NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

August 3, 2016

[redacted]
Fairview Nursing Care Center
69-70 Grand Central Parkway
Forest Hills, New York 11375

Re: MDS Final Audit Report
Audit #: 13-4905
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 Fairview Nursing Care Center 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.

Since you did not respond to our draft audit report dated March 24, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $91,524.27 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.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. 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." You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish 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, New York 12204

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

Pursuant to 18 NYCRR §519.18, at the hearing you have the right to:

(a) request the department to reschedule the hearing (adjournment);
(b) be represented by an attorney, or other representative, or to represent himself/herself;
(c) have an interpreter, at no charge, if the appellant does not speak English or is deaf and cannot afford one (the appellant must advise the department prior to the hearing if an interpreter will be needed);
(d) produce witnesses and present written and/or oral evidence to explain why the action taken was wrong;
(e) cross-examine witnesses of the department.

Should you have any questions regarding the above, please contact

Division of Medicaid Audit
Office of the Medicaid Inspector General

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL
FAIRVIEW NURSING CARE CENTER
AUDIT 13-4905
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	$3.93	22,516	$88,487.88
Non-Medicare/Part D Eligible	$3.99	761	$3,036.39
Total			$91,524.27

*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
FAIRVIEW NURSING CARE CENTER
AUDIT #13-4905
FINDINGS BY SAMPLE NUMBER

Sample #	[redacted]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS: DISALLOW BED MOBILITY SELF PERFORMANCE	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW EATING SELF PERFORMANCE	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW SPECIAL TREATMENTS, PROCEDURES
1	[redacted]	IA1	IA1	0.61	0.61	1	1	1		1	1	1	
2	[redacted]	RUB	RUA	1.53	1.37	1		1		1	1		
3	[redacted]	RUA	RUA	1.37	1.37	1		1			1		
4	[redacted]	PD1	PA1	0.72	0.46	1	1	1	1		1	1	
5	[redacted]	PE2	IA2	0.80	0.65	1		1			1		
6	[redacted]	SSC	CA2	1.12	0.84	1		1		1	1		
7	[redacted]	PE1	IB1	0.79	0.78	1		1					
8	[redacted]	RHC	RMA	1.40	1.17	1		1			1		
9	[redacted]	SSC	SSA	1.12	1.03	1							
10	[redacted]	RVC	RHC	1.53	1.40							1	
11	[redacted]	PE1	IA1	0.79	0.61	1	1	1			1		
12	[redacted]	RUB	RUB	1.53	1.53								
13	[redacted]	PC2	PA2	0.67	0.48	1		1	1		1		
14	[redacted]	CC1	CA1	0.98	0.77	1		1		1			
15	[redacted]	RMX	RMA	1.96	1.17	1		1			1		
16	[redacted]	RHC	RMA	1.40	1.17	1		1		1	1		
17	[redacted]	RMC	RMA	1.27	1.17	1		1		1	1		

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18		CB1	CA1	0.86	0.77	1		1			1		
19		RHC	RMA	1.40	1.17	1	1	1			1		
20		CB1	CA1	0.86	0.77	1	1	1			1		
21		CB1	IA2	0.86	0.65	1		1			1		1
22		CC2	CA2	1.12	0.84	1		1					
23		SSA	CA1	1.03	0.77	1	1	1		1	1	1	
24		RMB	RMA	1.22	1.17	1	1	1			1	1	
25		RHC	RMA	1.40	1.17	1	1	1			1		
TOTALS						23	8	22	2	7	19	5	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
FAIRVIEW NURSING CARE CENTER
AUDIT #13-4905
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*	
Bed Mobility Self-Performance	
In 1 instance, documentation did not support resident required total assist every time.	6
In 11 instances, documentation did not support resident required weight bearing assist three or more times.	5, 7, 8, 9, 11, 14, 15, 17, 19, 22, 25
In 9 instances, documentation did not support resident required non weight bearing assist three or more times.	2, 4, 13, 16, 18, 20, 21, 23, 24
In 2 instances, documentation did not support resident required supervision one or more times.	1, 3
Bed Mobility Support Provided	
In 7 instances, documentation did not support resident was a one person physical help at least once.	4, 11, 19, 20, 23, 24, 25
In 1 instance, documentation did not support resident was setup at least once.	1

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	6
In 14 instances, documentation did not support resident required weight bearing assist three or more times.	5, 7, 8, 11, 14, 15, 16, 17, 18, 19, 20, 21, 22, 25
In 4 instances, documentation did not support resident required non weight bearing assist three or more times.	4, 13, 23, 24
In 3 instances, documentation did not support resident required supervision one or more times.	1, 2, 3

Transfer Support Provided

In 2 instances, documentation did not support resident was a one (1) person physical help at least once.	4, 13

Eating Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	6
In 2 instances, documentation did not support resident required weight bearing assist three or more times.	14, 17
In 2 instances, documentation did not support resident required non weight bearing assist three or more times.	2, 16
In 2 instances, documentation did not support resident required supervision one or more times.	1, 23

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	6
In 13 instances, documentation did not support resident required weight bearing assist three or more times.	2, 4, 5, 8, 11, 15, 16, 17, 18, 19, 20, 21, 25
In 3 instances, documentation did not support resident required non weight bearing assist three or more times.	13, 23, 24

In 2 instances, documentation did not support resident required supervision one or more times.	1, 3

Toilet Use Support Provided

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	10
In 3 instances, documentation did not support resident was a one person physical help at least once.	4, 23, 24
In 1 instance, documentation did not support resident was set up at least once.	1

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.	21

RUGS-II Classifications Overturned

In 22 instances, the RUG classifications were overturned.	2, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25

10 NYCRR §86-2.10, Volume A-2