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California Code Of Regulations
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Title 22@ Social Security
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Division 3@ Health Care Services
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Subdivision 1@ California Medical Assistance Program
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Chapter 3@ Health Care Services
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Article 9@ Quality Assurance Fee and Long Term Care Reimbursement Methodology
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Section 52510@ Rate-Setting for Newly Certified Facilities
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52510 Rate-Setting for Newly Certified Facilities

(a)

Facilities newly certified to participate in the Medi-Cal program, shall receive a reimbursement rate based on the peer-group weighted average Medi-Cal reimbursement rate. Facilities shall continue to receive the peer-group weighted average Medi-Cal reimbursement rate until one of the conditions of subsection (b)(1) or (b)(2) has been met.

(b)

(1) The Department shall calculate the FS/NF-B facility-specific rate when a minimum of six months of Medi-Cal cost data has been audited. The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021.

(1)

The Department shall calculate the FS/NF-B facility-specific rate when a minimum of six months of Medi-Cal cost data has been audited. The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021.

(b)

(2) The Department shall calculate the FSSA/NF-B facility-specific rate when a cost report with a minimum of twelve months of Medi-Cal cost data has been audited.

The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021.

(2)

The Department shall calculate the FSSA/NF-B facility-specific rate when a cost report with a minimum of twelve months of Medi-Cal cost data has been audited. The facility-specific rate shall be calculated prospectively and shall be effective on August 1 of each rate year, pursuant to Welfare and Institutions Code Section 14126.021.