

**REPORT
ON THE
COST REPORT REVIEW**

**BELLFLOWER MEDICAL CENTER
BELLFLOWER, CALIFORNIA
PROVIDER NUMBER: HSC 30531H
NATIONAL PROVIDER IDENTIFIER: 1114021250**

**FISCAL PERIOD ENDED
AUGUST 31, 2009**

**Audits Section – Santa Ana
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Margaret A. Varho
Audit Supervisor: Lan Nguyen
Auditor: Cynthia Richardson**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

Date: September 30, 2011

Thomas Butler
Vice President of Reimbursement
Pacific Health Corporation
14642 Newport Avenue, Suite 388
Tustin, CA 92780

PROVIDER: BELLFLOWER MEDICAL CENTER
PROVIDER NO. HSC 30531H
NATIONAL PROVIDER IDENTIFIER: 1114021250
FISCAL PERIOD ENDED AUGUST 31, 2009

We have reviewed the provider's Medi-Cal Cost Report for the above-referenced fiscal period. Our review was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the cost report and accompanying financial statements.

The data presented in the Summary of Findings represents the reported Medi-Cal program costs for the above fiscal period, which were accepted as filed.

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.

If you have questions regarding this report, you may call the Audits Section—Santa Ana at (714) 558-4434.

(Original signed by Margaret Varho)

Margaret A. Varho, Chief
Audits Section—Santa Ana
Financial Audits Branch

Certified

SUMMARY OF FINDINGS

Provider Name:
BELLFLOWER MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2009

| | | SETTLEMENT | COST |
|--|-------------------------------------|------------|---------------|
| 1. Medi-Cal Noncontract Settlement (SCHEDULE 1) | Provider No. | | |
| | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 2. Subprovider I (SCHEDULE 1-1) | Provider No. | | |
| | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 3. Subprovider II (SCHEDULE 1-2) | Provider No. | | |
| | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 4. Medi-Cal Contract Cost (CONTRACT SCH 1) | Provider No. HSC 30531H | | |
| | Reported | | \$ 12,292,232 |
| | Net Change | | \$ 0 |
| | Audited Cost | | \$ 12,292,232 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 5. Distinct Part Nursing Facility (DPNF SCH 1) | Provider No. | | |
| | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 6. Distinct Part Nursing Facility (DPNF SCH 1-1) | Provider No. | | |
| | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 7. Adult Subacute (ADULT SUBACUTE SCH 1) | Provider No. | | |
| | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 8. Total Medi-Cal Settlement Due Provider (State) - (Lines 1 through 7) | | \$ 0 | |
| 9. Total Medi-Cal Cost | | | \$ 12,292,232 |

SUMMARY OF FINDINGS

Provider Name:
BELLFLOWER MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2009

| | | SETTLEMENT | COST |
|---|-------------------------------------|------------|---------|
| 10. Subacute (SUBACUTE SCH 1-1) Provider No. | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 11. Rural Health Clinic (RHC SCH 1) Provider No. | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 12. Rural Health Clinic (RHC 95-210 SCH 1) Provider No. | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 13. Rural Health Clinic (RHC 95-210 SCH 1-1) Provider No. | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 14. County Medical Services Program (CMSP SCH 1) Provider No. | Reported | \$ 0 | |
| | Net Change | \$ 0 | |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 15. Transitional Care (TC SCH 1) Provider No. | Reported | | \$ 0.00 |
| | Net Change | | \$ 0.00 |
| | Audited Cost Per Day | | \$ 0.00 |
| | Audited Amount Due Provider (State) | \$ 0 | |
| 16. Total Other Settlement Due Provider - (Lines 10 through 15) | | \$ 0 | |
| 17. Total Combined Audited Settlement Due Provider (State/CMSP/RHC) - (Line 8 + Line 16) | | \$ 0 | |

COMPUTATION OF MEDI-CAL CONTRACT COST

Provider Name:
BELLFLOWER MEDICAL CENTER

Fiscal Period Ended:
AUGUST 31, 2009

Provider No:
HSC 30531H

| | REPORTED | AUDITED |
|---|--------------------------|---------------|
| 1. Net Cost of Covered Services Rendered to Medi-Cal Patients (Contract Sch 3) | \$ 12,292,232 | \$ 12,292,232 |
| 2. Excess Reasonable Cost Over Charges (Contract Sch 2) | \$ 0 | \$ 0 |
| 3. Medi-Cal Inpatient Hospital Based Physician Services | \$ 0 | N/A |
| 4. | \$ 0 | \$ 0 |
| 5. Subtotal (Sum of Lines 1 through 4) | \$ 12,292,232 | \$ 12,292,232 |
| 6. | \$ 0 | \$ 0 |
| 7. | \$ 0 | \$ 0 |
| 8. Total Medi-Cal Cost (Sum of Lines 5 through 7) | \$ 12,292,232 | \$ 12,292,232 |
| | (To Summary of Findings) | |
| 9. Medi-Cal Overpayments (Adj) | \$ 0 | \$ 0 |
| 10. Medi-Cal Credit Balances (Adj) | \$ 0 | \$ 0 |
| 11. | \$ 0 | \$ 0 |
| 12. | \$ 0 | \$ 0 |
| 13. TOTAL MEDI-CAL SETTLEMENT Due Provider (State) | \$ 0 | \$ 0 |
| | (To Summary of Findings) | |