	\$ (136,738)	\$ (34,343)	\$ (135,776)	\$ (170,119)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (34,312)	\$ (136,738)	\$ (44,679)	\$ (136,905)	\$ (181,584)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO		JULY 1, 2019 THROUGH JUNE 30, 2020		1255490819		6	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
1	1	2	1	2	5,916	19	5,935
2	1	10	1	8	\$601,951	\$1,018	\$602,969
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
<p>1 Medi-Cal Managed Care Visits (Period 2)</p> <p>8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)</p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION CENTRO MEDICO		JULY 1, 2019 THROUGH JUNE 30, 2020		1255490819		6	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
3	1	12	1	\$696	\$31	\$727	
4	1	12	1	2,387	1,088	3,475	
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
5	1	23	Not Reported	\$0	\$10,336	\$10,336	
6	1	23	Not Reported	0	1,129	1,129	



**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 19 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:

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

APR 19 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 19 2023

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

  
*Fin*

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

7020 2450 0000 6812 6849

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SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

BORREGO COMMUNITY HEALTH FOUNDATION

NPI: 1780038042

FISCAL PERIOD FROM:

JULY 1, 2019

FISCAL PERIOD TO:

JUNE 30, 2020

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,876	10,205	12,081	1,876	10,763	12,639
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	1,876	10,205	12,081	1,876	10,763	12,638
5 Less: Duplicate and Unallowable Visits	-	-	-	-	6,305	6,305
6 Payable Visits	1,876	10,205	12,081	1,876	4,458	6,334

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	-	-	-	-	-	-
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	-	-	-	-	-	-
10 3rd Party Payers	-	-	-	-	-	-
11 Medi-Cal Managed Care (Formerly Code 18):						
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	169,968	1,012,923	1,182,891	169,968	1,042,793	1,212,761
13 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	210,990	1,150,127	1,361,118	210,990	1,150,127	1,361,117
14 3rd Party Payers	686	846	1,542	1,229	13,836	15,065
15 Total Payments	381,654	2,163,896	2,545,550	382,187	2,206,756	2,588,943

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	163.49	163.49	12,081	255.88	259.72	6,334
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	1,688,415	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)	97,844	(1,048,924)	(951,080)
23 Less: Medi-Cal Billing Review Results	-	-	-	26,970	218,853	244,823
24 Total Amount Due Clinic (State) (L 22 - L 23)	(74,947)	(495,481)	(570,428)	71,874	(1,267,777)	(1,195,903)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1780038042		11		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	16	\$163.49	\$92.39	\$255.88
2	1	18	1	16	16	163.49	96.23	259.72
<p><b>Explanation of Audit Adjustments</b>  <b>MEMORANDUM ADJUSTMENTS</b></p> <p>16 PPS Rate (Period 1)                  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</p>								

<b>Provider Legal Name</b>		<b>Fiscal Period</b>		<b>Provider NPI</b>		<b>Adjustments</b>	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1780038042		11	
<b>Report References</b>							
<b>Adj. No.</b>	<b>Reconciliation Review</b>	<b>Reconciliation Request</b>					
<b>Schedule</b>	<b>Line</b>	<b>Worksheet</b>	<b>Line</b>	<b>As Reported</b>	<b>Increase (Decrease)</b>	<b>As Adjusted</b>	

Explanation of Audit Adjustments

ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA

3	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	10,205	558	10,763
4	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$1,012,923	\$29,870	\$1,042,793

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1780038042		11	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
5	1	5	Not Reported		0	6,305	6,305
				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 (f)(1)(j) State Plan Amendment Attachment 4.19B, Section J			
6	1	12	1	10		\$696	\$1,229
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1)			
7	1	12	1	10	846	12,990	13,836
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)			
8	1	23	Not Reported		\$0	\$327	\$327 *
				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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1780038042		11	
Adj. No.	Schedule	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Line	Worksheet				
9	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$25,970	\$25,970
10	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 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	*	50,131	50,458 *
11	1	23	Not Reported	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)(i) State Plan Amendment Attachment 4.19B, Section J	*	\$168,395	\$218,853

**ADJUSTMENTS TO OTHER MATTERS**

\*Balance carried forward from prior/to subsequent adjustments

**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 19 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:

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

Rose MacIsaac  
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APR 19 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  
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If you have questions regarding this report, you may call the FQHC/RHC Section—  
Sacramento at (916) 322-1681.



FM

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

7020 2450 0000 6812 6856

SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1275849283**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		AUDITED		ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2		
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	5,592	23,343	5,592	23,388	1	28,980
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	5,592	23,343	5,592	23,388	-	28,980
5 Less: Duplicate and Unallowable Visits	-	-	-	-	3	6
6 Payable Visits	5,592	23,343	5,589	23,385	4	28,974

	REPORTED		AUDITED		ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2		
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	-	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	-	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	-	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):						
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,405,027	\$ 6,213,778	\$ 1,405,027	\$ 6,215,645	2	\$ 7,620,672
13 Medi-Cal Managed Care Plans - TOTAL	\$ 496,428	\$ 2,084,123	\$ 496,428	\$ 2,084,123	-	\$ 2,580,551
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 5,987	\$ 6,605	\$ 5,987	\$ 6,605	5	\$ 12,591
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	-	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):						
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	-	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	-	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	-	\$ -
20 Total Payments	\$ 1,907,442	\$ 8,304,506	\$ 1,908,574	\$ 8,312,583	-	\$ 10,221,157

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2		
18 PPS Rate	\$ 283.73	\$ 287.98	\$ 283.73	\$ 287.98	-	\$ 28,974
19 Total Medi-Cal Visits (From Line 6)	5,592	23,343	5,589	23,385	-	28,974
20 PPS Amount (Line 18 x Line 19)	\$ 1,586,618	\$ 6,722,317	\$ 1,586,767	\$ 6,734,412	-	\$ 8,320,179
21 Less: Total Payments (From Line 17)	\$ 1,907,442	\$ 8,304,506	\$ 1,908,574	\$ 8,312,583	-	\$ 10,221,157
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (320,823)	\$ (1,582,189)	\$ (322,807)	\$ (1,578,171)	-	\$ (1,900,978)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 48,933	\$ 22,292	8, 10	\$ 71,225
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (320,823)	\$ (1,582,189)	\$ (273,874)	\$ (1,555,879)	-	\$ (1,829,703)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1275849283		10	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
1	1	2	1	2	23,343	45	23,388
2	1	10	1	8	\$6,213,779	\$1,866	\$6,215,645
<p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1275849283		10	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	5	Not Reported	0	3	3	
4	1	5	Not Reported	0	3	3	
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							
5	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1)	\$5,987	\$1,132
6	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 2)	6,605	6,210
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)							
						\$7,119	12,815



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1275849283		10	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
7	1	23	Not Reported	\$0	\$1,702	\$1,702	*
8	1	23	Not Reported	0	7,128	7,128	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
9	1	23	Not Reported	\$1,702	\$47,231	\$48,933	*
10	1	23	Not Reported	7,128	15,164	22,292	*
<p>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&amp;I Code, section 14115</p>							

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

**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 19 2023**

Rose Maclsaac, 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 19 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  
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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 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: **1184065088**

FISCAL PERIOD FROM:

**JULY 1, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	98	-	98	-
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	98	-	98	-
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	98	-	98	-

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 13,152	\$ -	\$ 13,152	\$ -
13 Medi-Cal Managed Care Plans - TOTAL	\$ 8,556	\$ -	\$ 8,556	\$ -
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 21,708	\$ -	\$ 21,708	\$ -

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 179.51	\$ -	\$ 126.73	\$ 127.62
19 Total Medi-Cal Visits (From Line 6)	98	-	98	-
20 PPS Amount (Line 18 x Line 19)	\$ 17,592	\$ -	\$ 12,322	\$ 12,322
21 Less: Total Payments (From Line 17)	\$ 21,708	\$ -	\$ 21,708	\$ -
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (4,116)	\$ -	\$ (9,386)	\$ -
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 539	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (4,116)	\$ -	\$ (9,325)	\$ (9,325)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1184065088		3		
Report References		Explanation of Audit Adjustments						
Adj. No.	Schedule	Line	Worksheet	Line	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted
1	1	18	1	16	PPS Rate (Period 1)	\$179.51	(\$53.78)	\$125.73
2	1	18	1	16	PPS Rate (Period 2)	0.00	127.62	127.62
<p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1184065088		3			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							
3	1	23	Not Reported				\$0	\$539	\$539
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>									
<b>ADJUSTMENT TO OTHER MATTERS</b>									



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

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 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:

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

Rose MacIsaac

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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.

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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 Maclsaac

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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  
Certified

7020 2450 0000 6812 6849



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1386069995		9	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	16	\$182.16	\$119.75	
2	1	18	1	16	182.16	(62.41)	121.55
<p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p>							
<u>MEMORANDUM ADJUSTMENTS</u>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1386069995		9	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	Reconciliation Request		As Adjusted
					As Reported	Increase (Decrease)	
3	1	2	1	2	4,437	8	4,445
4	1	10	1	8	\$649,476	\$624	\$650,100
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
<p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1386069995		9		
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
	Reconciliation Review	Reconciliation Request						
Schedule	Line	Worksheet	Line					
5	1	5	Not Reported	0	2	2		
6	1	5	Not Reported	0	2	2		
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>								
7	1	12	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. 42 CFR 413.20 and 413.24 CMS Pub. 15-1, section 2304 W&I Code, section 14132.100 (h)	\$0	\$122	\$122
8	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$0	\$562	\$562
9	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 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	119	119



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

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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:

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

Rose Maclsaac

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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

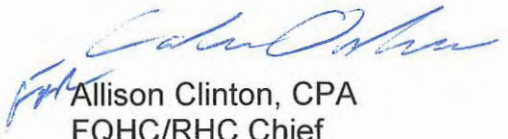
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose Maclsaac

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APR 19 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

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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, 2019**

FISCAL PERIOD TO:

**JUNE 30, 2020**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	4,496	13,840	4,496	13,964
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	4,496	13,840	4,496	13,964
5 Less: Duplicate and Unallowable Visits	-	-	137	2,354
6 Payable Visits	4,496	13,840	4,359	11,610
		<b>TOTAL</b>		<b>TOTAL</b>
		18,336		18,460

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UP/L/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 875,072	\$ 2,857,841	\$ 875,072	\$ 2,869,014
13 Medi-Cal Managed Care Plans - TOTAL	\$ 439,170	\$ 1,353,067	\$ 439,170	\$ 1,353,067
14 Medicare PPS/UP/L/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 3,481	\$ 9,126	\$ 4,143	\$ 14,371
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 <b>Total Payments</b>	\$ 1,317,723	\$ 4,220,034	\$ 1,318,365	\$ 4,236,452
		<b>TOTAL</b>		<b>TOTAL</b>
		5,537,767		5,554,837

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 241.48	\$ 245.10	\$ 241.48	\$ 245.10
19 Total Medi-Cal Visits (From Line 6)	4,496	13,840	4,359	11,610
20 PPS Amount (Line 18 x Line 19)	\$ 1,085,684	\$ 3,392,184	\$ 1,052,611	\$ 2,845,611
21 Less: Total Payments (From Line 17)	\$ 1,317,723	\$ 4,220,034	\$ 1,318,365	\$ 4,236,452
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (232,029)	\$ (827,850)	\$ (265,774)	\$ (1,390,841)
23 Less: Medi-Cal Billing Review Results			\$ 33,768	\$ 47,787
24 <b>Total Amount Due Clinic (State) (L 22 - L 23)</b>	\$ (232,029)	\$ (827,850)	\$ (299,542)	\$ (1,438,628)
		<b>TOTAL</b>		<b>TOTAL</b>
		18,336		15,969
		4,477,878		3,898,222
		5,537,767		5,554,837
		(1,059,879)		(1,656,615)
				81,555
				(1,738,170)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1790075315		11	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
1	2	1		2	13,840	124	13,964
				Medi-Cal Managed Care Visits (Period 2)			
2	1	10		8	\$2,857,841	\$11,173	\$2,869,014
				Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)			
<p>To adjust Medi-Cal reconciliation data to agree with the following Fiscal Intermediary Payment Data:</p> <p>Payment Period: July 1, 2019 through June 28, 2022</p> <p>Service Period: July 1, 2019 through June 30, 2020</p> <p>Run On: June 28, 2022</p> <p>42 CFR 413.20, 413.60, and 413.64</p> <p>CMS Pub. 15-1, sections 2304, 2408.3 and 2408.4</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1790075315		11		
Adj. No.	Schedule	Report References		Line	Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
		Reconciliation Review	Reconciliation Request					
		Line	Worksheet					
3	1	5	Not Reported		Duplicate and Unallowable Visits (Period 1)	0	137	137
4	1	5	Not Reported		Duplicate and Unallowable Visits (Period 2) To eliminate visits paid 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 (f)(1)(i) State Plan Amendment Attachment 4.19B, Section J	0	2,354	2,354
5	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$3,481	\$662	\$4,143
6	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)	9,126	5,245	14,371
7	1	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	\$0	\$735	\$735 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1790075315		11	
Adj. No.	Report References		Explanation of Audit Adjustments				
	Reconciliation Review	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted		
Schedule	Line	Worksheet	Line				
8	1	23	Not Reported	\$0	\$29,059	\$29,059	*
9	1	23	Not Reported	735	14,209	14,944	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							
10	1	5	Not Reported	\$29,059	\$4,709	\$33,768	*
11	1	5	Not Reported	14,944	32,843	47,787	*
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(j)                      State Plan Amendment Attachment 4.19B, Section J</p>							

