



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 31, 2016

[REDACTED]
Highland Nursing Home, Inc.
182 Highland Road
Massena, New York 13662

Re: MDS Final Audit Report
Audit #: 13-4391
Provider ID#: [REDACTED]

Dear [REDACTED]

This is the final audit report of findings with regard to the Office of the Medicaid Inspector General's (OMIG) Minimum Data Set (MDS) audit of Highland Nursing Home, Inc. for the census period ending July 25, 2012. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

We received your response to our draft audit report dated March 31, 2016. Your comments have been considered (see Attachment D) and the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$11,029.44 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through June 30, 2013 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within 60 days of the date of this notice. If the Provider wishes to request a hearing, the request must be submitted in writing to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED].

[REDACTED]

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In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If a hearing is held, you may have a person represent you or you may represent yourself. If you choose to be represented by someone other than an attorney, you must supply along with your hearing request a signed authorization permitting that person to represent you at the hearing; you may call witnesses and present documentary evidence on your behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions regarding the above, please contact [REDACTED].
[REDACTED]

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
HIGHLAND NURSING HOME
AUDIT 13-4391
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$0.79	12,976	\$10,251.04
Non-Medicare/Part D Eligible	\$0.80	973	\$778.40
Total			<u>\$11,029.44</u>

*Rounded to nearest 1/100th New York State Department of Health Bureau of Managed Long Term
Care Rate Setting / FFS

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 HIGHLAND NURSING HOME
 AUDIT #13-4391
 FINDINGS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS	
1		RMB	RMB	1.22	1.22		
2		CA1	CA1	0.77	0.77		
3		PC1	PC1	0.66	0.66		
4		SSB	SSB	1.06	1.06		
5		PD1	PD1	0.72	0.72		
6		CC1	CC1	0.98	0.98		
7		IB1	IB1	0.78	0.78		
8		BB1	BB1	0.66	0.66		
9		CC1	CC1	0.98	0.98		
10		SSB	SSB	1.06	1.06		
11		PE1	PE1	0.79	0.79		
12		SSC	SSC	1.12	1.12		
13		PB1	PB1	0.58	0.58		
14		PE1	PE1	0.79	0.79		

DISALLOW EATING SELF PERFORMANCE
 DISALLOW SPECIAL TREATMENTS, PROCEDURES

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 HIGHLAND NURSING HOME
 AUDIT #13-4391
 FINDINGS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS	
15		CC1	CC1	0.98	0.98		
16		CC2	CC2	1.12	1.12		
17		IB1	IB1	0.78	0.78		
18		PE1	PE1	0.79	0.79	1	
19		CA2	IB1	0.84	0.78		1
20		IB1	IB1	0.78	0.78		
TOTALS						<u>1</u>	<u>1</u>

DISALLOW EATING SELF PERFORMANCE
 DISALLOW SPECIAL TREATMENTS, PROCEDURES

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
HIGHLAND NURSING HOME
AUDIT #13-4391
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Functional Status-ADL Self-Performance and Support**

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

Documentation must indicate an assessment was done to evaluate the need for assistance with activities of daily living (ADL's), altered gait and balance, and decreased range of motion (ROM). MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS Manual 3.0 G0100-0900*

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 18

Special Treatments, Procedures, and Programs

If the provider is unable to produce the supporting documentation for the patient, the service will be disallowed and the Case Mix will be adjusted. A repayment schedule will be developed.

The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received during the specific time periods. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xv)
MDS 3.0 Manual O0100-0300, O0600-0700*

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 19

RUGS-II Classifications Overturned

In 1 instance, the RUG classifications were overturned. 19

10 NYCRR §86-2.10, Volume A-2

OFFICE OF THE MEDICAID INSPECTOR GENERAL

HIGHLAND NURSING HOME

AUDIT # 13-4391

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of the draft report disallowances after consideration of the Facility's draft audit report response comments.

Sample #19

Based on information and documentation provided by the facility, the following disallowance was not reversed and will be included in the Final Report:

Contested MDS Coding Issues: Identified in the Explanation of Error Report.

Item #O0700: Physician Orders not supported by documentation.

Facility Comment:

Section O0700- Physician Order should be marked for 3 days. Section O0600 - Physician Visits should be marked 2.

OMIG Response:

MDS Assessment Reference Date (ARD) is 06/13/2012.

The 14-day look back period is 06/07/2012 – 06/13/2012.

Claimed Physician Orders – 4.

Received and Reviewed Submitted Documentation:

OMIG had identified Physician Order changes as 3, which the facility accepts.

Per facility: Section O0600 – should be marked 2 instead of one. OMIG did not have a finding on section O0600.

Per MDS Manual, Chapter 5 “MDS Correction Policy – the MDS must be accurate as of the ARD.” “It is the responsibility of the provider to ensure that any corrections made to a record are submitted to the QEIS ASAP system in accordance with the MDS Correction Policy.” See MDS Manual, Chapter 5.

OMIG does not make corrections for data entry errors made by the facility. The New York State Department of Health sets and makes any adjustments to RUG scores, Medicaid Case Mix, and rates.

Disposition: The draft report finding is unchanged and will be included in the final report.