APPEAL RECOMPUTATION
OF THE
AUDIT REPORT

ROSEVILLE CARE CENTER
ROSEVILLE, CALIFORNIA
NATIONAL PROVIDER IDENTIFIER: 1871891929

FISCAL PERIOD
JUNE 7, 2011 THROUGH DECEMBER 31, 2011

Audits Section—San Diego
Financial Audits Branch
Audits and Investigations
Department of Health Care Services

Section Chief: Patricia M. Fox
Audit Supervisor: Woosung Lee
Auditor: Stacey A. Leon

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

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

February 14, 2014

Ellen Subia
Director of Accounting and Reimbursement
Plum Healthcare Group, LLC
100 E San Marco Boulevard, Suite 200
San Marcos, CA 92069

In the Matter of:

ROSEVILLE CARE CENTER
NATIONAL PROVIDER IDENTIFIER (NPI) 1871891929
FISCAL PERIOD JUNE 7, 2011 THROUGH DECEMBER 31, 2011
CASE NUMBER NF14-1211-314H-CM

Pursuant to the Office of Administrative Hearings and Appeals' Report of Findings dated December 12, 2013, the following revisions are made to the Medi-Cal audit report dated June 28, 2013.

SUMMARY OF REVISIONS

OVERPAYMENTS		
Audited Amount Due State	$	9,745
Revision		(185)
Revised Amount Due State	$	9,560

Enclosed are the revised schedules detailing the results of the recomputation.

A copy of the final settlement amount is being sent to the fiscal intermediary. This final settlement amount will be incorporated in a Statement of Account Status, which may reflect other financial transactions such as tentative settlement payments, final settlement payments, and/or lump sum rate adjustments. The Statement of Account Status with the amount due the State or owed to the provider (including interest as prescribed by law) will be forwarded to the provider by the fiscal intermediary.

Financial Audits Branch/Audits Section—San Diego
7575 Metropolitan Drive, Suite 102, San Diego, CA 92108-4421
(619) 688-3200/(619) 688-3218 fax
Internet Address: www.dhcs.ca.gov

Instructions regarding payment, if necessary, will be included with the Statement of Account Status.

Originally signed by:

Patricia M. Fox, Chief
Audits Section—San Diego
Financial Audits Branch

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF REVISED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
ROSEVILLE CARE CENTER

Fiscal Period:
JUNE 7, 2011 THROUGH DECEMBER 31, 2011

NPI:
1871891929

OSHPD Facility No.:
206311001

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY
	SKILLED NURSING CARE			
1	Cost of Direct Care - Labor (Sch. 2, Ln. 105)	$ 3,209,533	$ 3,209,533	$ 104.46
2	Cost of Indirect Care - Labor (Sch. 3, Ln. 105)	$ 858,105	$ 858,105	$ 27.93
3	Cost of Direct and Indirect Nonlabor - Other (Sch. 4, Ln. 105)	$ 696,995	$ 696,995	$ 22.69
4	Cost of Capital Related (Sch. 5, Ln. 105)	$ 316,032	$ 316,032	$ 10.29
5	Property Taxes (Sch. 5, Ln. 105)	$ 15,260	$ 15,260	$ 0.50
6	CDPH Licensing Fees (Sch. 6, Ln. 105)	$ 19,570	$ 19,570	$ 0.64
7	Professional Liability Insurance (Sch. 6, Ln. 105)	$ 50,320	$ 50,320	$ 1.64
8	Caregiver Training (Sch. 6, Ln. 105)	$ 0	$ 0	$ 0.00
9	Quality Assurance Fees (Sch. 6, Ln. 105)	$ 346,172	$ 346,172	$ 11.27
10	Cost of Administration (Sch. 6, Ln. 105)	$ 1,651,850	$ 1,651,850	$ 53.76
11	Cost of Routine Service/Revised Total Costs	$ 7,163,836.91	$ 7,163,837	$ 233.17
12	Total Patient Days (Rev)	30,724	30,724	
13	Cost Per Patient Day (Cost Divided by Days)	$ 233.17	$ 233.17	
14	Overpayments (Rev 1)	$ 9,745	$ 9,560	
15	Medi-Cal Days (Rev)	19,892	19,892	
16	Medi-Cal Managed Care Days (Rev)	72	72	
	INTERMEDIATE CARE			
17	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
18	Total Patient Days (Rev)		0	
19	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
20	Overpayments (Rev)	$	$ 0	
	MENTALLY DISORDERED CARE			
21	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
22	Total Patient Days (Rev)		0	
23	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
24	Overpayments (Rev)	$	$ 0	
	DEVELOPMENTALLY DISABLED CARE			
25	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
26	Total Patient Days (Rev)		0	
27	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
28	Overpayments (Rev)	$	$ 0	
	SUBACUTE CARE			
29	Cost of Direct Care - Labor (Subacute Care Sch. 1, Ln. 25)	$ N/A	$ 0	$ 0.00
30	Cost of Indirect Care - Labor (Subacute Care Sch. 1, Ln. 26)	$ N/A	$ 0	$ 0.00
31	Cost of Direct and Indirect Nonlabor - Other (Subacute Care Sch. 1, Ln. 27)	$ N/A	$ 0	$ 0.00
32	Cost of Capital Related (Subacute Care Sch. 1, Ln. 28)	$ N/A	$ 0	$ 0.00
33	Property Taxes (Subacute Care Sch. 1, Ln. 29)	$ N/A	$ 0	$ 0.00
34	CDPH Licensing Fees (Subacute Care Sch. 1, Ln. 30)	$ N/A	$ 0	$ 0.00
35	Professional Liability Insurance (Subacute Care Sch. 1, Ln. 31)	$ N/A	$ 0	$ 0.00
36	Quality Assurance Fees (Subacute Care Sch. 1, Ln. 32)	$ N/A	$ 0	$ 0.00
37	Caregiver Training (Subacute Care Sch. 1, Ln. 33)	$ N/A	$ 0	$ 0.00
38	Cost of Administration (Subacute Care Sch.1, Ln. 34)	$ N/A	$ 0	$ 0.00
39	Total Cost of Subacute Service (Subacute Care Sch. 1, Ln. 35)	$ 0	$ 0	$ 0.00
40	Total Patient Days (Subacute Care Sch. 1, Ln. 36)	0	0	
41	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
42	Amount Due Provider (State) (Subacute Care Sch. 1, Ln. 40)	$ 0	$ 0	