\*Balance carried forward from prior/to subsequent adjustments



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

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 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:

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

Rose MacIsaac  
Page 2

APR 19 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 Maclsaac  
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APR 19 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 Chief  
Financial Audits Branch  
Certified

7020 2450 0000 6812 6849

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**  
NPI: **1568747137**

FISCAL PERIOD FROM: **JULY 1, 2019**  
FISCAL PERIOD TO: **JUNE 30, 2020**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,340	3,736	1,340	3,744
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	1,340	3,736	1,340	3,744
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	1,340	3,736	1,340	3,744
		<b>TOTAL</b>		<b>TOTAL</b>
		5,076		5,084

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 228,420	\$ 680,401	\$ 228,420	\$ 681,085
13 Medi-Cal Managed Care Plans - TOTAL	\$ 142,112	\$ 395,898	\$ 142,112	\$ 395,898
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ -	\$ 428	\$ -	\$ 506
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 370,532	\$ 1,076,727	\$ 370,532	\$ 1,077,489
		<b>TOTAL</b>		<b>TOTAL</b>
		1,447,259		1,448,021

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 237.66	\$ 241.22	\$ 237.66	\$ 241.22
19 Total Medi-Cal Visits (From Line 6)	1,340	3,736	1,340	3,744
20 PPS Amount (Line 18 x Line 19)	\$ 318,464	\$ 901,198	\$ 318,464	\$ 903,128
21 Less: Total Payments (From Line 17)	\$ 370,532	\$ 1,076,727	\$ 370,532	\$ 1,077,489
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (52,067)	\$ (175,529)	\$ (52,068)	\$ (174,361)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (52,067)	\$ (175,529)	\$ (52,068)	\$ (174,361)
		<b>TOTAL</b>		<b>TOTAL</b>
		2,221,592		2,221,592

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1568747137		5	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted	

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

1	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	3,736	8	3,744
2	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$680,401	\$684	\$681,085

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2019 THROUGH JUNE 30, 2020		1568747137		5	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
3	1	12	1	10	\$428	\$78	\$506
				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)			
4	1	23	Not Reported		\$0	\$8,932	\$8,932
5	1	23	Not Reported		0	880	880
				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			

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

**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**





MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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.

This FQHC Reconciliation Review Report includes the following:

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

Rose MacIsaac  
Page 2

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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 Maclsaac  
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APR 19 2023

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

  
*Fd*

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

Certified

7020 2450 0000 6812 6870

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1942623657		8	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	2	1	2	7,718	2	7,718
2	1	10	1	8	\$1,797,617	\$234	\$1,797,851
<p style="text-align: center;">Explanation of Audit Adjustments</p> <p><b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b></p> <p>1 Medi-Cal Managed Care Visits (Period 2)</p> <p>8 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)</p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1942623657		8	
Adj. No.	Report References		Explanation of Audit Adjustments	AS Reported	Increase (Decrease)	AS Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	5	Not Reported	0	10	10	
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	1	12	1				
5	1	12	1	\$1,150	\$1,655	\$2,805	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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	1	23	Not Reported	\$0	\$295	\$295 *	
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							

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1942623657		8	
Adj. No.	Schedule	Line	Report References		As Reported	Increase (Decrease)	As Adjusted
			Line	Worksheet			
Explanation of Audit Adjustments							
ADJUSTMENTS TO OTHER MATTERS							
7	1	23	Not Reported		\$295	\$6,637	\$6,932
8	1	23	Not Reported		0	4,317	4,317
<p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>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.</p> <p>42 CFR 413.20 and 447.45(d)(1)</p> <p>CCR, Title 22, section 51008</p> <p>CMS Pub. 15-1, sections 2300 and 2304</p> <p>W&amp;I Code, section 14115</p>							

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

**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  
Auditor: Bradley Miller**





MICHELLE BAASS  
DIRECTOR

APR 19 2023

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



GAVIN NEWSOM  
GOVERNOR

Rose Maclsaac, 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.

This FQHC Reconciliation Review Report includes the following:

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

Rose MacIsaac  
Page 2  
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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  
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APR 19 2023

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

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

Certified

7020 2450 0000 6812 6863

SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1306131545**

FISCAL PERIOD FROM:

**JULY 1, 2020**

FISCAL PERIOD TO:

**JUNE 30, 2021**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	3,395	8,810	3,395	8,811
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	3,395	8,810	3,395	8,811
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	3,395	8,810	3,395	8,811
<b>TOTAL</b>	<b>3,395</b>	<b>8,810</b>	<b>3,395</b>	<b>8,811</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 542,307	\$ 1,431,194	\$ 542,307	\$ 1,431,276
13 Medi-Cal Managed Care Plans - TOTAL	\$ 310,297	\$ 800,287	\$ 310,297	\$ 800,287
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 1,007	\$ 10,511	\$ 1,402	\$ 13,735
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 853,611	\$ 2,241,992	\$ 854,006	\$ 2,245,298
<b>TOTAL</b>	<b>\$ 853,611</b>	<b>\$ 2,241,992</b>	<b>\$ 854,006</b>	<b>\$ 2,245,298</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 195.53	\$ 199.24	\$ 195.53	\$ 199.24
19 Total Medi-Cal Visits (From Line 6)	3,395	8,810	3,395	8,811
20 PPS Amount (Line 18 x Line 19)	\$ 663,824	\$ 1,755,304	\$ 663,824	\$ 1,755,504
21 Less: Total Payments (From Line 17)	\$ 853,611	\$ 2,241,992	\$ 854,006	\$ 2,245,298
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (189,786)	\$ (486,688)	\$ (190,182)	\$ (489,794)
23 Less: Medi-Cal Billing Review Results	-	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (189,786)	\$ (486,688)	\$ (191,358)	\$ (491,364)
<b>TOTAL</b>	<b>\$ 195.53</b>	<b>\$ 199.24</b>	<b>\$ 195.53</b>	<b>\$ 199.24</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	3,395	8,810	3,395	8,811
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	3,395	8,810	3,395	8,811
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	3,395	8,810	3,395	8,811
<b>TOTAL</b>	<b>3,395</b>	<b>8,810</b>	<b>3,395</b>	<b>8,811</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1306131545		8		
Adj. No.	Report References		Schedule Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	2	1	2	Medi-Cal Managed Care Visits (Period 2)		8,811	1	8,811
2	1	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)		\$1,431,194	\$82	\$1,431,276
<p><b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b></p> <p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1306131545		8			
Adj. No.	Schedule	Line	Report References		As Reported	Increase (Decrease)	As Adjusted		
			Line	Worksheet					
<b>Explanation of Audit Adjustments</b>									
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>									
3	1	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. 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	1	1 *	
4	1	5	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	(1)	0
5	1	12	1	10	Medicare PPS/UP/LFFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$1,007	\$395	\$1,402	
6	1	12	1	10	Medicare PPS/UP/LFFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)	10,511	3,224	13,735	

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1306131545		8			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request							
7	1	23	Not Reported				\$0	\$1,176	\$1,176
8	1	23	Not Reported				0	1,570	1,570
<p style="text-align: center;"><u>Explanation of Audit Adjustments</u></p> <p style="text-align: center;"><u>ADJUSTMENTS TO OTHER MATTERS</u></p> <p>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&amp;I Code, section 14115</p>									

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

**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  
Auditor: Bradley Miller**





MICHELLE BAASS  
DIRECTOR

APR 19 2023

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



GAVIN NEWSOM  
GOVERNOR

Rose Maclsaac, 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.

This FQHC Reconciliation Review Report includes the following:

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

Rose MacIsaac  
Page 2

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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.

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

Certified

7020 2450 0000 6812 6870

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1548795453**

FISCAL PERIOD FROM: **JULY 1, 2020**

FISCAL PERIOD TO: **JUNE 30, 2021**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,897	6,202	1,895	6,203
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	1,897	6,202	1,895	6,203
5 Less: Duplicate and Unallowable Visits				
6 Payable Visits	1,897	6,202	1,895	6,203
<b>TOTAL</b>				
		8,099		8,098

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02)	\$ -	\$ -	\$ -	\$ -
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UP/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18)	\$ 195,399	\$ 642,961	\$ 195,191	\$ 643,013
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 175,018	\$ 569,987	\$ 175,018	\$ 569,987
13 Medicare PPS/UP/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 575	\$ 5,395	\$ 828	\$ 8,307
14 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
15 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20)	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
17 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
18 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
19 Total Payments	\$ 370,992	\$ 1,218,343	\$ 371,037	\$ 1,221,307
<b>TOTAL</b>				
		1,569,335		1,592,344

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	\$ 166.60	\$ 166.60	\$ 278.05	\$ 283.33
19 Total Medi-Cal Visits (From Line 6)	1,897	6,202	1,895	6,203
20 PPS Amount (Line 18 x Line 19)	\$ 316,040	\$ 1,033,253	\$ 526,905	\$ 1,757,496
21 Less: Total Payments (From Line 17)	\$ 370,992	\$ 1,218,343	\$ 371,037	\$ 1,221,307
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (54,952)	\$ (185,090)	\$ 155,868	\$ 536,189
23 Less: Medi-Cal Billing Review Results			\$ 3,581	\$ 4,455
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (54,952)	\$ (185,090)	\$ 152,287	\$ 531,724
<b>TOTAL</b>				
		(240,042)		684,011

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1548795453		10	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	16	\$166.60	\$111.45	\$278.05
2	1	18	1	16	166.60	116.73	283.33
<p>Explanation of Audit Adjustments  <u>MEMORANDUM ADJUSTMENTS</u></p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1548795453		10	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
3	1	2	1	2	1,897	(2)	1,895
4	1	2	1	2	6,202	1	6,203
5	1	10	1	8	\$195,399	(\$208)	\$195,191
6	1	10	1	8	642,961	52	643,013

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1548795453		10	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Worksheet				
7	1	12	1	10			
8	1	12	1	10	\$575	\$828	
					5,395	8,307	
Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)							
9	1	23	Not Reported		\$0	\$3,581	
10	1	23	Not Reported		0	4,465	
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							

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

**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  
Auditor: Bradley Miller**



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



GAVIN NEWSOM  
GOVERNOR

**APR 19 2023**

Rose Maclsaac, 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  
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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.



*jd*  
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**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1134144165**

FISCAL PERIOD FROM: **JULY 1, 2020**

FISCAL PERIOD TO: **JUNE 30, 2021**

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	577	3,144	3,721	577	3,144	3,721
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	577	3,144	3,721	577	3,144	3,721
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	577	3,144	3,721	577	3,144	3,721

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>PAYMENTS</b>						
<b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Managed Care (Formerly Code 18):</b>						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 109,011	\$ 603,987	\$ 712,998	\$ 109,011	\$ 603,987	\$ 712,998
11 Medi-Cal Managed Care Plans - TOTAL	\$ 53,754	\$ 293,385	\$ 347,139	\$ 53,754	\$ 293,385	\$ 347,139
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 1,028	\$ 4,926	\$ 5,954	\$ 1,028	\$ 4,926	\$ 5,954
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 163,793	\$ 902,298	\$ 1,066,091	\$ 163,793	\$ 902,298	\$ 1,066,091

	REPORTED RECONCILIATION		TOTAL	ACCEPTED AS FILED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 266.44	\$ 271.50	N/A	\$ 266.44	\$ 271.50	N/A
19 Total Medi-Cal Visits (From Line 6)	577	3,144	3,721	577	3,144	3,721
20 PPS Amount (Line 18 x Line 19)	\$ 153,736	\$ 853,596	\$ 1,007,332	\$ 153,736	\$ 853,596	\$ 1,007,332
21 Less: Total Payments (From Line 17)	\$ 163,793	\$ 902,298	\$ 1,066,091	\$ 163,793	\$ 902,298	\$ 1,066,091
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (10,058)	\$ (48,702)	\$ (58,759)	\$ (10,057)	\$ (48,702)	\$ (58,759)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (10,058)	\$ (48,702)	\$ (58,759)	\$ (10,057)*	\$ (48,702)	\$ (58,759)

\*Adjust rounding error

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

**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  
Auditor: Bradley Miller**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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.

