NEW YORK STATE | Office of the Medicaid Inspector General

DENNIS ROSEN
Medicaid Inspector General

Bed Reserve Audit

Final Audit Report
Audit #: 15-2844

Daughters of Jacob Nursing Home

Provider ID #: [redacted]

NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

June 23, 2016

[redacted]
Daughters of Jacob Nursing Home Company Inc.
1160 Teller Ave.
Bronx, New York 10456

Re: Final Audit Report
Audit #: 15-2844
Provider ID #: [redacted]

Dear [redacted]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Daughters of Jacob Nursing Home Company Inc. (Provider).

In accordance with Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York Section 517.6, the attached Final Audit Report represents the final determination on the issues found during OMIG's audit.

After reviewing the Provider's March 30, 2016 (Attachment K) response to OMIG's March 2, 2016 Draft Audit Report the OMIG has reduced the findings and overpayments identified in the Draft Audit Report (Attachment L). In total the findings and interest in the March 2, 2016 Draft Audit Report have been reduced from $27,155.58 to $25,922.09. A detailed explanation of the findings is included in this Final Audit Report.

If you have any questions or comments concerning this report, please contact [redacted]. Please refer to audit number 15-2844 in all correspondence.

[redacted]
Bureau of Rate Audit
Division of Medicaid Audit
Office of the Medicaid Inspector General

[redacted]

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Attachments:

- A- Combined Periodic Census Report (January 1, 2012 - July, 31, 2013)
- A-I - Geriatric Unit Periodic Census Report (August 1, 2013 – December 31, 2014)
- A-II - Vent Unit Periodic Census Report (August 1, 2013 – December 31, 2014)
- B-I - Geriatric Unit Audited Census Report
- B-II - Vent Unit Audited Census Report
- C-I - Geriatric Unit Vacancy Rate Disallowance
- C-II - Vent Unit Vacancy Rate Disallowance
- D- Recipient Billing Exceeded 14 Hospital Bed Reserve Day Max Limit 12-Months
- E-Recipient Billing Exceeded 10 Therapeutic Bed Reserve Day Max Limit 12-Months
- F-I-Geriatric Recipient Billed as a Resident while Inpatient at a Hospital Disallowance
- F-II - Vent Recipient Billed as a Resident while Inpatient at a Hospital Disallowance
- G- Geriatric Recipient Billed as a Resident at SNF while Inp. Hosp+Recip Exceeded Yrly Max
- H - Total Audit Disallowances
- I - Promulgated Rates for January 1, 2012 – December 31, 2014
- J - Federal Reserve Prime Rates
- K – Provider's Response to Draft Report
- L – Provider Contested Recipient and OMIG Adjustments to Audit Findings

Background, Objective, and Audit Scope

Background

The New York State Department of Health (DOH) is the single state agency responsible for the administration of the Medicaid program. As part of its responsibility as an independent entity within DOH, the Office of the Medicaid Inspector General (OMIG) conducts audits and reviews of various providers of Medicaid reimbursable services, equipment, and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules, and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of DOH (Titles 10 and 18 of the New York Codes Rules and Regulations), the regulations of the Office of Mental Hygiene (Title 14 of the New York Codes Rules and Regulations), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

For a bed to be reserved and billed to the Medicaid program, the vacancy rate requirement under 18 NYCRR Section 505.9(d) states, "The department will pay an institution for a recipient's reserved bed days when the part of the institution to which the recipient will return has a vacancy rate of no more than 5 percent on the first day the recipient is hospitalized or on leave of absence."

Reserved bed day reimbursement requirements to RHCF's for Medicaid eligible individuals aged twenty-one and older listed per New York DOH DAL/DRS 10-08 and supplement letters regarding Chapter 109 of the Laws of 2010; §2808(25) of Public Health Laws "Effective July 19, 2010, the Department will reimburse a RHCF to reserve the bed for a Medicaid recipient aged twenty-one or over, for fourteen (14) days in a 12-month period for temporary hospitalizations and for ten (10) days in a 12-month period for non-hospital (therapeutic) leaves of absence...."

Objective

The objective of this audit was to assess the Provider's adherence to applicable laws, regulations, rules, and policies governing the New York State Medicaid program and to verify that:

- the Provider had a vacancy rate of no more than five percent on the day of the resident's temporary leave from the facility;
- the Provider's Medicaid recipients' bed reserve days were limited to reimbursement for a maximum of 14 days in 12-month period for hospitalizations and ten days in 12-month calendar period for non-hospital therapeutic leave of absences; and
- claims for payment were submitted in accordance with applicable rules and requirements.

Audit Scope

An audit of bed reserve payments included in the period beginning January 1, 2012 and ending December 31, 2014 was completed.

Audit Findings

OMIG issued a Draft Audit Report to the Provider on March 3, 2016 that identified $27,155.58 in Medicaid overpayments, inclusive of interest. After considering the information in the Provider's response to the Draft Audit Report (Attachment K), and having a phone conversation with the Provider, the OMIG has removed some of the Draft Audit Report findings as outlined in (Attachment L). These reductions reduced the amount owed in the Draft Audit Report from $27,155.58 to $25,922.09 in this Final Audit Report.

OMIG utilized the Provider's Geriatric Unit Census Reports (Attachments A-I, B-I) to determine if the Provider billed Medicaid for bed reserve days while operating above a five percent vacancy rate. This audit included bed reserve payments made to the Provider for the period beginning January 1, 2012 and ending December 31, 2014. As a result of this audit, OMIG has determined that the Provider did not comply with §505.9(d) and §504.3 requirements by inappropriately billing 10 geriatric bed reserve days in the amount of $2,125.56 (Attachments B-I, C-I) to Medicaid while operating above a five percent vacancy rate.

OMIG utilized the Provider's Vent Unit Census Reports (Attachments A-II, B-II) to determine if the Provider billed Medicaid for bed reserve days while operating above a five percent vacancy rate. This audit included bed reserve payments made to the Provider for the period beginning January 1, 2012 and ending December 31, 2014. As a result of this audit, OMIG has determined that the Provider did not comply with §505.9(d) and §504.3 requirements by inappropriately billing 7 vent bed reserve days in the amount of $3,608.65 (Attachments B-II, C-II) to Medicaid while operating above a five percent vacancy rate.

OMIG also reviewed the Medicaid recipient maximum bed reserve billing requirements to determine if the Provider limited each Medicaid recipients' bed reserve billings to 14 days of hospitalization and 10 days of non-hospital (therapeutic) leave of absence in a 12-month period. The audit found that the Provider did not comply with §2808(25) requirements by inappropriately billing 16 bed reserve days in the amount of $2,049.38 (Attachments B-I, D) when a Medicaid recipients' 14 hospitalization bed reserve day limit was exceeded in a 12-month period. The audit also found that the Provider inappropriately billed 2 bed reserve days in the amount of $432.24 (Attachments B-I, E) when a Medicaid recipients' 10 non-hospital (therapeutic) bed reserve day limit was exceeded in a 12-month period.

OMIG also identified instances involving 91 geriatric billed days in which the Provider received payment from the Medicaid program for claims in which the Provider coded the recipient as a resident residing at the facility while the Medicaid program paid an in-patient hospital claim for the same recipient on the same dates of service. For these instances, OMIG determined the appropriateness of the Provider's payments as if the Provider coded the claim as a bed reserve claim since the Provider would be entitled to a bed reserve payment if the Provider's vacancy rate did not exceed 5% on the day the Provider's resident was discharged to the hospital and then determined the proper amount to be paid if a bed reserve payment was appropriate. The OMIG identified 20 geriatric days in which the Provider's daily vacancy rate was above 5 percent at the time that the resident temporarily left the facility and the Provider inappropriately billed in the amount of $4,562.28 (Attachment B-I recipients highlighted green and vacancy rate is greater than five percent) when no payment would be allowable to the Provider. For the remaining 71 geriatric days (Attachment B-I highlighted green vacancy rate less than five percent), OMIG found that the Provider's daily vacancy rate was below five percent on the day the Provider's resident was discharged to the hospital and the Provider would therefore be

allowed a bed reserve payment; However, the bed reserve payment amount is less than the amount received by the Provider since the Provider billed the rate for a resident residing at the facility which is higher than the bed reserve rate. The OMIG found that 40 of the 71 geriatric days were for DOS prior to July 1, 2012 when the Provider was to be reimbursed at 95 percent of the regular SNF rate for a bed reserve payment which resulted in the Provider receiving $446.91 of overpayments. The remaining 31 geriatric days were for DOS after July 1, 2012 when the provider would be reimbursed at 50 percent of the regular SNF rate for a bed reserve payment resulting in $3,618.34 of inappropriate billings. For the above identified instances involving 91 geriatric billed days, the Provider did not comply with §505.9(d) and/or §504.3 requirements and inappropriately billed $8,627.53 (Attachments B-I, F-I) to Medicaid.

