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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 52516@ Audits and Audit Adjustments

52516 Audits and Audit Adjustments

(a)

The Department shall conduct full-scope field audits of all FS/NF-B facilities and home offices participating in the Medi-Cal program a minimum of once every three years. Limited scope reviews shall be conducted at intervening periods. All FSSA/NF-Bs shall be subject to audit on an annual basis.

(b)

Audited cost data shall be used to develop facility-specific reimbursement rates.

(c)

Overpayments to any facility shall be recovered pursuant to Welfare and Institutions Code, Section 14126.023 and Title 22, California Code of Regulations, Section 51047.

(d)

Facilities have the right to appeal audit or examination findings. Specific appeal procedures are contained in Welfare and Institutions Code Section 14171, and Title 22, California Code of Regulations, Sections 51016 through 51048.

(e)

For facilities that obtain an audit appeal decision that results in revision of the facility's allowable costs used to calculate a facility's reimbursement rate, the Department shall make a retroactive adjustment in the facility-specific reimbursement rate.