This FQHC Reconciliation Review Report includes the following:

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

Rose MacIsaac

Page 2

APR 19 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 19 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

7020 2450 0000 6812 6863



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1619036514		13	
Adj. No.	Report References		Explanation of Audit Adjustments				
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line	
			As Reported	Increase (Decrease)	As Adjusted		
1	2	1	2	1	2	9,465	9,452
2	2	1	2	1	2	29,094	27,083
3	1	10	1	8	8	\$5,347,872	\$5,348,058

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1619036514		13	
Adj. No.	Schedule Line	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Reconciliation Review	Reconciliation Request Worksheet				
Explanation of Audit Adjustments							
ADJUSTMENTS TO OTHER MATTERS							
4	1	5	Not Reported	0	2	2	*
5	1	5	Not Reported	0	1	1	*
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							
6	1	5	Not Reported	*	2	3	5
7	1	5	Not Reported	*	1	90	91
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							
8	1	5	Not Reported	*	91	860	951
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							
9	1	12	1	\$1,869	\$2,086	\$3,955	
10	1	12	1	6,833	10,477	17,310	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)							

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1619036514		13	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
11	1	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	\$0	\$255	\$255 *
12	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$6,390	\$6,390
13	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 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	255	50,097	50,352

**ADJUSTMENTS TO OTHER MATTERS**

\*Balance carried forward from prior/to subsequent adjustments

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

**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  
Auditor: Bradley Miller**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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.

This FQHC Reconciliation Review Report includes the following:

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

Rose Maclsaac  
Page 2

APR 19 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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1730249947		8	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
1	1	2	1	1,128	13	1,141	
2	1	2	1	305	2,033	2,338	

**Explanation of Audit Adjustments**  
**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

1 Medi-Cal Managed Care Visits (Period 1)  
 2 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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1730249947		8	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	5	Not Reported				
4	1	5	Not Reported				
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Duplicate and Unallowable Visits (Period 1)                      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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
5	1	5	Not Reported	*	90	860	950
<p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
6	1	12	1		\$863	\$2,049	\$2,912
7	1	12	1		144	180	324
<p>Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled Payments (Period 1)                      Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled 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&amp;I Code, section 14132.100 (h)</p>							
8	1	23	Not Reported		\$0	\$387	\$387
<p>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&amp;I Code, section 14115</p>							

\*Balance carried forward from prior/to subsequent adjustments



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

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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:

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

Rose Maclsaac

Page 2

APR 19 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 Maclsaac

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APR 19 2023

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



*AC* 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 MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI:

**1154480069**

FISCAL PERIOD FROM:

**JULY 1, 2020**

FISCAL PERIOD TO:

**JUNE 30, 2021**

	REPORTED		AUDITED		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2			
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	15,641	44,039	15,641	44,046	1	59,687	59,687
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-	-
4 Total Visits	15,641	44,039	15,641	44,046	-	59,687	59,687
5 Less: Duplicate and Unallowable Visits	-	-	1,880	5,704	3,5	7,584	7,584
6 Payable Visits	15,641	44,039	13,761	38,342	-	52,103	52,103

	REPORTED		AUDITED		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2			
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):							
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):							
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 3,434,670	\$ 9,841,176	\$ 3,434,670	\$ 9,841,963	2	\$ 13,276,633	\$ 13,276,633
13 Medi-Cal Managed Care Plans - TOTAL	\$ 1,444,046	\$ 4,057,861	\$ 1,444,046	\$ 4,057,861	-	\$ 5,501,907	\$ 5,501,907
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 6,021	\$ 30,121	\$ 8,334	\$ 53,104	7	\$ 61,438	\$ 61,438
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):							
17 Medi-Cal Fiscal Intermediary for Non-Med Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
20 Total Payments	\$ 4,884,737	\$ 13,929,158	\$ 4,887,050	\$ 13,952,928	-	\$ 18,839,978	\$ 18,839,978

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2			
18 PPS Rate	\$ 266.83	\$ 271.89	\$ 266.83	\$ 271.89	-	-	-
19 Total Medi-Cal Visits (From Line 6)	15,641	44,039	13,761	38,342	-	52,103	52,103
20 PPS Amount (Line 18 x Line 19)	\$ 4,173,488	\$ 11,973,764	\$ 3,671,848	\$ 10,424,806	-	\$ 14,096,654	\$ 14,096,654
21 Less: Total Payments (From Line 17)	\$ 4,884,737	\$ 13,929,158	\$ 4,887,050	\$ 13,952,928	-	\$ 18,839,978	\$ 18,839,978
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (711,249)	\$ (1,955,394)	\$ (1,215,202)	\$ (3,528,122)	-	\$ (4,743,324)	\$ (4,743,324)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ 144,748	\$ 407,657	10,12,14	\$ 552,405	\$ 552,405
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (711,249)	\$ (1,955,394)	\$ (1,359,950)	\$ (3,936,779)	-	\$ (5,295,729)	\$ (5,295,729)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1154480069		14	
Report References				Explanation of Audit Adjustments			
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
1	1	2	1	2	44,039	7	44,046
2	1	10	1	8	\$9,841,176	\$787	\$9,841,963
<p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1154480069		14	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	5	Not Reported				
4	1	5	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							
5	1	5	Not Reported	*	3	1,877	1,880
6	1	5	Not Reported	*	11	5,693	5,704
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)(i) State Plan Amendment Attachment 4.19B, Section J							
7	1	12	1		\$6,021	\$2,313	\$8,334
8	1	12	1		30,121	22,983	53,104
Medicare PPS/UP/LFFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UP/LFFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)							

**ADJUSTMENTS TO OTHER MATTERS**

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1154480069		14	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
9	1	23	Not Reported		\$0	\$1,601	\$1,601 *
10	1	23	Not Reported		0	272	272 *
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
11	1	23	Not Reported		\$1,601	\$13,935	\$15,536 *
12	1	23	Not Reported		272	21,955	22,227 *
<p>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&amp;I Code, section 14115</p>							
13	1	23	Not Reported		\$15,536	\$129,212	\$144,748
14	1	23	Not Reported		22,227	385,430	407,657
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (f)(1)(f)                      State Plan Amendment Attachment 4.19B, Section J</p>							

\*Balance carried forward from prior to subsequent adjustments



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

**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 19 2023**

Rose Maclsaac, 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 Maclsaac  
Page 2

APR 19 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 Maclsaac  
Page 3  
APR 19 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 Chief  
Financial Audits Branch

Certified

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1023349883		12		
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
	Schedule	Line						Worksheet
1	1	18	1	16	PPS Rate (Period 2)	\$ 256.32	\$ (0.01)	\$ 256.31
<p>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</p>								
<u>MEMORANDUM ADJUSTMENT</u>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1023349883		12			
Adj. No.	Report References		Explanation of Audit Adjustments						
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
2	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)		15,196	89	15,285
3	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)		\$3,010,391	\$9,878	\$3,020,269

**ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA**

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1023349883		12	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Reconciliation Request	Line	Schedule	Line	Worksheet	Line
				As Reported	Increase (Decrease)	As Adjusted	
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
4	1	5	Not Reported		0	628	628
5	1	5	Not Reported		0	1,760	1,760
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							
6	1	12	1	10		\$2,056	\$2,423
7	1	12	1	10		14,535	30,258
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)							
8	1	23	Not Reported		\$0	\$256	\$256 *
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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1023349883		12	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
9	1	23	Not Reported				
10	1	23	Not Reported	\$0	\$4,030	\$4,030	*
				256	12,145	12,401	*
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							
11	1	23	Not Reported	\$4,030	\$8,722	\$12,752	*
12	1	23	Not Reported	12,401	21,457	33,858	*
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)                      State Plan Amendment Attachment 4.19B, Section J</p>							

\*Balance carried forward from prior/to subsequent adjustments

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

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

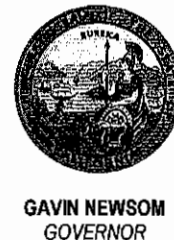
**FISCAL PERIOD ENDED  
JUNE 30, 2021**

**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 19 2023**

Rose Maclsaac, 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 Maclsaac  
Page 2

APR 19 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.



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

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

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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:

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

Rose Maclsaac

Page 2

APR 19 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 Maclsaac

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APR 19 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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1780038042		18	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	16	\$225.87	\$33.85	\$259.72
2	1	18	1	16	225.87	38.78	264.65
<p>PPS Rate (Period 1)</p> <p>PPS Rate (Period 2)</p> <p>To adjust the reported Prospective Payment System (PPS) rate to agree with the PPS rate in ACSNET.</p> <p>42 CFR 413.20 and 413.24</p> <p>CMS Pub. 15-1, section 2304</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1780038042		18		
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted		
	Reconciliation Review	Reconciliation Request						
Schedule	Line	Worksheet	Line					
3	1	2	1	2	Medi-Cal Managed Care Visits (Period 1)	6,781	75	6,856
4	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	11,468	267	11,735
5	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$1,847,819	\$244	\$1,848,063

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1780038042		18	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
6	1	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. 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		3	3 *
7	1	5	Not Reported				
8	1	5	Not Reported	*		5,542	5,542 *
			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 (f)(1)(i) State Plan Amendment Attachment 4.19B, Section J	3		7,878	7,881 *
9	1	5	Not Reported				
10	1	5	Not Reported	*		5,542	5,576
			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	7,881		34	7,917
11	1	12	1			\$1,150	\$5,932
12	1	12	1			4,941	10,795
			10 Medicare PPS/UP/LFFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) 10 Medicare PPS/UP/LFFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)			\$4,782	\$5,932
						5,854	10,795

\*Balance carried forward from prior/to subsequent adjustments



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

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 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 Maclsaac

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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 Maclsaac  
Page 3

APR 19 2023

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



*Allison Clinton*

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

Certified

7020 2450 0000 6812 6870

SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1275649283**

FISCAL PERIOD FROM:

**JULY 1, 2020**

FISCAL PERIOD TO:

**JUNE 30, 2021**

VISITS	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	10,206	26,199	10,206	26,267	36,473
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-
4 Total Visits	10,206	26,199	10,206	26,267	36,473
5 Less: Duplicate and Unallowable Visits	-	-	-	4	4
6 Payable Visits	10,206	26,199	10,206	26,263	36,469

PAYMENTS	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):					
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UP/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):					
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 2,715,999	\$ 7,090,753	\$ 2,715,999	\$ 7,090,595	\$ 9,806,594
13 Medi-Cal Managed Care Plans - TOTAL	\$ 977,600	\$ 2,504,331	\$ 977,600	\$ 2,504,331	\$ 3,481,931
14 Medicare PPS/UP/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 2,013	\$ 13,122	\$ 12,547	\$ 33,624	\$ 46,171
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):					
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 3,695,612	\$ 9,608,207	\$ 3,706,146	\$ 9,628,550	\$ 13,334,696

SETTLEMENT	REPORTED RECONCILIATION		AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 287.98	\$ 293.45	\$ 287.98	\$ 293.45	
19 Total Medi-Cal Visits (From Line 6)	10,206	26,199	10,206	26,263	36,469
20 PPS Amount (Line 18 x Line 19)	\$ 2,939,124	\$ 7,688,097	\$ 2,939,124	\$ 7,706,877	\$ 10,646,001
21 Less: Total Payments (From Line 17)	\$ 3,695,612	\$ 9,608,207	\$ 3,706,146	\$ 9,628,550	\$ 13,334,696
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (756,488)	\$ (1,920,110)	\$ (787,022)	\$ (1,921,673)	\$ (2,688,695)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (756,488)	\$ (1,920,110)	\$ (771,136)	\$ (1,929,184)	\$ (2,700,322)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1275849283		9	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	2	1	2	26,199	68	26,267
2	1	10	1	8	\$7,090,753	(\$158)	\$7,090,595
<p style="text-align: center;"><u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</u></p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1275849283		9	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
<b><u>ADJUSTMENTS TO OTHER MATTERS</u></b>							
3	1	5	Not Reported	0	4	4	
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	1	12	1	10			
5	1	12	1	10	\$2,013	\$12,547	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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	1	23	Not Reported	\$0	\$288	\$288 *	
7	1	23	Not Reported	0	2,603	2,603 *	
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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1275849283		9		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
8	1	23	Not Reported			\$288	\$3,828	\$4,116
9	1	23	Not Reported			2,603	4,908	7,511
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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 51006                      CMS Pub. 15-1, sections 2300 and 2304                      W&amp;I Code, section 14115</p>								

**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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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



Rose Maclsaac  
Page 2

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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.