OMIG also identified instances involving 16 ventilator billed days in which the Provider received payment from the Medicaid program for claims in which the Provider coded the recipient as a resident residing at the facility while the Medicaid program paid an in-patient hospital claim for the same recipient on the same dates of service. For these instances, OMIG determined the appropriateness of the Provider's payments as if the Provider coded the claim as a bed reserve claim since the Provider would be entitled to a bed reserve payment if the Provider's vacancy rate did not exceed 5% on the day the Provider's resident was discharged to the hospital and then determined the proper amount to be paid if a bed reserve payment was appropriate. The OMIG identified 1 ventilator days in which the Provider's daily vacancy rate was above 5 percent at the time that the resident temporarily left the facility and the Provider inappropriately billed in the amount of $628.70 (Attachment B-II recipients highlighted green and vacancy rate is greater than five percent) when no payment would be allowable to the Provider. For the remaining 15 ventilator days (Attachment B-II highlighted green vacancy rate less than five percent), OMIG found that the Provider's daily vacancy rate was below five percent on the day the Provider's resident was discharged to the hospital and the Provider would therefore be allowed a bed reserve payment; However, the bed reserve payment amount is less than the amount received by the Provider since the Provider billed the rate for a resident residing at the facility which is higher than the bed reserve rate. The OMIG found that 14 of the 15 ventilator days were for DOS prior to July 1, 2012 when the Provider was to be reimbursed at 95 percent of the regular SNF rate for a bed reserve payment which resulted in the Provider receiving $440.16 of overpayments. The remaining 1 day was for DOS after July 1, 2012 when the provider would be reimbursed at 50 percent of the regular SNF rate for a bed reserve payment resulting in $314.85 of inappropriate billings. For the above identified instances involving 16 ventilator billed days, the Provider did not comply with §505.9(d) and/or §504.3 requirements and inappropriately billed $1,383.71 (Attachments B-II, F-II) to Medicaid.

Additionally, OMIG identified instances where the Provider received payment from the Medicaid program for claims in which the Provider coded the recipient as a resident residing at the facility while the Medicaid program paid an in-patient hospital claim for the same recipient on the same dates of service and the recipient's yearly hospital bed reserve days exceeded 14 days in a calendar year. Since the recipient's 14 hospital bed reserve day limited was exceeded in a calendar year the recipient would need to be disallowed for payment regardless of census vacancy requirements. OMIG found that Provider did not comply with §505.9(d), §504.3 and §2808(25) requirements by inappropriately billing 18 Geriatric bed reserve days in the amount of $4,159.95 (Attachments B-I, G) when a Medicaid recipients' 14 hospitalization bed reserve day limit was exceeded in a 12-month period.

Under the Health Care Assessment Program, residential health care facilities licensed under Article 28 of the Public Health Law §2807-d must pay an assessment on monthly cash receipts effective April

1, 2002. New York State Medicaid has established a reimbursement mechanism through rate code 3836 to reimburse nursing homes for the portion of the assessment that applies to days where the Medicaid program is the primary payer for your residents. The cash receipt assessment payment made by New York State Medicaid related to each disallowed bed reserve payment is also recoverable as a disallowance of $1,336.04 (Attachments H) in this report.

The overpayments identified in this Final Audit Report were determined by applying the Provider's promulgated rates (Attachment I) at the date this Final Audit Report was issued. The total combined amount of overpayment is $23,723.06 (Attachment H).

In accordance with 18 NYCRR Section 518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. Interest was calculated on the overpayments identified in this Final Audit Report from the date of each overpayment through the date of the Draft Audit Report preparation, February 10. 2016 using the Federal Reserve Prime Rate (Attachment J). For the overpayments identified in this audit, OMIG has determined that accrued interest of $2,199.03 (Attachment H) is now owed.

Based on this determination, the total proposed amount due to DOH, as defined in 18 NYCRR Section 518.1, is $25,922.09 (Attachment H), inclusive of interest.

Repayment Options

In accordance with 18 NYCRR Part 518, which regulates the collection of overpayments, your repayment options are described below.

Option #1: Make a full payment by check or money order within 20 days of the date of this Final Audit Report. The check should be made payable to the **New York State Department of Health** with the audit number included, and be sent with the attached remittance advice to:

[redacted]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
Albany, New York 12237

Option #2: Enter into a repayment agreement with OMIG. If your repayment terms exceed 90 days from the date of this Final Audit Report, recoveries of amounts due are subject to interest charges at the Prime Rate plus two percent (2%). If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, OMIG will impose a 50% withhold after 20 days until an agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to New York State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

New York State
Office of the Medicaid Inspector General
Bureau of Collections Management
800 North Pearl Street
Albany, New York 12204
Phone #: [redacted]
Fax #: [redacted]

Hearing Rights

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. 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 the Provider wishes to request a hearing, the request must be submitted in writing to:

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

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

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

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

Contact Information

[redacted]

Office Address:

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

Mission

The mission of the Office of the Medicaid Inspector General is to enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high quality patient care.

Vision

To be the national leader in promoting and protecting the integrity of the Medicaid program.

NEW YORK STATE | Office of the Medicaid Inspector General

REMITTANCE ADVICE

Daughters of Jacob Nursing Home Company Inc.
1160 Teller Ave.
Bronx, New York 10456

Provider ID #: [redacted]

Audit #: 15-2844

Audit Type
- ☐ **Managed Care**
- ☐ **Fee-for-Service**
- ☒ **Rate**

Amount Due: $25,922.09

Checklist

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: New York State Department of Health.
3. Record the audit number on your check.
4. Mail the check to:

[redacted]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #15-2844
Albany, New York 12237

ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds														Bed Count
						Bed-Hold Add						Allowed			Disallowed	Beneficiary # 1					Beneficiary # 2					Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA	CIN	Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
1/1/12	370			0				370	18	352	7.61%	0	0	0	0	[redacted]			-	$0.00				-	$0.00	370
1/2/12	370	-1		0				369	18	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	369
1/3/12	369			0				369	18	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	369
1/4/12	369	1		0				370	21	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	370
1/5/12	370	-2		0	1	1		368	20	348	8.66%	0	0	0	0		2	3839	-	$21.03				-	$0.00	368
1/6/12	368	4		0				372	19	353	7.35%	0	0	0	0				-	$0.00				-	$0.00	372
1/7/12	372	-2		0				370	19	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	370
1/8/12	370	-3		0				367	19	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	367
1/9/12	367			0				367	20	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	367
1/10/12	367	5		0				372	20	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	372
1/11/12	372	-2		0				370	20	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	370
1/12/12	370	3		0				373	21	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	373
1/13/12	373	2		0				375	21	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	375
1/14/12	375	1		0				376	20	356	6.56%	0	0	0	0				-	$0.00				-	$0.00	376
1/15/12	376			0				376	20	356	6.56%	0	0	0	0				-	$0.00				-	$0.00	376
1/16/12	376	-5		0				371	19	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	371
1/17/12	371	2		0				373	16	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	373
1/18/12	373	7		0				380	16	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	380
1/19/12	380			0				380	18	362	4.99%	0	0	0	0				-	$0.00				-	$0.00	380
1/20/12	380	1		0				381	18	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	381
1/21/12	381			0				381	18	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	381
1/22/12	381	-1		0				380	18	362	4.99%	0	0	0	0				-	$0.00				-	$0.00	380
1/23/12	380	1		0				381	17	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	381
1/24/12	381	3		0				384	18	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	384
1/25/12	384	2		0				386	19	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	386
1/26/12	386	2		0	1	1		388	19	369	3.15%	1	0	1	0		5	3839	-	$55.70				-	$0.00	388
1/27/12	388	-1		0				387	19	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	387
1/28/12	387	-1		0				386	19	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	386
1/29/12	386	-1		0				385	19	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	385
1/30/12	385	-3		0				382	19	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	382
1/31/12	382	1		0				383	20	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	383
	Totals	13	0	0	2	2	0					1	0	1	0		7			$76.73		0			$0.00	

[redacted]

ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
						Bed-Hold Add		For Reserve				Allowed			Disallowed	[redacted]										Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
2/1/12	382			0	2	2		382	20	362	4.99%	2	0	2	0		9	3810	-	$100.98				-	$0.00	382
2/2/12	382			0	1	1		382	20	362	4.99%	1	0	1	0				-	$0.00				-	$0.00	382
2/3/12	382	-1		0	1	1		381	20	361	5.25%	0	0	0	1		9	3839	2/12/2012	$1,904.76				-	$0.00	380
2/4/12	380	-1		0				379	20	359	5.77%	0	0	0	0				-	$0.00				-	$0.00	379
2/5/12	379	-1		0				378	19	359	5.77%	0	0	0	0				-	$0.00				-	$0.00	378
2/6/12	378	1		0				379	19	360	5.51%	0	0	0	0				-	$0.00				-	$0.00	379
2/7/12	379	3		0	1	1		382	19	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	382
2/8/12	382	-1		0				381	19	362	4.99%	0	0	0	0				-	$0.00				-	$0.00	381
2/9/12	381	5		0	2	2		386	20	366	3.94%	2	0	2	0				-	$0.00				-	$0.00	386
2/10/12	386	1		0	2	2		387	21	366	3.94%	2	0	2	0				-	$0.00				-	$0.00	387
2/11/12	387	-1		0	1	1		386	21	365	4.20%	1	0	1	0		3	3810	-	$33.66				-	$0.00	386
2/12/12	386	1		1				388	21	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	388
2/13/12	388	1		0	5	5		389	21	368	3.41%	5	0	5	0				-	$0.00				-	$0.00	389
2/14/12	389	1		0	1	1		390	22	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	390
2/15/12	390	1		0	2	2		391	23	368	3.41%	2	0	2	0				-	$0.00				-	$0.00	391
2/16/12	391			0	2	2		391	22	369	3.15%	2	0	2	0		1	3810	-	$11.22				-	$0.00	391
2/17/12	391	5		0	2	2		396	23	373	2.10%	2	0	2	0				-	$0.00				-	$0.00	396
2/18/12	396			0				396	23	373	2.10%	0	0	0	0				-	$0.00				-	$0.00	396
2/19/12	396			0				396	23	373	2.10%	0	0	0	0				-	$0.00				-	$0.00	396
2/20/12	396	-4		0				392	22	370	2.89%	0	0	0	0				-	$0.00				-	$0.00	392
2/21/12	392			0				392	22	370	2.89%	0	0	0	0				-	$0.00				-	$0.00	392
2/22/12	392	2		0	1	1		394	23	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	394
2/23/12	394	4		0				398	24	374	1.84%	0	0	0	0				-	$0.00				-	$0.00	398
2/24/12	398	-2		0				396	24	372	2.36%	0	0	0	0				-	$0.00				-	$0.00	396
2/25/12	396	-3		0				393	24	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	393
2/26/12	393	-1		0				392	24	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	392
2/27/12	392	-2		0	2	2		390	24	366	3.94%	2	0	2	0				-	$0.00				-	$0.00	390
2/28/12	390			0				390	24	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	390
2/29/12	390	3		0	1	1		393	24	369	3.15%	1	0	1	0		1	3839	-	$11.14				-	$0.00	393
	Totals	11	0	1	25	25	0					24	0	24	1		23			$2,061.76		0			$0.00	

[redacted]

NEW YORK STATE | Office of the Medicaid Inspector General

ATTACHMENT B-I

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
						Bed-Hold Add						Allowed			Disallowed	[redacted]										Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
5/1/12	381	7		0				388	23	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	388
5/2/12	388	3		0				391	24	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	391
5/3/12	391	3		0				394	24	370	2.89%	0	0	0	0				-	$0.00				-	$0.00	394
5/4/12	394	1		0	2	2		395	24	371	2.62%	2	0	2	0				-	$0.00				-	$0.00	395
5/5/12	395	-1		0	1	1		394	24	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	394
5/6/12	394			0				394	24	370	2.89%	0	0	0	0				-	$0.00				-	$0.00	394
5/7/12	394	3		0	3	3		397	24	373	2.10%	3	0	3	0				-	$0.00				-	$0.00	397
5/8/12	397	-1		0	1	1		396	24	372	2.36%	1	0	1	0				-	$0.00				-	$0.00	396
5/9/12	396			0	1	1		396	24	372	2.36%	1	0	1	0				-	$0.00				-	$0.00	396
5/10/12	396	2		0	1	1		398	22	376	1.31%	1	0	1	0				-	$0.00				-	$0.00	398
5/11/12	398	-4		0				394	21	373	2.10%	0	0	0	0				-	$0.00				-	$0.00	394
5/12/12	394	-1		0	3	3		393	21	372	2.36%	3	0	3	0				-	$0.00				-	$0.00	393
5/13/12	393	-1		0				392	21	371	2.62%	0	0	0	0				-	$0.00				-	$0.00	392
5/14/12	392	-2		0	1	1		390	19	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	390
5/15/12	390	3		0				393	20	373	2.10%	0	0	0	0				-	$0.00				-	$0.00	393
5/16/12	393	-3		0	2	2		390	20	370	2.89%	2	0	2	0				-	$0.00				-	$0.00	390
5/17/12	390			0	1	1		390	20	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	390
5/18/12	390			0				390	20	370	2.89%	0	0	0	0				-	$0.00				-	$0.00	390
5/19/12	390	-2		0				388	20	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	388
5/20/12	388	-3		0	1	1		385	20	365	4.20%	1	0	1	0				-	$0.00				-	$0.00	385
5/21/12	385	1		0	1	1		386	20	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	386
5/22/12	386	2		0	1	1		388	20	368	3.41%	1	0	1	0		10	3810	-	$112.20				-	$0.00	388
5/23/12	388	-1		0	1	1		387	21	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	387
5/24/12	387	1		0	1	1		388	21	367	3.67%	1	0	1	0				-	$0.00				-	$0.00	388
5/25/12	388	6		0	2	2		394	21	373	2.10%	2	0	2	0		4	3810	-	$44.88				-	$0.00	394
5/26/12	394	-3		0	1	1		391	22	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	391
5/27/12	391			0	1	1		391	22	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	391
5/28/12	391	-1		0	1	1		390	21	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	390
5/29/12	390	1		0	1	1		391	23	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	391
5/30/12	391			0	1	1		391	23	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	391
5/31/12	391	-1		0	2	2		390	24	366	3.94%	2	0	2	0				-	$0.00				-	$0.00	390
	Totals	9	0	0	30	30	0					30	0	30	0		14			$157.08		0			$0.00	

[redacted]

ATTACHMENT B-I

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID[redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed	[redacted]										Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
6/1/12	390	2		0	3	3		392	23	369	3.15%	3	0	3	0		3	3810	-	$33.66				-	$0.00	392
6/2/12	392	-2		0				390	22	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	390
6/3/12	390	-2		0				388	22	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	388
6/4/12	388	-1		0	1	1		387	22	365	4.20%	1	0	1	0				-	$0.00				-	$0.00	387
6/5/12	387	-1		0	1	1		386	23	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	386
6/6/12	386	3		0	1	1		389	23	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	389
6/7/12	389	3		0	1	1		392	24	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	392
6/8/12	392	1		0	2	2		393	24	369	3.15%	2	0	2	0				-	$0.00				-	$0.00	393
6/9/12	393	-3		0	2	2		390	24	366	3.94%	2	0	2	0				-	$0.00				-	$0.00	390
6/10/12	390	-1		0				389	24	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	389
6/11/12	389	-1		0				388	23	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	388
6/12/12	388			0	2	2		388	23	365	4.20%	2	0	2	0				-	$0.00				-	$0.00	388
6/13/12	388	1		0	2	2		389	22	367	3.67%	2	0	2	0				-	$0.00				-	$0.00	389
6/14/12	389	6		0	3	3		395	24	371	2.62%	3	0	3	0		2	3810	-	$22.44				-	$0.00	395
6/15/12	395	1		0	4	4		396	24	372	2.36%	4	0	4	0				-	$0.00				-	$0.00	396
6/16/12	396	-1		0	1	1		395	24	371	2.62%	1	0	1	1		2	3810	6/18/2012	$426.46				-	$0.00	394
6/17/12	394			0	1	1		394	24	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	394
6/18/12	394	-3		1	1	1		392	23	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	392
6/19/12	392	2		0				394	23	371	2.62%	0	0	0	0				-	$0.00				-	$0.00	394
6/20/12	394	1		0				395	23	372	2.36%	0	0	0	0				-	$0.00				-	$0.00	395
6/21/12	395	-1		0	1	1		394	23	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	394
6/22/12	394	-1		0				393	22	371	2.62%	0	0	0	0				-	$0.00				-	$0.00	393
6/23/12	393			0				393	22	371	2.62%	0	0	0	0				-	$0.00				-	$0.00	393
6/24/12	393	-6		0				387	21	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	387
6/25/12	387			0	1	1		387	21	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	387
6/26/12	387	-2		0				385	21	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	385
6/27/12	385	-1		0	1	1		384	20	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	384
6/28/12	384	5		0				389	21	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	389
6/29/12	389	1		0				390	21	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	390
6/30/12	390	-2		0				388	21	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	388
	Totals	-2	0	1	28	28	0					28	0	28	1		7			$482.56		0			$0.00	