STATE OF CALIFORNIA

SCHEDULE 1

SUMMARY OF REVISED FACILITY COSTS / COST PER PATIENT DAY

Provider Name:
ROSEVILLE CARE CENTER

Fiscal Period:
JUNE 7, 2011 THROUGH DECEMBER 31, 2011

NPI:
1871891929

OSHPD Facility No.:
206311001

Line No.	PROGRAM DESCRIPTION	AS AUDITED	AS REVISED	REVISED COST PER PATIENT DAY
	SUBACUTE CARE - PEDIATRIC			
43	Cost of Routine Service (Subacute Care - Pediatric, Sch. 1, Ln 3)	$ 0	$ 0	
44	Cost of Ancillary Service (Subacute Care - Pediatric, Sch. 1, Ln. 1 + Ln. 2)	$ 0	$ 0	
45	Total Cost of Subacute Care - Pediatric Service (Ln. 43 + Ln. 44)	$ 0	$ 0	
46	Total Patient Days (Subacute Care - Pediatric, Sch. 1, Ln. 5)	0	0	
47	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
48	Amount Due Provider (State) (Subacute Care - Pediatric, Sch. 1, Ln. 9)	$ 0	$ 0	
	TRANSITIONAL INPATIENT CARE			
49	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
50	Total Patient Days (Rev)		0	
51	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
52	Overpayments (Rev)	$	$ 0	
	HOSPICE INPATIENT CARE			
53	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
54	Total Patient Days (Rev)		0	
55	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
56	Overpayments (Rev)	$	$ 0	
	OTHER ROUTINE SERVICES			
57	Cost of Routine Service (Sch. 2, 3, 4, 5, 6)	$	$ 0	
58	Total Patient Days (Rev)		0	
59	Cost Per Patient Day (Cost Divided by Days)	$ 0.00	$ 0.00	
60	Overpayments (Rev)	$	$ 0	

Provider Name	Fiscal Period	NPI	Revisions
ROSEVILLE CARE CENTER	JUNE 7, 2011 THROUGH DECEMBER 31, 2011	1871891929	1

Report References										
	Cost Report			Revised Audit Repor						
Rev. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.	Explanation of Revisions	As Adjusted	Increase (Decrease)	As Revised
							REVISION TO OTHER MATTERS			
1	N/A			1	14		Medi-Cal Overpayments Revision to adjustment 5. To partially reverse the recovery of Medi-Cal overpayments based on an agreement between the parties. INFORMAL APPEAL FINDING—ISSUE NUMBER 1 CASE NUMBER: NF14-1211-314H-CM	$9,745	($185)	$9,560