*AC* 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 MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME:

**BORRERO COMMUNITY HEALTH FOUNDATION**

NPI: **1184065088**

FISCAL PERIOD FROM:

**JULY 1, 2020**

FISCAL PERIOD TO: **JUNE 30, 2021**

	REPORTED			ACCEPTED/AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>VISITS</b>						
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	-	1	1	-	1	1
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	-	1	1	-	1	1
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 <b>Payable Visits</b>	-	1	1	-	1	1

	REPORTED			ACCEPTED/AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>PAYMENTS</b>						
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10 <b>Medi-Cal Managed Care (Formerly Code 18):</b>						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ -	\$ 134	\$ 134	\$ -	\$ 134	\$ 134
11 Medi-Cal Managed Care Plans - TOTAL	\$ -	\$ 89	\$ 89	\$ -	\$ 89	\$ 89
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 <b>Total Payments</b>	\$ -	\$ 223	\$ 223	\$ -	\$ 223	\$ 223

	REPORTED RECONCILIATION			ACCEPTED/AS FILED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>SETTLEMENT</b>						
18 PPS Rate	\$ -	\$ 179.51	\$ 179.51	\$ -	\$ 179.51	\$ 179.51
19 Total Medi-Cal Visits (From Line 6)	-	1	1	-	1	1
20 PPS Amount (Line 18 x Line 19)	\$ -	\$ 180	\$ 180	\$ -	\$ 180	\$ 180
21 Less: Total Payments (From Line 17)	\$ -	\$ 223	\$ 223	\$ -	\$ 223	\$ 223
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ -	\$ (44)	\$ (44)	\$ -	\$ (43)	\$ (43)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
24 <b>Total Amount Due Clinic (State) (L 22 - L 23)</b>	\$ -	\$ (44)	\$ (44)	\$ -	\$ (43)	\$ (43)

\*Fixed rounding error

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1184065088		1	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request					
	Schedule	Line	Worksheet	Line		As Reported	Increase (Decrease) As Adjusted
1	1	18	1	16	PPS Rate (Period 1)	\$0.00	\$179.51 \$179.51
<p>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</p>							
<b>MEMORANDUM ADJUSTMENT</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**



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

APR 19 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
2. Adjustment Schedule

Rose Maclsaac  
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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:

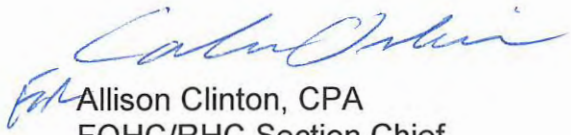
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Rose Maclsaac  
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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 Section Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 6870

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION** NPI: **1386069995**

FISCAL PERIOD FROM: **JULY 1, 2020** FISCAL PERIOD TO: **JUNE 30, 2021**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,393	5,927	1,393	5,927
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	1,393	5,927	1,393	5,927
5 Less: Duplicate and Unallowable Visits	-	-	-	-
6 Payable Visits	1,393	5,927	1,393	5,927
<b>TOTAL</b>				
		7,320		7,320
		-		-
		7,320		7,320
		-		-
		7,320		7,320

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 203,954	\$ 868,975	\$ 203,954	\$ 868,975
13 Medi-Cal Managed Care Plans - TOTAL	\$ 125,486	\$ 533,945	\$ 125,486	\$ 533,945
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 144	\$ 587	\$ 122	\$ 991
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 <b>Total Payments</b>	\$ 329,583	\$ 1,403,507	\$ 329,562	\$ 1,403,911
		\$ 1,733,090		\$ 1,733,473

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 182.16	\$ 182.16	\$ 121.55	\$ 123.86
19 Total Medi-Cal Visits (From Line 6)	1,393	5,927	1,393	5,927
20 PPS Amount (Line 18 x Line 19)	\$ 253,749	\$ 1,079,662	\$ 169,319	\$ 734,118
21 Less: Total Payments (From Line 17)	\$ 329,583	\$ 1,403,507	\$ 329,562	\$ 1,403,911
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (75,834)	\$ (323,844)	\$ (160,243)	\$ (669,793)
23 Less: Medi-Cal Billing Review Results				
24 <b>Total Amount Due Clinic (State) (L 22 - L 23)</b>	\$ (75,834)	\$ (323,844)	\$ (160,314)	\$ (669,844)
		\$ (399,678)		\$ (830,158)



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDAT		JULY 1, 2020 THROUGH JUNE 30, 2021		1386069995		6	
Report References							
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line	Worksheet				
1	1	18	1	16	PPS Rate (Period 1)	\$182.16	\$121.55
2	1	18	1	16	PPS Rate (Period 2)	182.16	123.86
<p>Explanation of Audit Adjustments</p> <p><u>MEMORANDUM ADJUSTMENTS</u></p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1386069995		6		
Adj. No.	Report References		Schedule Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
3	1	12	1	10	10			
4	1	12	1	10	10	\$144	(\$22)	\$122
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)								
5	1	23	Not Reported			\$0	\$71	\$71
6	1	23	Not Reported			0	51	51
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								

**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



GAVIN NEWSOM  
GOVERNOR

APR 19 2023

Rose Maclsaac, 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

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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 Maclsaac

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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 Section Chief  
Financial Audits Branch

Certified

7020 2450 0000 6812 6893

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1790075315**

FISCAL PERIOD FROM:

**JULY 1, 2020**

FISCAL PERIOD TO:

**JUNE 30, 2021**

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	ADJ. NO.	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	6,607	14,822	6,607	14,829	21,436
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-
4 Total Visits	6,607	14,822	6,607	14,829	21,436
5 Less: Duplicate and Unallowable Visits	-	-	1,660	3,306	4,966
6 Payable Visits	6,607	14,822	4,947	11,523	16,470

	REPORTED		AUDITED		TOTAL
	PERIOD 1	PERIOD 2	ADJ. NO.	PERIOD 2	
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):					
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):					
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,355,467	\$ 3,101,366	\$ 1,355,467	\$ 3,102,104	\$ 4,457,571
13 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 598,271	\$ 1,341,885	\$ 598,271	\$ 1,341,885	\$ 1,940,156
14 3rd Party Payers	\$ 3,020	\$ 7,279	\$ 4,709	\$ 9,838	\$ 14,547
15 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):					
16 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -
17 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -
18 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -
19 Total Payments	\$ 1,956,758	\$ 4,450,530	\$ 1,958,447	\$ 4,453,827	\$ 6,412,274

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2	ADJ. NO.	PERIOD 2	
18 PPS Rate	\$ 245.10	\$ 249.75	\$ 245.10	\$ 249.75	\$ 4,900.379
19 Total Medi-Cal Visits (From Line 6)	6,607	14,822	4,947	11,523	16,470
20 PPS Amount (Line 18 x Line 19)	\$ 1,619,376	\$ 3,701,795	\$ 1,212,510	\$ 2,877,869	\$ 4,090,379
21 Less: Total Payments (From Line 17)	\$ 1,956,758	\$ 4,450,530	\$ 1,958,447	\$ 4,453,827	\$ 6,412,274
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (337,382)	\$ (748,735)	\$ (745,937)	\$ (1,575,958)	\$ (2,321,895)
23 Less: Medi-Cal Billing Review Results					
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (337,382)	\$ (748,735)	\$ (779,126)	\$ (1,616,636)	\$ (2,395,762)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1790075315		17			
Adj. No.	Report References		Explanation of Audit Adjustments				As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request	Schedule	Line	Worksheet	Line			
1	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	14,822	7	14,829	
2	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	\$3,101,366	\$738	\$3,102,104	
<p style="text-align: center;"><u>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</u></p> <p>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</p>									



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1790075315		17	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
3	1	5	Not Reported	0	2	2	*
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	1	5	Not Reported	0	1,585	1,585	*
5	1	5	Not Reported	2	2,952	2,952	*
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							
6	1	5	Not Reported	1,585	75	1,660	*
7	1	5	Not Reported	2,954	352	3,306	*
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							
8	1	12	1	\$3,020	\$1,689	\$4,709	
9	1	12	1	7,279	2,559	9,838	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)							

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1790075315		17	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					
10	1	23	Not Reported		\$0	\$245	\$245 *
11	1	23	Not Reported		0	937	937 *
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
<p>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&amp;I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
12	1	23	Not Reported		\$245	\$8,618	\$8,863 *
13	1	23	Not Reported		937	11,863	12,800 *
<p>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&amp;I Code, section 14115</p>							
14	1	23	Not Reported		\$8,863	\$16,483	\$25,346 *
15	1	23	Not Reported		12,800	19,208	32,008 *
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J</p>							

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2020 THROUGH JUNE 30, 2021		1790075315		17	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line					
16	1	23	Not Reported	\$25,346	\$7,843	\$33,189	
17	1	23	Not Reported	32,008	8,669	40,678	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>Medi-Cal Billing Review Results (Period 1)</p> <p>Medi-Cal Billing Review Results (Period 2)</p> <p>To eliminate payments to the provider for services billed through the incorrect FQHC service location. 42 CFR 419.4</p> <p>22 CCR Section 51458.1</p> <p>W&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(i)</p> <p>State Plan Amendment Attachment 4.19B, Section J</p>							

\*Balance carried forward from prior/to subsequent adjustments

**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**



MICHELLE BAASS  
DIRECTOR

APR 19 2023

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



GAVIN NEWSOM  
GOVERNOR

Rose Maclsaac, 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, 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:

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 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 Maclsaac  
Page 2

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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

Certified

7020 2450 0000 6812 6870

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1568747137**

FISCAL PERIOD FROM: **JULY 1, 2020** FISCAL PERIOD TO: **JUNE 30, 2021**

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	-	-	-	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,415	4,714	6,129	1,415	4,714	6,129
3 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	N/A	N/A	N/A	-	-	-
6 Payable Visits	1,415	4,714	6,129	1,415	4,714	6,129

	REPORTED		TOTAL	ACCEPTED AS FILED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10 <b>Medi-Cal Managed Care (Formerly Code 18):</b>						
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 Totalled	\$ 147	\$ 595	\$ 742	\$ 147	\$ 595	\$ 742
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 <b>Total Payments</b>	\$ 384,186	\$ 1,296,167	\$ 1,680,353	\$ 384,186	\$ 1,296,167	\$ 1,680,353

	REPORTED RECONCILIATION		TOTAL	ACCEPTED AS FILED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 241,222	\$ 245,80	N/A	\$ 241,222	\$ 245,80	N/A
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	\$ 1,500,028
21 Less: Total Payments (From Line 17)	\$ 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)	\$ (137,465)	\$ (180,325)	\$ (42,860)	\$ (137,465)	\$ (180,325)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	-	-	-
24 <b>Total Amount Due Clinic (State) (L 22 - L 23)</b>	\$ (42,860)	\$ (137,465)	\$ (180,325)	\$ (42,860)	\$ (137,465)	\$ (180,325)

\*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**





CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES

Michelle Baass | Director

DEC 13 2023

Rose Maclsaac, 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
2. Adjustment Schedule



DEC 13 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 Maclsaac  
Page 3

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



*fin*

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

Certified

7020 2450 0000 6712 0954

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1942623657**

FISCAL PERIOD FROM:

**JULY 1, 2021**

FISCAL PERIOD TO:

**JUNE 30, 2022**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	31	167	2	3
2 Medi-Cal Managed Care (Formerly Code 18)	3,038	6,710	4	5
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	3,069	6,877	3,070	6,937
5 Less: Duplicate and Unallowable Visits				30
6 Payable Visits	3,069	6,877	3,070	6,907
		9,946		10,007
				30
		9,946		9,977