[redacted]

ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity										New Bed-Holds					Beneficiary # 1				Beneficiary # 2					
						Bed-Hold Add		Applicable Bed Count				Allowed			Disallowed											Bed Count Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
7/1/12	388	-2		0				386	19	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	386
7/2/12	386			0	1	1		386	17	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	386
7/3/12	386	-4		0	1	1		382	17	365	4.20%	1	0	1	0				-	$0.00				-	$0.00	382
7/4/12	382			0	2	2		382	17	365	4.20%	2	0	2	0				-	$0.00				-	$0.00	382
7/5/12	382	1		0	3	3		383	17	366	3.94%	3	0	3	0				-	$0.00				-	$0.00	383
7/6/12	383			0	2	2		383	16	367	3.67%	2	0	2	0				-	$0.00				-	$0.00	383
7/7/12	383			0	1	1		383	16	367	3.67%	1	0	1	0				-	$0.00				-	$0.00	383
7/8/12	383	-1		0				382	16	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	382
7/9/12	382			0				382	15	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	382
7/10/12	382	-2		0	3	3		380	15	365	4.20%	3	0	3	0				-	$0.00				-	$0.00	380
7/11/12	380	2		0	3	3		382	17	365	4.20%	3	0	3	0				-	$0.00				-	$0.00	382
7/12/12	382	3		0	2	2		385	17	368	3.41%	2	0	2	0				-	$0.00				-	$0.00	385
7/13/12	385	5		0	1	1		390	17	373	2.10%	1	0	1	0				-	$0.00				-	$0.00	390
7/14/12	390	1		0	1	1		391	17	374	1.84%	1	0	1	0				-	$0.00				-	$0.00	391
7/15/12	391	-1		0	1	1		390	17	373	2.10%	1	0	1	0				-	$0.00				-	$0.00	390
7/16/12	390	3		0	1	1		393	19	374	1.84%	1	0	1	0				-	$0.00				-	$0.00	393
7/17/12	393	-2		0	1	1		391	19	372	2.36%	1	0	1	0				-	$0.00				-	$0.00	391
7/18/12	391			0	1	1		391	19	372	2.36%	1	0	1	0		1	3810	-	$117.12				-	$0.00	391
7/19/12	391	4		0	2	2		395	20	375	1.57%	2	0	2	0				-	$0.00				-	$0.00	395
7/20/12	395			0	1	1		395	20	375	1.57%	1	0	1	0				-	$0.00				-	$0.00	395
7/21/12	395			0	2	2		395	20	375	1.57%	2	0	2	0				-	$0.00				-	$0.00	395
7/22/12	395	-2		0				393	20	373	2.10%	0	0	0	0				-	$0.00				-	$0.00	393
7/23/12	393	1		0	2	2		394	21	373	2.10%	2	0	2	0				-	$0.00				-	$0.00	394
7/24/12	394	2		0	1	1		396	21	375	1.57%	1	0	1	0				-	$0.00				-	$0.00	396
7/25/12	396	2		0				398	21	377	1.05%	0	0	0	0				-	$0.00				-	$0.00	398
7/26/12	398	1		0	2	2		399	21	378	0.79%	2	0	2	0		1	3839	-	$116.21				-	$0.00	399
7/27/12	399	1		0	1	1		400	21	379	0.52%	1	0	1	0				-	$0.00				-	$0.00	400
7/28/12	400			0	2	2		400	21	379	0.52%	2	0	2	0				-	$0.00				-	$0.00	400
7/29/12	400			0				400	21	379	0.52%	0	0	0	0				-	$0.00				-	$0.00	400
7/30/12	400			0				400	21	379	0.52%	0	0	0	0				-	$0.00				-	$0.00	400
7/31/12	400			0				400	20	380	0.26%	0	0	0	0				-	$0.00				-	$0.00	400
	Totals	**12**	**0**	**0**	**37**	**37**	**0**					**37**	**0**	**37**	**0**		**2**			**$233.33**		**0**			**$0.00**	

[redacted]

ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID[redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count Carryover
						Bed-Hold Add						Allowed			Disallowed											
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MAS	CIN	Days	Rate	Adj Date	MAS	Next day
8/1/12	400	-2		0	2	2		398	19	379	0.52%	2	0	2	1		1	3810	8/2/2012	$234.23				-	$0.00	397
8/2/12	397	2		1				400	19	381	0.00%	0	0	0	0				-	$0.00				-	$0.00	400
8/3/12	400	-2		0	1	1		398	21	377	1.05%	1	0	1	0				-	$0.00				-	$0.00	398
8/4/12	398	-2		0	3	3		396	20	376	1.31%	3	0	3	0		5	3810	-	$585.60				-	$0.00	396
8/5/12	396	1		0				397	21	376	1.31%	0	0	0	0				-	$0.00				-	$0.00	397
8/6/12	397	1		0	1	1		398	20	378	0.79%	1	0	1	0				-	$0.00				-	$0.00	398
8/7/12	398	2		0	1	1		400	22	378	0.79%	1	0	1	0				-	$0.00				-	$0.00	400
8/8/12	400	1		0	3	3		401	22	379	0.52%	3	0	3	0				-	$0.00				-	$0.00	401
8/9/12	401	-1		0	1	1		400	22	378	0.79%	1	0	1	0				-	$0.00				-	$0.00	400
8/10/12	400			0				400	21	379	0.52%	0	0	0	0				-	$0.00				-	$0.00	400
8/11/12	400	-2		0	1	1		398	21	377	1.05%	1	0	1	0				-	$0.00				-	$0.00	398
8/12/12	398			0				398	21	377	1.05%	0	0	0	0				-	$0.00				-	$0.00	398
8/13/12	398	-1		0	4	4		397	21	376	1.31%	4	0	4	1		1	3839	8/14/2012	$232.42				-	$0.00	396
8/14/12	396	-3		1	1	1		394	20	374	1.84%	1	0	1	0				-	$0.00				-	$0.00	394
8/15/12	394	-1		0				393	20	373	2.10%	0	0	0	0				-	$0.00				-	$0.00	393
8/16/12	393	-2		0	3	3		391	19	372	2.36%	3	0	3	0				-	$0.00				-	$0.00	391
8/17/12	391	-3		0	1	1		388	19	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	388
8/18/12	388	-3		0	1	1		385	19	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	385
8/19/12	385			0				385	18	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	385
8/20/12	385	-1		0	1	1		384	18	366	3.94%	1	0	1	0		2	3810	-	$234.24				-	$0.00	384
8/21/12	384			0	1	1		384	18	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	384
8/22/12	384	1		0	1	1		385	18	367	3.67%	1	0	1	0				-	$0.00				-	$0.00	385
8/23/12	385	-1		0	1	1		384	17	367	3.67%	1	0	1	0				-	$0.00				-	$0.00	384
8/24/12	384			0	3	3		384	18	366	3.94%	3	0	3	0				-	$0.00				-	$0.00	384
8/25/12	384	1		0	1	1		385	19	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	385
8/26/12	385			0				385	19	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	385
8/27/12	385	2		0				387	20	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	387
8/28/12	387	1		0	1	1		388	21	367	3.67%	1	0	1	0				-	$0.00				-	$0.00	388
8/29/12	388			0				388	23	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	388
8/30/12	388	-1		0	1	1		387	23	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	387
8/31/12	387	1		0				388	23	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	388
	Totals	-12	0	2	33	33	0					33	0	33	2		9			$1,286.49		0			$0.00	

[redacted]

