



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 29, 2016

[REDACTED]
The Pines at Utica Center for Nursing and Rehabilitation
1800 Butterfield Avenue
Utica, New York 13501

Re: MDS Final Audit Report
Audit #: 13-4789
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 The Pines at Utica Center for Nursing and Rehabilitation 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 May 5, 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 \$11,792.34 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]

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]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE PINES AT UTICA CENTER FOR NURSING AND REHABILITATION
AUDIT 13-4789
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$0.97	11,016	\$10,685.52
Non-Medicare/Part D Eligible	\$0.99	1,118	\$1,106.82
Total			<u>\$11,792.34</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
 THE PINES AT UTICA CENTER FOR NURSING AND REHABILITATION
 AUDIT #13-4789
 FINDINGS BY SAMPLE NUMBER

Sample #	[REDACTED]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS
1	[REDACTED]	RMA	RMA	1.17	1.17	
2	[REDACTED]	CC2	CC2	1.12	1.12	
3	[REDACTED]	SSC	SSC	1.12	1.12	
4	[REDACTED]	RMC	RMC	1.27	1.27	
5	[REDACTED]	RMA	RMA	1.17	1.17	
6	[REDACTED]	RHC	RHC	1.40	1.40	
7	[REDACTED]	RVC	RMC	1.53	1.27	1
8	[REDACTED]	RMA	RMA	1.17	1.17	
9	[REDACTED]	RMB	RMB	1.22	1.22	
10	[REDACTED]	RMA	RMA	1.17	1.17	
11	[REDACTED]	CC1	CC1	0.98	0.98	
TOTALS						<u>1</u>

DISALLOW OCCUPATION THERAPY

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
THE PINES AT UTICA CENTER FOR NURSING AND REHABILITATION
AUDIT #13-4789
MDS DETAILED FINDINGS**

MDS FINDINGS

SAMPLE SELECTION

Skilled Therapy

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 qualified therapist, in conjunction with the physician and nursing staff, is responsible for determining the necessity for and the frequency and duration of the therapy provided to residents. Rehabilitation (i.e., via Speech-Language Services, and Occupational and Physical Therapies) and respiratory, psychological, and recreational therapy helps the residents to attain or maintain their highest level of well-being and improve their quality of life. MDS 3.0 manual guidelines will be followed when reviewing the documentation provided by the facility.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 00400-0500*

Occupational Therapy

In 1 instance, documentation reflected incorrect days. 7

RUGS-II Classifications Overturned

In 1 instance, the RUG classification was overturned. 7

10 NYCRR §86-2.10, Volume A-2

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THE PINES AT UTICA CENTER FOR NURSING AND REHABILITATION
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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.

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Sample #7

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

Item #O0400B: Occupational Therapy

Contested MDS Issue: Occupational Therapy/5 Days was down coded to Occupational Therapy/4 Days. Per Attachment C of Draft Report dated May 3, 2016 "documentation reflected incorrect days."

Facility Comment: "Although there was an error in the coding of days for OT, there was a 5 day anchor with PT days of treatment. There will be a correction to the MDS to reflect the correct days of treatment for PT and OT. Please see the service logs for May 2012. For PT, ARD 05/26/12. It shows 5 days of treatment. For OT, ARD 05/26/12, it shows 4 days of treatment."

OMIG Response:

The Assessment Reference Date (ARD) is 05/26/12.

The 7-day look back period is 05/20/12 – 05/26/12.

Documentation submitted and reviewed:

- Occupational Therapy Service Matrix Log documents 4 days of treatment during the 7-day look back period- 05/21, 05/22, 05/23, 05/24.
- Physical Therapy Service Matrix Log documents 5 days of treatment during the 7-day look back period- 05/21, 05/22, 05/23, 05/24, 05/25.

The MDS claimed Occupational Therapy 5 days, documentation submitted supports 4 days. The MDS claimed Physical Therapy 4 days, documentation submitted supports 5 days. Facility comment states there was a data entry error.

ASSESSMENT:

Documentation does not support 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.

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.