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	6,912	39,386	6	7
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	-	-	147	-
10 3rd Party Payers	-	-	-	-
11 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	710,398	1,592,778	8	9
13 Medi-Cal Managed Care Plans - TOTAL	241,090	714,542	11	13
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	-	-	-	-
15 3rd Party Payers	-	-	-	-
16 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	-	-
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	-	-	-	-
19 3rd Party Payers	-	-	-	-
20 Total Payments	958,399	2,346,706	963,363	2,363,464
		3,305,106		3,346,927

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	300.92	311.53	300.92	305.13
19 Total Medi-Cal Visits (From Line 6)	3,069	6,877	3,070	6,907
20 PPS Amount (Line 18 x Line 19)	923,523	2,142,392	923,824	2,107,533
21 Less: Total Payments (From Line 17)	958,399	2,346,706	963,363	2,363,464
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(34,876)	(204,315)	(39,539)	(275,931)
23 Less: Medi-Cal Billing Review Results			1,804	6,193
24 Total Amount Due Clinic (State) (L 22 - L 23)	(34,876)	(204,315)	(41,343)	(282,124)
		9,946		9,977
		3,065,915		3,031,357
		3,305,106		3,346,927
		(239,190)		(315,470)
		(239,190)		7,997
		(239,190)		(323,467)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1942623657		16		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	PPS Rate (Period 2)	\$311.53	(\$6.40)	\$305.13
<p>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</p>								
<p><b>MEMORANDUM ADJUSTMENT</b></p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1942623657		16	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>							
2	1	1	1	1	31	(30)	1
3	1	1	1	1	167	(167)	0
4	1	2	1	2	3,038	31	3,069
5	1	2	1	2	6,710	227	6,937
6	1	7	1	5	\$6,912	(\$6,898)	\$14
7	1	7	1	5	39,386	(39,386)	0
8	1	10	1	8	710,398	6,911	717,309
9	1	10	1	8	1,592,778	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1942623657		16		
Report References		Explanation of Audit Adjustments						
Adj. No.	Schedule	Line	Worksheet	Line	ADJUSTMENTS TO OTHER MATTERS			
					Reconciliation Review	Reconciliation Request	As Reported	Increase (Decrease)
10	1	5	Not Reported	6	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	30	30
11	1	8	1	6	Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled 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)	\$0	\$147	\$147
12	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$0	\$4,803	\$4,803
13	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)	0	27,730	27,730
14	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	\$0	\$527	\$527 *

\*Balance carried forward from prior/to subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1942623657		16	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
15	1	23	Not Reported		\$527	\$1,277	\$1,804
16	1	23	Not Reported		0	6,193	6,193
<p style="text-align: center;">*                      ADJUSTMENTS TO OTHER MATTERS</p> <p>                     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(d)(1)                      CCR, Title 22, section 51008                      CMS Pub. 15-1, sections 2300 and 2304                      W&amp;I Code, section 14115</p>							



**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**



Michelle Baass | Director

DEC 13 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, 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
2. Adjustment Schedule



Rose Maclsaac  
Page 2

DEC 13 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 Maclsaac

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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

7020 24500000 6712 0954

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORRERO COMMUNITY HEALTH FOUNDATION**  
 NPI: **1306131545**

FISCAL PERIOD FROM: **JULY 1, 2021**  
 FISCAL PERIOD TO: **JUNE 30, 2022**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	9	96	-	3
2 Medi-Cal Managed Care (Formerly Code 18)	2,658	7,948	2,667	8,064
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	2,667	8,044	2,667	8,064
5 Less: Duplicate and Unallowable Visits				10
6 Payable Visits	2,667	8,044	2,667	8,054
		105		
		10,606		10,731
		-		-
		10,711		10,731
				10
		10,711		10,721

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>				
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	1,102	15,525	\$	\$
8 Medicare PPS/IPL/FFS, FFS MAP, Code 519 & Part D Totalled	-	-	\$	\$
9 3rd Party Payers	-	-	\$	\$
10 <b>Medi-Cal Managed Care (Formerly Code 18):</b>				
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	433,960	1,314,985	\$	\$
11 Medi-Cal Managed Care Plans - TOTAL	333,222	925,018	\$	\$
12 Medicare PPS/IPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	-	-	\$	\$
13 3rd Party Payers	-	-	\$	\$
14 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>				
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	\$	\$
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	-	-	\$	\$
16 3rd Party Payers	-	-	\$	\$
17 Total Payments	768,184	2,255,528	\$	\$
		3,023,712		3,043,660

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	199.24	206.26	\$	\$
19 Total Medi-Cal Visits (From Line 6)	2,667	8,044	2,667	8,054
20 PPS Amount (Line 18 x Line 19)	531,373	1,659,155	\$	\$
21 Less: Total Payments (From Line 17)	768,184	2,255,528	\$	\$
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(236,811)	(596,373)	\$	\$
23 Less: Medi-Cal Billing Review Results				
24 Total Amount Due Clinic (State) (L 22 - L 23)	(236,811)	(596,373)	\$	\$
		10,711		10,721
		2,190,529		2,158,442
		3,023,712		3,043,650
		(833,184)		(885,208)
		(833,184)		(885,208)
				1,236
				(886,444)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1306131545		15		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	PPS Rate (Period 2)	\$206.26	(\$4.24)	\$202.02
<p>Explanation of Audit Adjustments</p> <p><u>MEMORANDUM ADJUSTMENT</u></p> <p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1306131545		15	
Report References				Explanation of Audit Adjustments			
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
2	1	1	1	1	9	(9)	0
3	1	1	1	1	96	(96)	0
4	1	2	1	2	2,658	9	2,667
5	1	2	1	2	7,948	116	8,064
6	1	7	1	5	\$1,102	(\$1,102)	\$0
7	1	7	1	5	15,525	(15,525)	0
8	1	10	1	8	433,860	1,102	434,962
9	1	10	1	8	1,314,985	17,843	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1306131545		15	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
10	1	5	Not Reported	0	10	10	
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							
11	1	12	1				
12	1	12	1	\$0	\$1,393	\$1,393	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)							
13	1	23	Not Reported	\$0	\$202	\$202 *	
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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments			
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1306131545		15			
Adj. No.	Report References		Schedule	Line	Worksheet	Line	As Reported	As Adjusted	Increase (Decrease)
	Reconciliation Review	Reconciliation Request							
14	1	23	Not Reported				\$0	\$123	
15	1	23	Not Reported				202	911	1,113
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>									

\*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**



Michelle Baass | Director

DEC 13 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, 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 Maclsaac

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DEC 13 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 Maclsaac

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DEC 13 2023

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



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

Certified

7020 24500000 6712 0954

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION** NPI: **1548795453**

FISCAL PERIOD FROM: **JULY 1, 2021** FISCAL PERIOD TO: **JUNE 30, 2022**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	20	21	-	3
2 Medi-Cal Managed Care (Formerly Code 18)	2,193	975	2,213	4
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	2,213	996	2,213	999
5 Less: Duplicate and Unallowable Visits	-	-	-	3
6 Payable Visits	2,213	996	2,213	996
<b>TOTAL</b>				
	41	3,188		3,212

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 2,081	\$ 2,159	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
10 Medi-Cal Managed Care (Formerly Code 18):				
11 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 228,126	\$ 101,328	\$ 103,644	\$ 9
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ 199,375	\$ 277,145	\$ 277,145	\$ 476,520
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
13 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Total Payments	\$ 429,582	\$ 380,632	\$ 432,920	\$ 817,079
<b>TOTAL</b>				
	\$ 4,240	\$ -	\$ -	\$ -

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 283.33	\$ 293.25	\$ 283.33	\$ 287.30
19 Total Medi-Cal Visits (From Line 6)	2,213	996	2,213	996
20 PPS Amount (Line 18 x Line 19)	\$ 627,009	\$ 292,074	\$ 627,009	\$ 286,151
21 Less: Total Payments (From Line 17)	\$ 429,582	\$ 380,632	\$ 432,920	\$ 384,159
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 197,427	\$ (88,559)	\$ 194,089	\$ (98,008)
23 Less: Medi-Cal Billing Review Results			\$ 101	\$ 347
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 197,427	\$ (88,559)	\$ 193,988	\$ (98,355)
<b>TOTAL</b>				
	\$ 3,209	\$ 919,083	\$ 913,160	\$ 817,079
	\$ 108,868	\$ 108,868	\$ 96,081	\$ 448
	\$ 95,633	\$ 95,633	\$ 95,633	\$ 95,633

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1548795453		14		
Report References								
Adj. No.	Reconciliation Review	Line	Worksheet	Line	Explanation of Audit Adjustments	As Reported	As Adjusted	
						Increase (Decrease)		
1	1	18	1	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	\$293.25	(\$5.95)	\$287.30
<u>MEMORANDUM ADJUSTMENT</u>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1548795453		14	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
2	1	1	1	1	20	(20)	0
3	1	1	1	1	21	(21)	0
4	1	2	1	2	2,193	20	2,213
5	1	2	1	2	975	24	999
6	1	7	1	5	\$2,081	(\$2,081)	\$0
7	1	7	1	5	2,159	(2,159)	0
8	1	10	1	8	228,126	2,081	230,207
9	1	10	1	8	101,328	2,316	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



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1548795453		14	
Adj. No.	Report References		Explanation of Audit Adjustments				
	Reconciliation Review	Reconciliation Request	As Reported	Increase (Decrease)	As Adjusted		
Schedule	Line	Worksheet	Line				
10	1	5	Not Reported	0	3	3	
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							
11	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1)	\$0	\$3,338
12	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 2)	0	3,370
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)							
13	1	23	Not Reported		Medi-Cal Billing Review Results (Period 1)	\$0	\$101
14	1	23	Not Reported		Medi-Cal Billing Review Results (Period 2)	0	347
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							

**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**



Michelle Baass | Director

DEC 13 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: 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
2. Adjustment Schedule



Rose MacIsaac  
Page 2

DEC 13 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

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DEC 13 2023

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



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

Certified

7620 2450 0000 6712 0954



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1134144165		15		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	PPS Rate (Period 2)	\$281.08	(\$5.78)	\$275.30
<p>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</p>								
<b>MEMORANDUM ADJUSTMENT</b>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1134144165		15	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line				
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
2	1	1	1	1	19	0	
3	1	1	1	1	56	0	(19)
4	1	2	1	2	759	778	(56)
5	1	2	1	2	2,878	2,944	19
6	1	7	1	5	\$3,378	\$0	66
7	1	7	1	5	10,864	0	(\$3,378)
8	1	10	1	8	146,157	149,535	(10,864)
9	1	10	1	8	560,722	572,711	3,378

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		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1134144165		15	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
10	1	5	Not Reported	0	2	2	
			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				
11	1	12	1	10			
12	1	12	1	10	\$0	\$3,233	\$3,233
					0	9,566	9,566
			Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1) Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled 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)				
13	1	23	Not Reported	\$0	\$964	\$964 *	
			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/fo subsequent adjustments

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1134144165		15	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
14	1	23	Not Reported		\$0	\$188	\$188
15	1	23	Not Reported		964	1,946	2,910
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							

**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 13 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, 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 Maclsaac

Page 2

DEC 13 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:

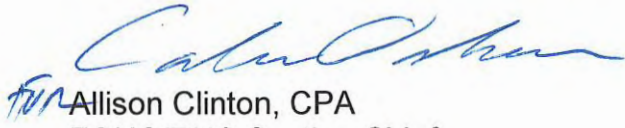
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Rose Maclsaac  
Page 3

DEC 13 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 6712 0954

SCHEDULE 1  
COMPUTATION OF MEDI-CAL SETTLEMENT

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI:

**1619036514**

FISCAL PERIOD FROM:

**JULY 1, 2021**

FISCAL PERIOD TO:

**JUNE 30, 2022**

	REPORTED			AUDITED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
1 Non-Managed Care Crossovers (Formerly Code 02)	76	610	686	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	11,845	34,954	46,799	11,921	35,696	47,617
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	11,921	35,564	47,485	11,921	35,696	47,617
5 Less: Duplicate and Unallowable Visits				1	51	52
6 Payable Visits	11,921	35,564	47,485	11,920	35,645	47,565