ATTACHMENT B-I

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed											Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
9/1/12	388	-2		0	1	1		386	22	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	386
9/2/12	386	-2		0				384	21	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	384
9/3/12	384	-1		0	1	1		383	20	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	383
9/4/12	383			0	1	1		383	20	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	383
9/5/12	383			0	1	1		383	20	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	383
9/6/12	383	-2		0				381	20	361	5.25%	0	0	0	0				-	$0.00				-	$0.00	381
9/7/12	381			0				381	20	361	5.25%	0	0	0	0				-	$0.00				-	$0.00	381
9/8/12	381	1		0				382	20	362	4.99%	0	0	0	0				-	$0.00				-	$0.00	382
9/9/12	382	-2		0				380	20	360	5.51%	0	0	0	0				-	$0.00				-	$0.00	380
9/10/12	380	1		0				381	20	361	5.25%	0	0	0	0				-	$0.00				-	$0.00	381
9/11/12	381	1		0				382	19	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	382
9/12/12	382	5		0				387	20	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	387
9/13/12	387	2		0	1	1		389	21	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	389
9/14/12	389	4		0	3	3		393	22	371	2.62%	3	0	3	0				-	$0.00				-	$0.00	393
9/15/12	393	1		0	1	1		394	23	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	394
9/16/12	394	-2		0				392	23	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	392
9/17/12	392	2		0				394	22	372	2.36%	0	0	0	0				-	$0.00				-	$0.00	394
9/18/12	394	-1		0	1	1		393	23	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	393
9/19/12	393	-1		0	1	1		392	22	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	392
9/20/12	392	-2		0	2	2		390	20	370	2.89%	2	0	2	0				-	$0.00				-	$0.00	390
9/21/12	390	2		0	1	1		392	21	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	392
9/22/12	392			0	1	1		392	21	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	392
9/23/12	392	-1		0	1	1		391	21	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	391
9/24/12	391	4		0	1	1		395	22	373	2.10%	1	0	1	0				-	$0.00				-	$0.00	395
9/25/12	395	-2		0				393	22	371	2.62%	0	0	0	0				-	$0.00				-	$0.00	393
9/26/12	393	1		0	1	1		394	23	371	2.62%	1	0	1	0		7	3810	-	$819.84				-	$0.00	394
9/27/12	394	-1		0	1	1		393	23	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	393
9/28/12	393	-1		0	1	1		392	23	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	392
9/29/12	392			0				392	23	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	392
9/30/12	392	-2		0				390	23	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	390
	Totals	2	0	0	20	20	0					20	0	20	0		7			$819.84		0			$0.00	

[redacted]

ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed											Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
10/1/12	390			0				390	22	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	390
10/2/12	390	4		0	1	1		394	23	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	394
10/3/12	394	-2		0				392	23	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	392
10/4/12	392			0				392	24	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	392
10/5/12	392			0	2	2		392	23	369	3.15%	2	0	2	0				-	$0.00				-	$0.00	392
10/6/12	392	-1		0	2	2		391	22	369	3.15%	2	0	2	0				-	$0.00				-	$0.00	391
10/7/12	391	-1		0				390	22	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	390
10/8/12	390	-2		0	1	1		388	21	367	3.67%	1	0	1	0				-	$0.00				-	$0.00	388
10/9/12	388	1		0	2	2		389	20	369	3.15%	2	0	2	0				-	$0.00				-	$0.00	389
10/10/12	389	1		0				390	20	370	2.89%	0	0	0	0				-	$0.00				-	$0.00	390
10/11/12	390			0	2	2		390	20	370	2.89%	2	0	2	0				-	$0.00				-	$0.00	390
10/12/12	390	3		0				393	19	374	1.84%	0	0	0	0				-	$0.00				-	$0.00	393
10/13/12	393			0				393	20	373	2.10%	0	0	0	0				-	$0.00				-	$0.00	393
10/14/12	393			0				393	20	373	2.10%	0	0	0	0				-	$0.00				-	$0.00	393
10/15/12	393	-2		0				391	20	371	2.62%	0	0	0	0				-	$0.00				-	$0.00	391
10/16/12	391	-1		0				390	20	370	2.89%	0	0	0	0				-	$0.00				-	$0.00	390
10/17/12	390	-1		0	2	2		389	21	368	3.41%	2	0	2	0				-	$0.00				-	$0.00	389
10/18/12	389			0	3	3		389	21	368	3.41%	3	0	3	0				-	$0.00				-	$0.00	389
10/19/12	389			0	2	2		389	22	367	3.67%	2	0	2	1		2	3810	10/21/2012	$468.46				-	$0.00	388
10/20/12	388	-2		0				386	21	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	386
10/21/12	386	-1		1	1	1		386	21	365	4.20%	1	0	1	0				-	$0.00				-	$0.00	386
10/22/12	386	-2		0				384	20	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	384
10/23/12	384	2		0	1	1		386	20	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	386
10/24/12	386	2		0				388	20	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	388
10/25/12	388	1		0				389	20	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	389
10/26/12	389	3		0	1	1		392	21	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	392
10/27/12	392	-2		0				390	21	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	390
10/28/12	390	4		0				394	25	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	394
10/29/12	394	-1		0				393	24	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	393
10/30/12	393	-1		0	1	1		392	24	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	392
10/31/12	392	13		0				405	25	380	0.26%	0	0	0	0				-	$0.00				-	$0.00	405
	Totals	15	0	1	21	21	0					21	0	21	1		2			$468.46		0			$0.00	

[redacted]

ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed											Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
11/1/12	405			0				405	24	381	0.00%	0	0	0	0				-	$0.00				-	$0.00	405
11/2/12	405	-2		0				403	24	379	0.52%	0	0	0	0				-	$0.00				-	$0.00	403
11/3/12	403	-2		0				401	24	377	1.05%	0	0	0	0				-	$0.00				-	$0.00	401
11/4/12	401			0				401	22	379	0.52%	0	0	0	0				-	$0.00				-	$0.00	401
11/5/12	401			0	1	1		401	20	381	0.00%	1	0	1	0				-	$0.00				-	$0.00	401
11/6/12	401	-1		0	1	1		400	21	379	0.52%	1	0	1	0				-	$0.00				-	$0.00	400
11/7/12	400	-1		0				399	23	376	1.31%	0	0	0	0				-	$0.00				-	$0.00	399
11/8/12	399	2		0				401	21	380	0.26%	0	0	0	0				-	$0.00				-	$0.00	401
11/9/12	401	1		0	2	2		402	23	379	0.52%	2	0	2	0				-	$0.00				-	$0.00	402
11/10/12	402	-1		0				401	23	378	0.79%	0	0	0	0				-	$0.00				-	$0.00	401
11/11/12	401			0				401	23	378	0.79%	0	0	0	0				-	$0.00				-	$0.00	401
11/12/12	401	1		0	1	1		402	23	379	0.52%	1	0	1	0				-	$0.00				-	$0.00	402
11/13/12	402	1		0	1	1		403	23	380	0.26%	1	0	1	0				-	$0.00				-	$0.00	403
11/14/12	403	-1		0				402	22	380	0.26%	0	0	0	0				-	$0.00				-	$0.00	402
11/15/12	402	1		0				403	23	380	0.26%	0	0	0	0				-	$0.00				-	$0.00	403
11/16/12	403	-1		0	2	2		402	23	379	0.52%	2	0	2	0				-	$0.00				-	$0.00	402
11/17/12	402	-1		0	2	2		401	22	379	0.52%	2	0	2	0				-	$0.00				-	$0.00	401
11/18/12	401			0				401	22	379	0.52%	0	0	0	0				-	$0.00				-	$0.00	401
11/19/12	401	2		0				403	23	380	0.26%	0	0	0	0				-	$0.00				-	$0.00	403
11/20/12	403			0	1	1		403	23	380	0.26%	1	0	1	0				-	$0.00				-	$0.00	403
11/21/12	403	-2		0				401	21	380	0.26%	0	0	0	0				-	$0.00				-	$0.00	401
11/22/12	401	-2		0	4	4		399	20	379	0.52%	4	0	4	0				-	$0.00				-	$0.00	399
11/23/12	399	-3		0	2	2		396	20	376	1.31%	2	0	2	0				-	$0.00				-	$0.00	396
11/24/12	396			0				396	20	376	1.31%	0	0	0	0				-	$0.00				-	$0.00	396
11/25/12	396	-1		0				395	20	375	1.57%	0	0	0	0				-	$0.00				-	$0.00	395
11/26/12	395	-1		0	1	1		394	19	375	1.57%	1	0	1	0				-	$0.00				-	$0.00	394
11/27/12	394	-3		0	2	2		391	20	371	2.62%	2	0	2	0				-	$0.00				-	$0.00	391
11/28/12	391	-1		0				390	20	370	2.89%	0	0	0	0				-	$0.00				-	$0.00	390
11/29/12	390	3		0	1	1		393	21	372	2.36%	1	0	1	0				-	$0.00				-	$0.00	393
11/30/12	393	-3		0	2	2		390	20	370	2.89%	2	0	2	0		8	3810	-	$936.96				-	$0.00	390
	Totals	-15	0	0	23	23	0					23	0	23	0		8			$936.96		0			$0.00	

[redacted]

