

**REPORT
ON THE
SHARE OF COST REVIEW**

**PARAMOUNT MEADOWS NURSING CENTER
PARAMOUNT, CALIFORNIA
PROVIDER NUMBER: ZZT06166J
NATIONAL PROVIDER IDENTIFIER: 1669458790**

**FISCAL PERIODS
JANUARY 1, 2007 THROUGH
DECEMBER 31, 2009**

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

**Section Chief: Patricia M. Fox
Audit Supervisor: Sergio Gonzalez
Auditors: Jing H. Zhang/Angelica R. Aguilar**



TOBY DOUGLAS
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

May 31, 2012

Administrator
Paramount Meadows Nursing Center
7039 Alondra Boulevard
Paramount, CA 90723

PARAMOUNT MEADOWS NURSING CENTER
PROVIDER NUMBER ZZT06166J
NATIONAL PROVIDER IDENTIFIER (NPI) 1669458790
PERIOD REVIEWED JANUARY 1, 2007 THROUGH DECEMBER 31, 2009

We have examined the facility's share of cost for the above-referenced fiscal period. Our examination was made under the authority of Section 14170 of the Welfare and Institutions Code and was limited to a review of the Medi-Cal payment data reports and applicable billing records.

In our opinion, the data presented in the accompanying Adjustments Schedule represents a determination of the use of the share of cost for the above fiscal periods in accordance with Medi-Cal reimbursement principles.

This audit report includes audit adjustments that summarize overpayments due the State in the amount of \$229,095.

The audit settlement will be incorporated into a Statement(s) of Account Status, which may reflect tentative retroactive adjustment determinations, payments from the provider, and other financial transactions initiated by the Department. The Statement(s) of Account Status will be forwarded to the provider by the State's fiscal intermediary. Instructions regarding payment will be included with the Statement(s) of Account Status.

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.

Administrator
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If you disagree with the decision of the Department, you may appeal by writing to:

Chief
Department of Health Care Services
Office of Administrative Hearings and Appeals
1029 J Street, Suite 200
Sacramento, CA 95814
(916) 322-5603

The written notice of disagreement must be received by the Department within 60 calendar days from the day you receive this letter. A copy of this notice should be sent to:

United States Postal Service (USPS)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
PO Box 997413
Sacramento, CA 95899

Courier (UPS, FedEx, etc.)

Assistant Chief Counsel
Department of Health Care Services
Office of Legal Services
MS 0010
1501 Capitol Avenue, Suite 71.5001
Sacramento, CA 95814
(916) 440-7700

The procedures that govern an appeal are contained in Welfare and Institutions Code, Section 14171, and California Code of Regulations, Title 22, Section 51016, et seq.

If you have questions regarding this report, you may call the Audits Section—San Diego at (619) 688-3200.

Originally Signed by:

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

Certified

cc: Camille Pantuso
Director of Accounts Receivable
Premier B.H., Inc.
6100 Wilshire Boulevard, Suite 1111
Los Angeles, CA 90048

Provider Name							Period Reviewed	Provider Number, NPI		Adjustments
PARAMOUNT MEADOWS NURSING CENTER							JANUARY 1, 2007 THROUGH DECEMBER 31, 2009	ZZT06166J, 1669458790		3
Report References							Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
Cost Report			Audit Report							
Adj. No.	MC530 Page or Exhibit	Line	Col.	Sch.	Line	Sub No.				
<u>ADJUSTMENTS TO OTHER MATTERS</u>										
1	N/A			N/A			Medi-Cal Overpayments To recover Medi-Cal overpayments due to lack of documentation confirming the Share of Cost was properly deducted from the amount billed for fiscal period ended December 31, 2007. 42 CFR 413.20 and 431.107 CMS Pub. 15-1, Sections 2300 and 2304.1 W&I Code, Sections 14105.27 and 14124.2(b) CCR, Title 22, Section 51476	\$0	\$112,688	\$112,688 *
2	N/A			N/A			Medi-Cal Overpayments To recover Medi-Cal overpayments due to lack of documentation confirming the Share of Cost was properly deducted from the amount billed for fiscal period ended December 31, 2008. 42 CFR 413.20 and 431.107 CMS Pub. 15-1, Sections 2300 and 2304.1 W&I Code, Sections 14105.27 and 14124.2(b) CCR, Title 22, Section 51476	* \$112,688	\$79,237	\$191,925 *
3	N/A			N/A			Medi-Cal Overpayments To recover Medi-Cal overpayments because the Share of Cost was not properly deducted from the amount billed for fiscal period ended December 31, 2009. 42 CFR 413.20 and 431.107 CMS Pub. 15-1, Sections 2300 and 2304.1 CCR, Title 22, Sections 51458.1 and 51476	* \$191,925	\$37,170	\$229,095

*Balance carried forward from prior/to subsequent adjustments