	REPORTED			AUDITED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):						
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	13,658	114,781	128,440	-	-	-
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	-	-	-	-	-	-
10 3rd Party Payers	-	-	-	-	-	-
11 Medi-Cal Managed Care (Formerly Code 18):						
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	2,206,987	6,604,931	8,811,918	2,220,645	6,735,642	8,956,287
13 Medi-Cal Managed Care Plans - TOTAL	1,208,675	3,283,206	4,491,881	1,208,675	3,283,206	4,491,881
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	-	-	-	12,283	96,691	108,974
15 3rd Party Payers	-	-	-	-	-	-
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):						
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	-	-	-	-
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	-	-	-	-	-	-
19 3rd Party Payers	-	-	-	-	-	-
20 Total Payments	3,429,320	10,002,918	13,432,239	3,441,603	10,115,539	13,557,142

	REPORTED RECONCILIATION			AUDITED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
18 PPS Rate	254.68	263.66	47,485	254.68	258.24	47,565
19 Total Medi-Cal Visits (From Line 6)	11,921	35,564	47,485	11,920	35,645	47,565
20 PPS Amount (Line 18 x Line 19)	3,036,040	9,376,804	12,412,845	3,035,786	9,204,965	12,240,751
21 Less: Total Payments (From Line 17)	3,429,320	10,002,918	13,432,239	3,441,603	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)	(910,574)	(1,316,391)
23 Less: Medi-Cal Billing Review Results				1,373	13,254	14,627
24 Total Amount Due Clinic (State) (L 22 - L 23)	(393,280)	(626,114)	(1,019,394)	(407,190)	(923,828)	(1,331,018)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1619036514		16	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	16	\$263.66	(\$5.42)	\$258.24
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>MEMORANDUM ADJUSTMENT</b>							



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1619036514		16	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
2	1	1	1	1	76	(76)	0
3	1	1	1	1	610	(610)	0
4	1	2	1	2	11,845	76	11,921
5	1	2	1	2	34,954	742	35,696
6	1	7	1	5	\$13,658	(\$13,658)	\$0
7	1	7	1	5	114,781	(114,781)	0
8	1	10	1	8	2,206,987	13,658	2,220,645
9	1	10	1	8	6,604,931	130,711	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1619036514		16	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
10	1	5	Not Reported	0	1	1	
11	1	5	Not Reported	0	51	51	
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
12	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1)	\$0	\$12,283
13	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)	0	96,691
14	1	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	\$0	\$1,739 *	\$1,739 *

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1619036514		16	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
15	1	23	Not Reported		\$0	\$1,373	\$1,373
16	1	23	Not Reported	*	1,739	11,515	13,254
<p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							

\*Balance carried forward from prior/to subsequent adjustments

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

**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**



CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES

Michelle Baass | Director

DEC 13 2023

Rose Maclsaac, 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

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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

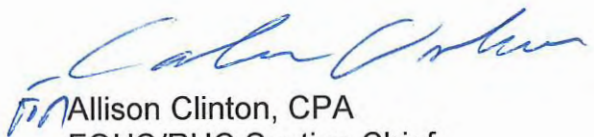
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose Maclsaac

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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 Section Chief  
Financial Audits Branch

Certified

7020 2450 0000 6712 0954

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI:

**1154480069**

FISCAL PERIOD FROM:

**JULY 1, 2021**

FISCAL PERIOD TO:

**JUNE 30, 2022**

	REPORTED		AUDITED		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2			
1 Non-Managed Care Crossovers (Formerly Code 02)	98	419			2	3	-
2 Medi-Cal Managed Care (Formerly Code 18)	13,268	38,558	13,366	39,044	4	5	52,410
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-			-
4 Total Visits	13,366	38,977	13,366	39,044			52,410
5 Less: Duplicate and Unallowable Visits			2,456	6,397	10,12	11,13	8,853
6 Payable Visits	13,366	38,977	10,910	32,647			43,557

	REPORTED		AUDITED		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2			
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):							
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 20,861	\$ 95,001	\$ -	\$ -	6	7	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -			\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -			\$ -
11 Medi-Cal Managed Care (Formerly Code 18):							
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 2,979,234	\$ 8,788,792	\$ 3,000,095	\$ 8,891,718	8	9	\$ 11,891,813
13 Medi-Cal Managed Care Plans - TOTAL	\$ 811,091	\$ 2,284,939	\$ 811,091	\$ 2,284,939			\$ 3,096,030
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ 15,875	\$ 69,541	14	15	\$ 85,416
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -			\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):							
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -			\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -			\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -			\$ -
20 Total Payments	\$ 3,811,186	\$ 11,168,732	\$ 3,827,061	\$ 11,246,198			\$ 15,073,259

	REPORTED RECONCILIATION		AUDITED RECONCILIATION		ADJ. NO.	ADJ. NO.	TOTAL
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2			
18 PPS Rate	\$ 271.89	\$ 281.47	\$ 271.89	\$ 275.69		1	\$ -
19 Total Medi-Cal Visits (From Line 6)	13,366	38,977	10,910	32,647			43,557
20 PPS Amount (Line 18 x Line 19)	\$ 3,634,082	\$ 10,970,856	\$ 2,986,320	\$ 9,000,451			\$ 11,986,771
21 Less: Total Payments (From Line 17)	\$ 3,811,186	\$ 11,168,732	\$ 3,827,061	\$ 11,246,198			\$ 15,073,259
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (177,105)	\$ (197,875)	\$ (860,741)	\$ (2,245,747)			\$ (3,106,488)
23 Less: Medi-Cal Billing Review Results			\$ 125,566	\$ 245,630	17,19	16,18,20	\$ 371,216
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (177,105)	\$ (197,875)	\$ (966,327)	\$ (2,491,377)			\$ (3,477,704)



Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1154480069		20		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	PPS Rate (Period 2)	\$281.47	(\$5.78)	\$275.69
<p>Explanation of Audit Adjustments  <u>MEMORANDUM ADJUSTMENT</u></p> <p>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</p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1154480069		20	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted	
		Schedule	Line Worksheet				
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>							
2	1	1	1	98	(98)	0	
3	1	1	1	419	(419)	0	
4	1	2	1	13,268	98	13,366	
5	1	2	1	38,558	486	39,044	
6	1	7	1	\$20,861	(\$20,861)	\$0	
7	1	7	1	95,001	(95,001)	0	
8	1	10	1	2,979,234	20,861	3,000,095	
9	1	10	1	8,788,792	102,926	8,891,718	

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		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1154480069		20	
Adj. No.	Report References		Line	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Worksheet					
10	1	5	Not Reported	0	5	5	*
11	1	5	Not Reported	0	27	27	*
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
<p>10 Duplicate and Unallowable Visits (Period 1)                      11 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&amp;I Code, section 14132.100                      California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
12	1	5	Not Reported	*	2,451	2,456	
13	1	5	Not Reported	*	6,370	6,397	
<p>12 Duplicate and Unallowable Visits (Period 1)                      13 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&amp;I Code 14043.15, 14110, and 14132.100 (f)(1)(i)                      State Plan Amendment Attachment 4.19B, Section J</p>							
14	1	12	1	\$0	\$15,875	\$15,875	
15	1	12	1	0	69,541	69,541	
<p>14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled Payments (Period 1)                      15 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 &amp; Part D Totalled 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&amp;I Code, section 14132.100 (h)</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1154480069		20	
Report References				Explanation of Audit Adjustments			
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
16	1	23	Not Reported	Medi-Cal Billing Review Results (Period 2)	\$0	\$1,607	\$1,607 *
				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			
17	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$5,003	\$5,003 *
18	1	23	Not Reported	Medi-Cal Billing Review Results (Period 2)	1,607	13,638	15,245 *
				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	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$5,003	\$120,583	\$125,586
20	1	23	Not Reported	Medi-Cal Billing Review Results (Period 2)	15,245	230,385	245,630
				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 14D43.15, 14110, and 14132.100 (f)(1)(j)			
				State Plan Amendment Attachment 4.19B, Section J			

\*Balance carried forward from prior/to subsequent adjustments

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

**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**



CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES

Michelle Baass | Director

DEC 13 2023

Rose Maclsaac, 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  
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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 Maclsaac  
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DEC 13 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 6712 0954



**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, 2021**

FISCAL PERIOD TO:

**JUNE 30, 2022**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	74	328	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	5,993	15,848	6,088	16,217
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	6,067	16,176	6,088	16,217
5 Less: Duplicate and Unallowable Visits			727	1,749
6 Payable Visits	6,067	16,176	5,341	14,468
		<b>402</b>		<b>3</b>
		<b>21,841</b>		<b>22,285</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 12,771	\$ 66,014	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
10 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 1,191,762	\$ 3,203,224	\$ 1,204,733	\$ 3,275,308
13 Medi-Cal Managed Care Plans - TOTAL	\$ 385,458	\$ 1,257,770	\$ 385,458	\$ 1,257,770
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ 12,566	\$ 55,399
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -
19 3rd Party Payers	\$ -	\$ -	\$ -	\$ -
20 Total Payments	\$ 1,589,992	\$ 4,527,008	\$ 1,602,757	\$ 4,588,477
		<b>6,117,000</b>		<b>6,191,234</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>SETTLEMENT</b>				
18 PPS Rate	\$ 256.31	\$ 265.34	\$ 256.31	\$ 259.89
19 Total Medi-Cal Visits (From Line 6)	6,067	16,176	5,341	14,468
20 PPS Amount (Line 18 x Line 19)	\$ 1,555,033	\$ 4,292,140	\$ 1,368,952	\$ 3,760,089
21 Less: Total Payments (From Line 17)	\$ (34,959)	\$ (234,866)	\$ (233,905)	\$ (828,386)
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (34,959)	\$ (234,866)	\$ (233,905)	\$ (828,386)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (34,959)	\$ (234,866)	\$ (246,266)	\$ (848,909)
		<b>(269,827)</b>		<b>(1,095,175)</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1023349883		20	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line					
1	1	18	1	16	PPS Rate (Period 2)	\$265.34	\$259.89
					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	(\$5.45)	
<u>MEMORANDUM ADJUSTMENT</u>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1023349883		20	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Worksheet	Reconciliation Request	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>							
2	1	1	1	1	74	(74)	0
3	1	1	1	1	328	(328)	0
4	1	2	1	2	5,993	75	6,068
5	1	2	1	2	15,848	369	16,217
6	1	7	1	5	\$12,771	(\$12,771)	\$0
7	1	7	1	5	66,014	(\$6,014)	0
8	1	10	1	8	1,191,762	12,971	1,204,733
9	1	10	1	8	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1023349883		20	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted	
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
10	1	5	Not Reported	0	3	3	*
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&J Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D			
11	1	5	Not Reported	0	727	727	
12	1	5	Not Reported	3	1,746	1,749	
Duplicate and Unallowable Visits (Period 1)				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&J Code 14D43.15, 14110, and 14132.100 (i)(1)(j) State Plan Amendment Attachment 4.19B, Section J			
13	1	12	1	\$0	\$12,566	\$12,566	
14	1	12	1	0	55,399	55,399	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)				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&J Code, section 14132.100 (h)			

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1023349883		20	
Adj. No.	Report References		Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request					
15	1	23	Not Reported		\$0	\$200	\$200 *
16	1	23	Not Reported		0	1,559	1,559 *
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
17	1	23	Not Reported		\$200	\$8,330	\$8,530 *
18	1	23	Not Reported		1,559	13,384	14,943 *
<p>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&amp;I Code, section 14132.100 California State Plan Amendment, Attachment 4.19-B, Page 6D</p>							
19	1	23	Not Reported		\$8,530	\$3,931	\$12,461
20	1	23	Not Reported		14,943	5,578	20,521
<p>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&amp;I Code, section 14115</p>							

\*Balance carried forward from prior/fo subsequent adjustments

**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, 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**



CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES

Michelle Baass | Director

DEC 13 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



Rose MacIsaac

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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  
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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 Section Chief  
Financial Audits Branch

Certified

7020 2450 0000 6712 0954

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1255490819**

FISCAL PERIOD FROM:

**JULY 1, 2021**

FISCAL PERIOD TO:

**JUNE 30, 2022**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	10	51	61	-	2	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,969	5,357	7,316	1,969	4	5,418
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	1,969	5,408	7,377	1,969	4	5,418
5 Less: Duplicate and Unallowable Visits	-	-	-	-	-	-
6 Payable Visits	1,969	5,408	7,377	1,969	4	5,414

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>PAYMENTS</b>						
<b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 1,038	\$ 5,209	\$ 6,247	\$ -	\$ -	\$ -
8 Medicare PPS/UP/LFFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Managed Care (Formerly Code 18):</b>						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 203,182	\$ 563,829	\$ 767,011	\$ 204,219	\$ 568,590	\$ 773,909
11 Medi-Cal Managed Care Plans - TOTAL	\$ 166,524	\$ 495,774	\$ 662,298	\$ 166,524	\$ 495,774	\$ 662,298
12 Medicare PPS/UP/LFFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ 1,539	\$ 7,777	\$ 9,316
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 370,743	\$ 1,064,812	\$ 1,435,556	\$ 372,282	\$ 1,073,141	\$ 1,445,423