ATTACHMENT B-I

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds														Bed Count
						Bed-Hold Add		For Reserve				Allowed			Disallowed	Beneficiary # 1				Beneficiary # 2					Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA	Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
12/1/12	390	-1		0	2	2		389	19	370	2.69%	2	0	2	0			-	$0.00				-	$0.00	389
12/2/12	389	-2		0	1	1		387	19	368	3.41%	1	0	1	0			-	$0.00				-	$0.00	387
12/3/12	387	2		0	1	1		389	19	370	2.89%	1	0	1	0			-	$0.00				-	$0.00	389
12/4/12	389	1		0	3	3		390	19	371	2.62%	3	0	3	0			-	$0.00				-	$0.00	390
12/5/12	390	2		0				392	19	373	2.10%	0	0	0	0			-	$0.00				-	$0.00	392
12/6/12	392	-1		0	3	3		391	19	372	2.36%	3	0	3	0			-	$0.00				-	$0.00	391
12/7/12	391	2		0	1	1		393	22	371	2.62%	1	0	1	0			-	$0.00				-	$0.00	393
12/8/12	393			0				393	20	373	2.10%	0	0	0	0			-	$0.00				-	$0.00	393
12/9/12	393	-3		0	1	1		390	19	371	2.62%	1	0	1	0			-	$0.00				-	$0.00	390
12/10/12	390	-1		0				389	20	369	3.15%	0	0	0	0			-	$0.00				-	$0.00	389
12/11/12	389	4		0				393	20	373	2.10%	0	0	0	0			-	$0.00				-	$0.00	393
12/12/12	393	-1		0	1	1		392	20	372	2.36%	1	0	1	1	1	3839	12/13/2012	$116.21				-	$0.00	391
12/13/12	391	1		1	1	1		393	20	373	2.10%	1	0	1	0			-	$0.00				-	$0.00	393
12/14/12	393	3		0				396	21	375	1.57%	0	0	0	0			-	$0.00				-	$0.00	396
12/15/12	396	-2		0				394	19	375	1.57%	0	0	0	0			-	$0.00				-	$0.00	394
12/16/12	394	-3		0				391	18	373	2.10%	0	0	0	0			-	$0.00				-	$0.00	391
12/17/12	391	4		0				395	20	375	1.57%	0	0	0	1	1	3839	12/18/2012	$116.21				-	$0.00	394
12/18/12	394	-3		1				392	21	371	2.62%	0	0	0	0			-	$0.00				-	$0.00	392
12/19/12	392	-3		0				389	23	366	3.94%	0	0	0	0			-	$0.00				-	$0.00	389
12/20/12	389	-8		0				381	23	358	6.04%	0	0	0	0			-	$0.00				-	$0.00	381
12/21/12	381	-2		0				379	23	356	6.56%	0	0	0	0			-	$0.00				-	$0.00	379
12/22/12	379	-1		0				378	23	355	6.82%	0	0	0	0			-	$0.00				-	$0.00	378
12/23/12	378	-2		0				376	23	353	7.35%	0	0	0	0			-	$0.00				-	$0.00	376
12/24/12	376			0	1	1		376	23	353	7.35%	0	0	0	1	1	3839	12/25/2012	$220.80				-	$0.00	375
12/25/12	375	-3		1				373	20	353	7.35%	0	0	0	0			-	$0.00				-	$0.00	373
12/26/12	373	-2		0				371	18	353	7.35%	0	0	0	0			-	$0.00				-	$0.00	371
12/27/12	371			0				371	18	353	7.35%	0	0	0	0			-	$0.00				-	$0.00	371
12/28/12	371	2		0				373	19	354	7.09%	0	0	0	0			-	$0.00				-	$0.00	373
12/29/12	373			0				373	19	354	7.09%	0	0	0	0			-	$0.00				-	$0.00	373
12/30/12	373	-1		0				372	18	354	7.09%	0	0	0	0			-	$0.00				-	$0.00	372
12/31/12	372			0				372	19	353	7.35%	0	0	0	0			-	$0.00				-	$0.00	372
	Totals	-18	0	3	15	15	0					14	0	14	3	3			$453.22		0			$0.00	

[redacted]

ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
						Bed-Hold Add						Allowed			Disallowed											Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA	[redacted]	Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
1/1/13	372	1		0				373	19	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	373
1/2/13	373	3		0				376	22	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	376
1/3/13	376	-1		0				375	21	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	375
1/4/13	375	-3		0				372	19	353	7.35%	0	0	0	0				-	$0.00				-	$0.00	372
1/5/13	372	-1		0				371	19	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	371
1/6/13	371	-3		0				368	19	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	368
1/7/13	368	3		0				371	19	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	371
1/8/13	371	-3		0				368	19	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	368
1/9/13	368	4		0				372	18	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	372
1/10/13	372	2		0				374	20	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	374
1/11/13	374	-1		0				373	20	353	7.35%	0	0	0	0				-	$0.00				-	$0.00	373
1/12/13	373			0				373	20	353	7.35%	0	0	0	0				-	$0.00				-	$0.00	373
1/13/13	373	2		0				375	19	356	6.56%	0	0	0	0				-	$0.00				-	$0.00	375
1/14/13	375	-3		0				372	19	353	7.35%	0	0	0	0				-	$0.00				-	$0.00	372
1/15/13	372	-1		0				371	20	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	371
1/16/13	371	2		0				373	21	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	373
1/17/13	373			0	1	1		373	21	352	7.61%	0	0	0	1		2	3839	1/19/2013	$455.78				-	$0.00	372
1/18/13	372	-2		0	1	1		370	20	350	8.14%	0	0	0	1		2	3810	1/20/2013	$459.50				-	$0.00	369
1/19/13	369			1				370	21	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	370
1/20/13	370	1		1				372	21	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	372
1/21/13	372	-1		0	1	1		371	21	350	8.14%	0	0	0	1		2	3810	1/23/2013	$459.50				-	$0.00	370
1/22/13	370	-2		0				368	19	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	368
1/23/13	368			1				369	19	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	369
1/24/13	369	-2		0				367	19	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	367
1/25/13	367	-1		0				366	18	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	366
1/26/13	366	1		0				367	18	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	367
1/27/13	367	-1		0				366	18	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	366
1/28/13	366	1		0				367	16	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	367
1/29/13	367	1		0				368	16	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	368
1/30/13	368			0				368	17	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	368
1/31/13	368	3		0				371	19	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	371
	Totals	-1	0	3	3	3	0					0	0	0	3		6			$1,374.78		0			$0.00	

[redacted]

ATTACHMENT B-I

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed											Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
2/1/13	371	-3		0				368	19	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	368
2/2/13	368			0				368	19	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	368
2/3/13	368	-2		0				366	19	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	366
2/4/13	366	-2		0				364	19	345	9.45%	0	0	0	0				-	$0.00				-	$0.00	364
2/5/13	364			0				364	20	344	9.71%	0	0	0	0				-	$0.00				-	$0.00	364
2/6/13	364	2		0				366	19	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	366
2/7/13	366	-1		0				365	18	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	365
2/8/13	365	1		0				366	20	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	366
2/9/13	366	1		0				367	20	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	367
2/10/13	367	-1		0				366	20	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	366
2/11/13	366	3		0				369	21	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	369
2/12/13	369			0				369	21	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	369
2/13/13	369			0				369	20	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	369
2/14/13	369	6		0				375	23	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	375
2/15/13	375	2		0				377	23	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	377
2/16/13	377	-1		0				376	21	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	376
2/17/13	376	-1		0				375	20	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	375
2/18/13	375	-3		0				372	20	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	372
2/19/13	372			0				372	22	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	372
2/20/13	372	-2		0				370	22	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	370
2/21/13	370			0				370	22	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	370
2/22/13	370	-2		0				368	22	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	368
2/23/13	368	-1		0				367	22	345	9.45%	0	0	0	0				-	$0.00				-	$0.00	367
2/24/13	367	-2		0				365	21	344	9.71%	0	0	0	0				-	$0.00				-	$0.00	365
2/25/13	365	4		0				369	22	347	8.92%	0	0	0	1		9	3810	3/6/2013	$2,067.75				-	$0.00	368
2/26/13	368	1		0				369	23	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	369
2/27/13	369			0				369	23	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	369
2/28/13	369	5		0				374	23	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	374
	Totals	1	0	0	0	0	0					0	0	0	1		9			$2,067.75		0			$0.00	