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 164.58	\$ 170.38	\$ 334.96	\$ 164.58	\$ 166.88	\$ 331.46
19 Total Medi-Cal Visits (From Line 6)	1,969	5,408	7,377	1,969	5,414	7,383
20 PPS Amount (Line 18 x Line 19)	\$ 324,058	\$ 921,415	\$ 1,245,473	\$ 324,058	\$ 903,488	\$ 1,227,546
21 Less: Total Payments (From Line 17)	\$ 370,743	\$ 1,064,812	\$ 1,435,556	\$ 372,282	\$ 1,073,141	\$ 1,445,423
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (46,685)	\$ (143,397)	\$ (190,082)	\$ (48,224)	\$ (169,653)	\$ (217,877)
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ 75	\$ 592	\$ 667
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ (46,685)	\$ (143,397)	\$ (190,082)	\$ (48,224)	\$ (170,245)	\$ (218,544)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1255490819		15	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Schedule	Line					
1	1	18	1	16	PPS Rate (Period 2)	\$170.38	\$166.88
					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	(\$3.50)	

<b>Provider Legal Name</b>		<b>Fiscal Period</b>		<b>Provider NPI</b>		<b>Adjustments</b>	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1255490819		15	
<b>Report References</b>							
<b>Adj. No.</b>	<b>Reconciliation Review</b>	<b>Reconciliation Request</b>		<b>As Reported</b>	<b>Increase (Decrease)</b>	<b>As Adjusted</b>	
	<b>Schedule Line</b>	<b>Worksheet</b>	<b>Line</b>				

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

2	1	1	1	1	Non-Managed Care Crossover Visits (Period 1)	10	0
3	1	1	1	1	Non-Managed Care Crossover Visits (Period 2)	51	0
4	1	2	1	2	Medi-Cal Managed Care Visits (Period 1)	1,959	1,969
5	1	2	1	2	Medi-Cal Managed Care Visits (Period 2)	5,357	5,418
6	1	7	1	1	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 1)	\$1,038	\$0
7	1	7	1	1	Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers Payments (Period 2)	5,209	(5,209)
8	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 1)	203,182	204,219
9	1	10	1	8	Medi-Cal Fiscal Intermediary for Managed Care Interim Payments (Period 2)	563,829	569,590

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		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1255490819		15	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
10	1	5	Not Reported	0	4	4	
			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				
11	1	12	1	10	Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 1)	\$0	\$1,539
12	1	12	1	10	Medicare PPS/IUPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled Payments (Period 2)	0	7,777
			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)				
13	1	23	Not Reported	\$0	\$167	\$167 *	
			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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1255490819		15	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
14	1	23	Not Reported				
15	1	23	Not Reported	\$0	\$75	\$75	
				167	425	592	
<p style="text-align: center;">*      *</p> <p style="text-align: center;"><b>ADJUSTMENTS TO OTHER MATTERS</b></p> <p>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&amp;I Code, section 14115</p>							

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

**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 13 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 13 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

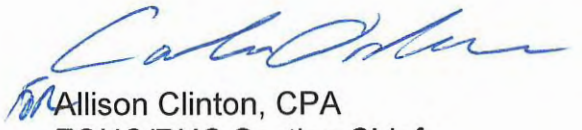
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.

Rose Maclsaac

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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 Section Chief  
Financial Audits Branch

Certified

7020 2450 0000 6712 0954

FQHC/RHC RECONCILIATION REVIEW REPORT

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI: **1780038042**

FISCAL PERIOD FROM:

**JULY 1, 2021**

FISCAL PERIOD TO:

**JUNE 30, 2022**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO.	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	10	25	35	-	-	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,721	1,954	3,675	1,731	1,981	3,712
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	1,731	1,979	3,710	1,731	1,981	3,712
5 Less: Duplicate and Unallowable Visits				-	2	2
6 Payable Visits	1,731	1,979	3,710	1,731	1,979	3,710

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO.	PERIOD 2	
<b>PAYMENTS</b>						
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	1,624	3,978	5,601	6	-	7
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	-	-	-	-	-	-
9 3rd Party Payers	-	-	-	-	-	-
10 <b>Medi-Cal Managed Care (Formerly Code 18):</b>						
Medi-Cal Fiscal Intermediary for Managed Care Interim	278,772	316,724	595,496	8	320,864	9
11 Medi-Cal Managed Care Plans - TOTAL	170,475	263,804	434,279	11	263,804	12
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	-	-	-	1,687	4,018	5,705
13 3rd Party Payers	-	-	-	-	-	-
14 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	-	-	-	-
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	-	-	-	-	-	-
16 3rd Party Payers	-	-	-	-	-	-
17 Total Payments	450,871	584,506	1,035,376	452,558	588,686	1,041,244

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		ADJ NO.	PERIOD 2	
<b>SETTLEMENT</b>						
18 PPS Rate	264.65	273.97	3,710	264.65	268.36	1
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)	458,109	542,178	1,000,287	458,109	531,084	989,193
21 Less: Total Payments (From Line 17)	450,871	584,506	1,035,376	452,558	588,686	1,041,244
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	7,238	(42,328)	(35,089)	5,551	(57,602)	(52,051)
23 Less: Medi-Cal Billing Review Results				591	568	1,159
24 Total Amount Due Clinic (State) (L 22 - L 23)	7,238	(42,328)	(35,089)	4,960	(58,170)	(53,210)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1780038042		14	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	16	\$273.97	(\$5.61)	\$268.36
<p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1780038042		14	
Adj. No.	Report References		Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted	
	Reconciliation Review	Reconciliation Request					
Schedule	Line	Worksheet	Line				
2	1	1	1	10	(10)	0	
3	1	1	1	25	(25)	0	
4	1	2	2	1,731	10	1,731	
5	1	2	2	1,954	27	1,981	
6	1	7	1	\$1,624	(\$1,624)	\$0	
7	1	7	1	3,978	(3,978)	0	
8	1	10	1	278,772	1,624	280,396	
9	1	10	1	316,724	4,140	320,864	

**ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA**

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		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1780038042		14	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
<b>Explanation of Audit Adjustments</b>							
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
10	1	5	Not Reported	0	2	2	
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							
11	1	12	1				
12	1	12	1	\$0	\$1,687	\$1,687	
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)							
13	1	23	Not Reported	\$0	\$591	\$591	
14	1	23	Not Reported	0	568	568	
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							

**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**



CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES

Michelle Baass | Director

DEC 13 2023

Rose Maclsaac, 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





Rose Maclsaac

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



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

Certified

7020 24500000 6712 0954

**FQHC/RHC RECONCILIATION REVIEW REPORT**

PROVIDER LEGAL NAME:

**BORREGO COMMUNITY HEALTH FOUNDATION**

NPI:

**1275849283**

FISCAL PERIOD FROM:

**JULY 1, 2021**

FISCAL PERIOD TO:

**JUNE 30, 2022**

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>VISITS</b>				
1 Non-Managed Care Crossovers (Formerly Code 02)	64	363	-	3
2 Medi-Cal Managed Care (Formerly Code 18)	6,389	18,616	6,453	19,020
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-
4 Total Visits	6,453	18,979	6,453	19,020
5 Less: Duplicate and Unallowable Visits	-	-	-	24
6 Payable Visits	6,453	18,979	6,453	18,996
		<b>25,432</b>		<b>25,449</b>

	REPORTED		AUDITED	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
<b>PAYMENTS</b>				
7 Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):				
8 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	16,779	98,985	\$ -	\$ -
9 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	-	-	\$ -	\$ -
10 3rd Party Payers	-	-	\$ -	\$ -
11 Medi-Cal Managed Care (Formerly Code 18):				
12 Medi-Cal Fiscal Intermediary for Managed Care Interim	1,734,117	5,128,310	\$ 1,750,896	\$ 5,233,907
13 Medi-Cal Managed Care Plans - TOTAL	508,472	1,213,308	\$ 508,472	\$ 1,213,308
14 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	-	-	\$ 10,304	\$ 58,223
15 3rd Party Payers	-	-	\$ -	\$ -
16 Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):				
17 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	-	-	\$ -	\$ -
18 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	-	-	\$ -	\$ -
19 3rd Party Payers	-	-	\$ -	\$ -
20 Total Payments	2,259,367	6,440,602	\$ 2,269,672	\$ 6,505,438
		<b>8,699,969</b>		<b>8,775,110</b>

	REPORTED RECONCILIATION		AUDITED RECONCILIATION	
	PERIOD 1	PERIOD 2	PERIOD 1	PERIOD 2
18 PPS Rate	293.45	303.79	\$ 293.45	\$ 297.55
19 Total Medi-Cal Visits (From Line 6)	6,453	18,979	6,453	18,996
20 PPS Amount (Line 18 x Line 19)	1,893,633	5,765,630	\$ 1,893,633	\$ 5,652,260
21 Less: Total Payments (From Line 17)	2,259,367	6,440,602	\$ 2,269,672	\$ 6,505,438
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	(365,735)	(674,972)	\$ (376,039)	\$ (853,178)
23 Less: Medi-Cal Billing Review Results	-	-	\$ -	\$ -
24 Total Amount Due Clinic (State) (L 22 - L 23)	(365,735)	(674,972)	\$ (378,115)	\$ (859,910)
		<b>(1,040,706)</b>		<b>(1,238,026)</b>

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1275849283		16		
Adj. No.	Report References		Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
	Reconciliation Review	Reconciliation Request						
1	1	18	1	16	PPS Rate (Period 2)	\$303.79	(\$6.24)	\$297.55
<p>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</p>								
<p><b>MEMORANDUM ADJUSTMENT</b></p>								

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1275849283		16	
Report References		Explanation of Audit Adjustments					
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
2	1	1	1	1	64	(64)	0
3	1	1	1	1	363	(363)	0
4	1	2	1	2	6,389	64	6,453
5	1	2	1	2	18,616	404	19,020
6	1	7	1	5	\$16,779	(\$16,779)	\$0
7	1	7	1	5	98,985	(98,985)	0
8	1	10	1	8	1,734,117	16,779	1,750,896
9	1	10	1	8	5,128,310	105,597	5,233,907

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		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1275849283		16	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
<b>Explanation of Audit Adjustments</b>							
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
10	1	5	Not Reported	0	24	24	
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							
11	1	12	1	10			
12	1	12	1	10	\$0	\$10,304	\$10,304
Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1) Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)							
13	1	23	Not Reported	\$0	\$514	\$514 *	
14	1	23	Not Reported	0	1,168	1,168 *	
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



**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**





Michelle Baass | Director

DEC 13 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, 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
2. Adjustment Schedule



Rose MacIsaac  
Page 2

DEC 13 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:

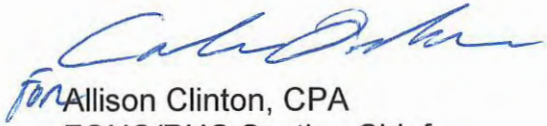
Chief  
Department of Health Care Services  
Office of Administrative Hearings and Appeals, MS 0016  
3831 North Freeway Boulevard, Suite 200  
Sacramento, CA 95834  
(916) 322-5603

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

Rose Maclsaac  
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DEC 13 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 6712 0954

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Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1790075315		19	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	16	\$258.55	(\$5.31)	\$253.24
<p>Explanation of Audit Adjustments</p> <p><u>MEMORANDUM ADJUSTMENT</u></p> <p>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</p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1790075315		19	
Report References				Explanation of Audit Adjustments			
Adj. No.	Reconciliation Review	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDICAL SETTLEMENT DATA</b>							
2	1	1	1	1	32	(32)	0
3	1	1	1	1	192	(192)	0
4	1	2	1	2	4,473	32	4,505
5	1	2	1	2	11,411	261	11,672
6	1	7	1	5	\$6,431	(\$6,431)	\$0
7	1	7	1	5	40,789	(40,789)	0
8	1	10	1	8	937,553	6,430	943,983
9	1	10	1	8	2,434,614	49,074	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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1790075315		19	
Report References				Explanation of Audit Adjustments			
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO OTHER MATTERS</b>							
10	1	5	Not Reported		0	24	24 *
				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			
11	1	5	Not Reported		0	1,002	1,002
				Duplicate and Unallowable Visits (Period 1)			
12	1	5	Not Reported		24	2,054	2,078
				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)(i) State Plan Amendment Attachment 4.19B, Section J			
13	1	12	1	10	\$0	\$4,877	\$4,877
				Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled Payments (Period 1)			
14	1	12	1	10	0	30,335	30,335
				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)			
15	1	23	Not Reported		\$0	\$2,026	\$2,026 *
				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

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1790075315		19	
Adj. No.	Schedule	Report References		As Reported	Increase (Decrease)	As Adjusted	
		Line	Worksheet				
16	1	23	Not Reported	\$0	\$3,497	\$3,497	*
17	1	23	Not Reported	2,026	4,305	6,331	*
<p style="text-align: center;"><b>Explanation of Audit Adjustments</b> <b>ADJUSTMENTS TO OTHER MATTERS</b></p>							
<p>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&amp;I Code 14043.15, 14110, and 14132.100 (i)(1)(i) State Plan Amendment Attachment 4.19B, Section J</p>							
18	1	23	Not Reported	\$3,497	\$3,800	\$7,297	*
19	1	23	Not Reported	6,331	7,969	14,300	*
<p>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&amp;I Code, section 14115</p>							



**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**



Michelle Baass | Director

DEC 13 2023

Rose Maclsaac, 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
2. 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.



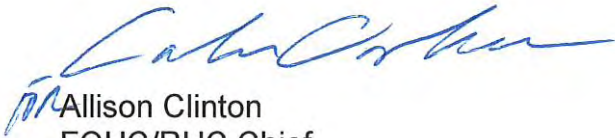
Rose MacIsaac  
Page 2

DEC 13 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  
FQHC/RHC Chief  
Financial Review – Outpatient and Behavioral Health Division

Certified

7020 2450 0000 6712 0954

**FQHC/RHC RECONCILIATION REVIEW REPORT**

**SCHEDULE 1  
COMPUTATION OF MEDICAL SETTLEMENT**

PROVIDER LEGAL NAME: **BORREGO COMMUNITY HEALTH FOUNDATION** NPI: **1386069995**

FISCAL PERIOD FROM: **JULY 1, 2021** FISCAL PERIOD TO: **JUNE 30, 2022**

	REPORTED			ACCEPTED AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>VISITS</b>						
1 Non-Managed Care Crossovers (Formerly Code 02)	-	2	2	-	2	2
2 Medi-Cal Managed Care (Formerly Code 18)	2,049	2,776	4,825	2,049	2,776	4,825
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	2,049	2,778	4,827	2,049	2,778	4,827
5 Less: Duplicate and Unallowable Visits	N/A	N/A	N/A	-	-	-
6 Payable Visits	2,049	2,778	4,827	2,049	2,778	4,827

	REPORTED			ACCEPTED AS FILED		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>PAYMENTS</b>						
7 <b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ -	\$ 293	\$ 293	\$ -	\$ 293	\$ 293
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10 <b>Medi-Cal Managed Care (Formerly Code 18):</b>						
Medi-Cal Fiscal Intermediary for Managed Care Interim Payments	\$ 300,486	\$ 406,954	\$ 707,440	\$ 300,486	\$ 406,954	\$ 707,440
11 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totaled	\$ 115,283	\$ 126,614	\$ 241,897	\$ 115,283	\$ 126,614	\$ 241,897
12 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13 <b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14 Capitated Medicare Advantage Plans, Code 519 & Part D Totaled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 <b>Total Payments</b>	\$ 415,769	\$ 533,861	\$ 949,630	\$ 415,769	\$ 533,861	\$ 949,630

	REPORTED RECONCILIATION			ACCEPTED AS FILED RECONCILIATION		
	PERIOD 1	PERIOD 2	TOTAL	PERIOD 1	PERIOD 2	TOTAL
<b>SETTLEMENT</b>						
18 PPS Rate	\$ 123,86	\$ 128,20	N/A	\$ 123,86	\$ 125,59	N/A
19 Total Medi-Cal Visits (From Line 6)	2,049	2,778	4,827	2,049	2,778	4,827
20 PPS Amount (Line 18 x Line 19)	\$ 253,789	\$ 356,140	\$ 609,929	\$ 253,789	\$ 348,889	\$ 602,678
21 Less: Total Payments (From Line 17)	\$ 415,769	\$ 533,861	\$ 949,630	\$ 415,769	\$ 533,861	\$ 949,630
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ (161,980)	\$ (177,721)	\$ (339,701)	\$ (161,980)	\$ (184,972)	\$ (346,952)
23 Less: Medi-Cal Billing Review Results	N/A	N/A	N/A	\$ -	\$ -	\$ -
24 <b>Total Amount Due Clinic (State) (L 22 - L 23)</b>	\$ (161,980)	\$ (177,721)	\$ (339,701)	\$ (161,980)	\$ (184,972)	\$ (346,952)

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments		
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1386069995		1		
Report References		Reconciliation Request						
Adj. No.	Reconciliation Review	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
1		1	18	1	16	\$128.20	(\$2.61)	\$125.59
<p>Explanation of Audit Adjustments</p> <p><u>MEMORANDUM ADJUSTMENT</u></p> <p>16 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</p>								

**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 13 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:

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



Rose MacIsaac

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DEC 13 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

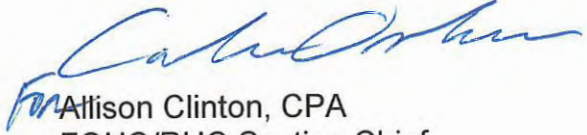
Please forward this reconciliation review report to your cost report preparer or financial consultant for review.



Rose Maclsaac  
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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 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: **1568747137**

FISCAL PERIOD FROM: **JULY 1, 2021**

FISCAL PERIOD TO: **JUNE 30, 2022**

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
1 Non-Managed Care Crossovers (Formerly Code 02)	2	7	9	-	3	-
2 Medi-Cal Managed Care (Formerly Code 18)	1,664	3,704	5,368	1,666	3,716	5,382
3 Non-Managed Care Crossover with Capitated MAP (Formerly Code 20)	-	-	-	-	-	-
4 Total Visits	1,666	3,711	5,377	1,666	3,716	5,382
5 Less: Duplicate and Unallowable Visits	-	-	-	-	-	-
6 Payable Visits	1,666	3,711	5,377	1,666	3,716	5,382

	REPORTED		TOTAL	AUDITED		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
<b>PAYMENTS</b>						
<b>Medi-Cal Non-Managed Care Crossovers (Formerly Code 02):</b>						
7 Medi-Cal Fiscal Intermediary for Non-Managed Care Crossovers	\$ 371	\$ 1,318	\$ 1,689	\$ -	\$ -	\$ -
8 Medicare PPS/UPL/FFS, FFS MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Managed Care (Formerly Code 18):</b>						
10 Medi-Cal Fiscal Intermediary for Managed Care Interim	\$ 308,802	\$ 697,384	\$ 1,006,186	\$ 309,174	\$ 698,455	\$ 1,008,629
11 Medi-Cal Managed Care Plans - TOTAL	\$ 57,579	\$ 174,259	\$ 231,837	\$ 57,579	\$ 174,259	\$ 231,838
12 Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ 338	\$ 1,091	\$ 1,429
13 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Medi-Cal Non-Managed Care Crossovers with Capitated MAP (Formerly Code 20):</b>						
14 Medi-Cal Fiscal Intermediary for Non-Mgd Care Crossovers with Cap MAP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15 Capitated Medicare Advantage Plans, Code 519 & Part D Totalled	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16 3rd Party Payers	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17 Total Payments	\$ 366,753	\$ 872,960	\$ 1,239,713	\$ 367,091	\$ 874,805	\$ 1,241,896

	REPORTED RECONCILIATION		TOTAL	AUDITED RECONCILIATION		TOTAL
	PERIOD 1	PERIOD 2		PERIOD 1	PERIOD 2	
18 PPS Rate	\$ 245.80	\$ 254.45	\$ 500.25	\$ 245.80	\$ 249.24	\$ 495.04
19 Total Medi-Cal Visits (From Line 6)	1,666	3,711	5,377	1,666	3,716	5,382
20 PPS Amount (Line 18 x Line 19)	\$ 409,503	\$ 944,272	\$ 1,353,775	\$ 409,503	\$ 926,176	\$ 1,335,679
21 Less: Total Payments (From Line 17)	\$ 366,753	\$ 872,960	\$ 1,239,713	\$ 367,091	\$ 874,805	\$ 1,241,896
22 Reconciliation Amount Due Clinic (State) (L 20 - L 21)	\$ 42,750	\$ 71,311	\$ 114,062	\$ 42,412	\$ 51,371	\$ 93,783
23 Less: Medi-Cal Billing Review Results	\$ -	\$ -	\$ -	\$ 203	\$ 507	\$ 710
24 Total Amount Due Clinic (State) (L 22 - L 23)	\$ 42,750	\$ 71,311	\$ 114,062	\$ 42,209	\$ 50,864	\$ 93,073

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1568747137		14	
Report References							
Adj. No.	Reconciliation Review		Reconciliation Request		As Reported	Increase (Decrease)	As Adjusted
	Schedule	Line	Worksheet	Line			
1	1	18	1	16	\$254.45	(\$5.21)	\$249.24
<p>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</p> <p><b>Explanation of Audit Adjustments</b>  <u>MEMORANDUM ADJUSTMENT</u></p>							

Provider Legal Name		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1568747137		14	
Report References		Explanation of Audit Adjustments					
Adj. No.	Schedule	Line	Worksheet	Line	As Reported	Increase (Decrease)	As Adjusted
<b>ADJUSTMENTS TO REPORTED MEDI-CAL SETTLEMENT DATA</b>							
2	1	1	1	1	2	(2)	0
3	1	1	1	1	7	(7)	0
4	1	2	1	2	1,664	2	1,666
5	1	2	1	2	3,704	12	3,716
6	1	7	1	5	\$371	(\$371)	\$0
7	1	7	1	5	1,318	(1,318)	0
8	1	10	1	8	308,802	372	309,174
9	1	10	1	8	697,384	2,071	699,455

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		Fiscal Period		Provider NPI		Adjustments	
BORREGO COMMUNITY HEALTH FOUNDATION		JULY 1, 2021 THROUGH JUNE 30, 2022		1568747137		14	
Adj. No.	Schedule Line	Line	Report References		As Reported	Increase (Decrease)	As Adjusted
			Reconciliation Review	Reconciliation Request Worksheet			
Explanation of Audit Adjustments							
ADJUSTMENTS TO OTHER MATTERS							
10	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total Payments (Period 1)	\$0	\$338
11	1	12	1	10	Medicare PPS/UPL/FFS, FFS/CAP MAP, Code 519 & Part D Total 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)	0	1,091
12	1	23	Not Reported	Medi-Cal Billing Review Results (Period 2)	\$0	\$249	\$249 *
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							
13	1	23	Not Reported	Medi-Cal Billing Review Results (Period 1)	\$0	\$203	\$203
14	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 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	*	249	507

\*Balance carried forward from prior/to subsequent adjustments

## EXHIBIT B

California Department of Health Care Services  
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)**

Clinic	NPI	Total by NPI	
		Due to the State	Due from the State
Pharmacy (340 (b))	1659824837	\$ (12,970,089)	-
Pharmacy (340 (b))	1457873259	\$ (749,045)	-
Pharmacy (340 (b))	1689741175	\$ (444,270)	-
<b>Total Pharmacy 340b (Due to State)</b>		<b>\$ (14,163,404)</b>	

		Final Reconciliation Request Settlements (Audits Complete) for FYE's 2015-2022	
		Due to the State	Due from the 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
<b>Gross Amount (Due to State) Due From State</b>		<b>\$ (80,064,961)</b>	<b>\$ 10,523,324</b>
<b>Net Amount (Due to State) Due From State</b>		<b>\$ (69,541,637)</b>	

Estimated EPC (Difference between Interim Rate and Audited Rate) (has not been processed due to bankruptcy)	
Due to the State	Due from the State
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ (1,398,519)	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ (871,067)	\$ -
\$ -	\$ 1,080,601
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ 578,476
\$ -	\$ -
\$ -	\$ -
<b>\$ (2,269,587)</b>	<b>\$ 1,659,076</b>
<b>\$ (610,511)</b>	

Total Due State (including 340B and EPC)	\$ (96,497,952)
Total Due Borrego (Reconciliations and EPC)	\$ 12,182,400
Net	\$ (84,315,551)