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ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
						Bed-Hold Add						Allowed			Disallowed											Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
3/1/13	374	2		0				376	24	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	376
3/2/13	376	-2		0				374	23	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	374
3/3/13	374	-2		0				372	23	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	372
3/4/13	372			0				372	23	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	372
3/5/13	372	-1		0				371	22	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	371
3/6/13	371	-1		1				371	22	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	371
3/7/13	371	1		0				372	22	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	372
3/8/13	372	2		0				374	23	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	374
3/9/13	374	2		0				376	24	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	376
3/10/13	376	-2		0				374	24	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	374
3/11/13	374	1		0				375	23	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	375
3/12/13	375	-2		0				373	23	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	373
3/13/13	373			0				373	24	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	373
3/14/13	373	-5		0				368	22	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	368
3/15/13	368	-3		0				365	22	343	9.97%	0	0	0	0				-	$0.00				-	$0.00	365
3/16/13	365	1		0				366	22	344	9.71%	0	0	0	0				-	$0.00				-	$0.00	366
3/17/13	366	-2		0				364	22	342	10.24%	0	0	0	0				-	$0.00				-	$0.00	364
3/18/13	364	5		0				369	22	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	369
3/19/13	369	2		0				371	21	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	371
3/20/13	371	-2		0				369	21	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	369
3/21/13	369	5		0				374	21	353	7.35%	0	0	0	0				-	$0.00				-	$0.00	374
3/22/13	374	1		0				375	20	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	375
3/23/13	375	1		0				376	21	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	376
3/24/13	376	-1		0				375	20	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	375
3/25/13	375	-3		0				372	19	353	7.35%	0	0	0	0				-	$0.00				-	$0.00	372
3/26/13	372	-2		0				370	18	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	370
3/27/13	370	-2		0				368	18	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	368
3/28/13	368	3		0	1	1		371	18	353	7.35%	0	0	0	1		2	3839	3/30/2013	$455.78				-	$0.00	370
3/29/13	370	4		0				374	18	356	6.56%	0	0	0	0				-	$0.00				-	$0.00	374
3/30/13	374	-2		1				373	18	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	373
3/31/13	373			0				373	18	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	373
	Totals	-2	0	2	1	1	0					0	0	0	1		2			$455.78		0			$0.00	

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ATTACHMENT B-I

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed											Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MAS	CIN	Days	Rate	Adj Date	MAS	Next day
4/1/13	373	2		0				375	18	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	375
4/2/13	375	-2		0				373	18	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	373
4/3/13	373	2		0				375	19	356	6.56%	0	0	0	0				-	$0.00				-	$0.00	375
4/4/13	375	-1		0				374	20	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	374
4/5/13	374	2		0				376	19	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	376
4/6/13	376			0				376	19	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	376
4/7/13	376	-3		0				373	18	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	373
4/8/13	373	2		0				375	18	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	375
4/9/13	375	2		0				377	20	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	377
4/10/13	377	1		0				378	20	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	378
4/11/13	378	2		0				380	21	359	5.77%	0	0	0	0				-	$0.00				-	$0.00	380
4/12/13	380	1		0				381	23	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	381
4/13/13	381	-1		0				380	22	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	380
4/14/13	380	1		0				381	22	359	5.77%	0	0	0	0				-	$0.00				-	$0.00	381
4/15/13	381			0				381	21	360	5.51%	0	0	0	0				-	$0.00				-	$0.00	381
4/16/13	381	4		0				385	21	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	385
4/17/13	385	3		0	1	1		388	21	367	3.67%	1	0	1	0				-	$0.00				-	$0.00	388
4/18/13	388	2		0				390	22	368	3.41%	0	0	0	1		3	3810	4/21/2013	$697.59				-	$0.00	389
4/19/13	389	-1		0				388	22	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	388
4/20/13	388	-2		0	1	1		386	22	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	386
4/21/13	386	-1		1				386	22	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	386
4/22/13	386	-3		0				383	20	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	383
4/23/13	383	1		0	2	2		384	21	363	4.72%	2	0	2	0		5	3839	-	$576.70				-	$0.00	384
4/24/13	384			0				384	20	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	384
4/25/13	384	-7		0				377	17	360	5.51%	0	0	0	0				-	$0.00				-	$0.00	377
4/26/13	377	-2		0				375	16	359	5.77%	0	0	0	0				-	$0.00				-	$0.00	375
4/27/13	375	-1		0				374	16	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	374
4/28/13	374	-1		0				373	16	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	373
4/29/13	373	-2		0				371	16	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	371
4/30/13	371	-2		0				369	14	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	369
	Totals	-4	0	1	4	4	0					4	0	4	1		8			$1,274.29		0			$0.00	

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ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds														Bed Count
						Bed-Hold Add		For Reserve				Allowed			Disallowed		Beneficiary # 1				Beneficiary # 2					Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
6/1/13	361	-2		0				359	17	342	10.24%	0	0	0	0				-	$0.00				-	$0.00	359
6/2/13	359	1		0				360	87	273	28.35%	0	0	0	0				-	$0.00				-	$0.00	360
6/3/13	360	4		0				364	18	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	364
6/4/13	364			0				364	18	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	364
6/5/13	364	-5		0				359	18	341	10.50%	0	0	0	0				-	$0.00				-	$0.00	359
6/6/13	359	4		0				363	18	345	9.45%	0	0	0	0				-	$0.00				-	$0.00	363
6/7/13	363	-4		0	1	1		359	18	341	10.50%	0	0	0	1		2	3839	6/9/2013	$461.34				-	$0.00	358
6/8/13	358	1		0				359	18	341	10.50%	0	0	0	0				-	$0.00				-	$0.00	359
6/9/13	359	-1		1				359	18	341	10.50%	0	0	0	0				-	$0.00				-	$0.00	359
6/10/13	359	-1		0				358	18	340	10.76%	0	0	0	0				-	$0.00				-	$0.00	358
6/11/13	358	1		0				359	19	340	10.76%	0	0	0	0				-	$0.00				-	$0.00	359
6/12/13	359	3		0				362	19	343	9.97%	0	0	0	0				-	$0.00				-	$0.00	362
6/13/13	362			0				362	20	342	10.24%	0	0	0	0				-	$0.00				-	$0.00	362
6/14/13	362	-2		0				360	20	340	10.76%	0	0	0	0				-	$0.00				-	$0.00	360
6/15/13	360			0				360	20	340	10.76%	0	0	0	0				-	$0.00				-	$0.00	360
6/16/13	360	-1		0				359	19	340	10.76%	0	0	0	0				-	$0.00				-	$0.00	359
6/17/13	359	1		0				360	18	342	10.24%	0	0	0	0				-	$0.00				-	$0.00	360
6/18/13	360	2		0				362	19	343	9.97%	0	0	0	0				-	$0.00				-	$0.00	362
6/19/13	362	2		0				364	18	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	364
6/20/13	364	3		0				367	19	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	367
6/21/13	367			0				367	19	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	367
6/22/13	367	-1		0				366	19	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	366
6/23/13	366	-1		0				365	19	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	365
6/24/13	365	-1		0				364	19	345	9.45%	0	0	0	0				-	$0.00				-	$0.00	364
6/25/13	364	-3		0				361	19	342	10.24%	0	0	0	0				-	$0.00				-	$0.00	361
6/26/13	361	-1		0				360	19	341	10.50%	0	0	0	0				-	$0.00				-	$0.00	360
6/27/13	360	6		0				366	20	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	366
6/28/13	366	2		0				368	20	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	368
6/29/13	368	-3		0				365	19	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	365
6/30/13	365	-1		0				364	18	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	364
	Totals	3	0	1	1	1	0					0	0	0	1		2			$461.34		0			$0.00	

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ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
						Bed-Hold Add						Allowed			Disallowed											Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
7/1/13	364	-3		0	1	1		361	18	343	9.97%	0	0	0	1		5	3810	7/6/2013	$1,137.45				-	$0.00	360
7/2/13	360	2		0				362	18	344	9.71%	0	0	0	0				-	$0.00				-	$0.00	362
7/3/13	362	-1		0	1	1		361	18	343	9.97%	0	0	0	1		2	3810	7/5/2013	$432.24				-	$0.00	360
7/4/13	360			0				360	17	343	9.97%	0	0	0	0				-	$0.00				-	$0.00	360
7/5/13	360	4		1				365	18	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	365
7/6/13	365			1				366	18	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	366
7/7/13	366	-2		0				364	18	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	364
7/8/13	364	1		0				365	18	347	8.92%	0	0	0	0				-	$0.00				-	$0.00	365
7/9/13	365	1		0	1	1		366	18	348	8.66%	0	0	0	1		2	3810	7/11/2013	$454.98				-	$0.00	365
7/10/13	365	1		0				366	18	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	366
7/11/13	366			1				367	19	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	367
7/12/13	367	-2		0				365	19	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	365
7/13/13	365	-2		0				363	17	346	9.19%	0	0	0	0				-	$0.00				-	$0.00	363
7/14/13	363	2		0				365	17	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	365
7/15/13	365	-4		0				361	16	345	9.45%	0	0	0	0				-	$0.00				-	$0.00	361
7/16/13	361	3		0				364	15	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	364
7/17/13	364	1		0				365	16	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	365
7/18/13	365	-1		0				364	16	348	8.66%	0	0	0	0				-	$0.00				-	$0.00	364
7/19/13	364	3		0	1	1		367	16	351	7.87%	0	0	0	1		5	3810	7/24/2013	$1,137.45				-	$0.00	366
7/20/13	366			0				366	15	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	366
7/21/13	366	-2		0				364	15	349	8.40%	0	0	0	0				-	$0.00				-	$0.00	364
7/22/13	364	3		0				367	14	353	7.35%	0	0	0	0				-	$0.00				-	$0.00	367
7/23/13	367	-2		0				365	14	351	7.87%	0	0	0	0				-	$0.00				-	$0.00	365
7/24/13	365	2		1				368	14	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	368
7/25/13	368	1		0				369	14	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	369
7/26/13	369	-2		0				367	13	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	367
7/27/13	367			0				367	13	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	367
7/28/13	367	-2		0				365	13	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	365
7/29/13	365	2		0				367	17	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	367
7/30/13	367			0				367	17	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	367
7/31/13	367			0				367	17	350	8.14%	0	0	0	0				-	$0.00				-	$0.00	367
	Totals	3	0	4	4	4	0					0	0	0	4		14			$3,162.12		0			$0.00	

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ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed											Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
8/1/13	358	8		0	4			362	0	362	4.99%	0	0	0	0				-	$0.00				-	$0.00	362
8/2/13	362	5		0	2	2		367	0	367	3.67%	2	0	2	0				-	$0.00				-	$0.00	367
8/3/13	367			0	1	1		367	0	367	3.67%	1	0	1	0				-	$0.00				-	$0.00	367
8/4/13	367	1	1	0	1			366	0	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	366
8/5/13	366	3	1	0	1	1		368	0	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	368
8/6/13	368	1		0	4	2		367	0	367	3.67%	2	0	2	0				-	$0.00				-	$0.00	367
8/7/13	367	3		0	2	2		370	0	370	2.89%	2	0	2	0				-	$0.00				-	$0.00	370
8/8/13	370	2	2	0	2			368	0	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	368
8/9/13	368	1	1	0	7	3		364	0	364	4.46%	3	0	3	0				-	$0.00				-	$0.00	364
8/10/13	364	1		0	2	1		364	0	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	364
8/11/13	364	1	1	0	5	4		363	0	363	4.72%	4	0	4	0				-	$0.00				-	$0.00	363
8/12/13	363	4	2	0	1	1		365	0	365	4.20%	1	0	1	0				-	$0.00				-	$0.00	365
8/13/13	365	1	1	0	1	1		365	0	365	4.20%	1	0	1	0				-	$0.00				-	$0.00	365
8/14/13	365	4	3	0				366	0	366	3.94%	0	0	0	1		6	3839	8/20/2013	$677.10				-	$0.00	365
8/15/13	365	1	1	0	5	2		362	0	362	4.99%	2	0	2	0				-	$0.00				-	$0.00	362
8/16/13	362	5	2	0	2	2		365	0	365	4.20%	2	0	2	0				-	$0.00				-	$0.00	365
8/17/13	365			0	3	1		363	0	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	363
8/18/13	363	1	1	0				363	0	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	363
8/19/13	363	5	3	0	2			363	0	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	363
8/20/13	363		1	1	2	1		362	0	362	4.99%	1	0	1	0				-	$0.00				-	$0.00	362
8/21/13	362	4	3	0	1	1		363	0	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	363
8/22/13	363	2		0	2	1		364	0	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	364
8/23/13	364	3	2	0	2			363	0	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	363
8/24/13	363			0	1	1		363	0	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	363
8/25/13	363			0				363	0	363	4.72%	0	0	0	0				-	$0.00				-	$0.00	363
8/26/13	363	3	1	0	5	3		363	0	363	4.72%	3	0	3	0				-	$0.00				-	$0.00	363
8/27/13	363	4	2	0	2	1		364	0	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	364
8/28/13	364	5	1	0	4	3		367	0	367	3.67%	3	0	3	0				-	$0.00				-	$0.00	367
8/29/13	367	2	1	0	3	2		367	0	367	3.67%	2	0	2	0				-	$0.00				-	$0.00	367
8/30/13	367	3	1	0	4	2		367	0	367	3.67%	2	0	2	0				-	$0.00				-	$0.00	367
8/31/13	367			0	2			365	0	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	365
	Totals	73	31	1	73	38	0					38	0	38	1		6			$677.10		0			$0.00	

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ATTACHMENT B-I

NEW YORK STATE | Office of the Medicaid Inspector General

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID[redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
						Bed-Hold Add						Allowed			Disallowed											Carryover
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	VENT Census	GERI CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
10/1/13	358	5	1	0	2			360	0	360	5.51%	0	0	0	0				-	$0.00				-	$0.00	360
10/2/13	360	2		0	3			359	0	359	5.77%	0	0	0	0				-	$0.00				-	$0.00	359
10/3/13	359	7	1	0	3			362	0	362	4.99%	0	0	0	0				-	$0.00				-	$0.00	362
10/4/13	362	3		0	5			360	0	360	5.51%	0	0	0	0				-	$0.00				-	$0.00	360
10/5/13	360			0	1			359	0	359	5.77%	0	0	0	0				-	$0.00				-	$0.00	359
10/6/13	359			0	1			358	0	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	358
10/7/13	358	2		0	2			358	0	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	358
10/8/13	358	7		0	2	2		365	0	365	4.20%	2	0	2	0				-	$0.00				-	$0.00	365
10/9/13	365	3		0	4	1		365	0	365	4.20%	1	0	1	0				-	$0.00				-	$0.00	365
10/10/13	365	4		0	1			368	0	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	368
10/11/13	368	3	1	0	2	1		369	0	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	369
10/12/13	369			0				369	0	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	369
10/13/13	369			0	1	1		369	0	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	369
10/14/13	369	3	2	0	5			365	0	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	365
10/15/13	365	3		0	4	2		366	0	366	3.94%	2	0	2	0				-	$0.00				-	$0.00	366
10/16/13	366			0	4	1		363	0	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	363
10/17/13	363	3	1	0	1			364	0	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	364
10/18/13	364	3		0	4	2		365	0	365	4.20%	2	0	2	0				-	$0.00				-	$0.00	365
10/19/13	365	1	1	0	2	1		364	0	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	364
10/20/13	364			0	1			363	0	363	4.72%	0	0	0	0		1	3810	-	$113.75				-	$0.00	363
10/21/13	363			0	1			362	0	362	4.99%	0	0	0	0				-	$0.00				-	$0.00	362
10/22/13	362	3		0	7			358	0	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	358
10/23/13	358	4	2	0	5			355	0	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	355
10/24/13	355	4		0	1			358	0	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	358
10/25/13	358	8	2	0	2			362	0	362	4.99%	0	0	0	0				-	$0.00				-	$0.00	362
10/26/13	362			0	4			358	0	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	358
10/27/13	358			0	1			357	0	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	357
10/28/13	357	2		0	4			355	0	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	355
10/29/13	355	6		0	2			359	0	359	5.77%	0	0	0	0				-	$0.00				-	$0.00	359
10/30/13	359	2	1	0	4			356	0	356	6.56%	0	0	0	0				-	$0.00				-	$0.00	356
10/31/13	356	5		0	4			357	0	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	357
	Totals	83	12	0	83	11	0					11	0	11	0		1			$113.75		0			$0.00	

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ATTACHMENT B-I

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed											Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
2/1/14	371			0	2	1		370	0	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	370
2/2/14	370	1	1	0	1	1		370	0	370	2.89%	1	0	1	0				-	$0.00				-	$0.00	370
2/3/14	370	3	3	0	3			367	0	367	3.67%	0	0	0	0				-	$0.00				-	$0.00	367
2/4/14	367	3		0	2	1		369	0	369	3.15%	1	0	1	0				-	$0.00				-	$0.00	369
2/5/14	369	7		0				376	0	376	1.31%	0	0	0	0				-	$0.00				-	$0.00	376
2/6/14	376	1		0	5	1		373	0	373	2.10%	1	0	1	0				-	$0.00				-	$0.00	373
2/7/14	373	3	1	0	5	1		371	0	371	2.62%	1	0	1	0				-	$0.00				-	$0.00	371
2/8/14	371	1	1	0				371	0	371	2.62%	0	0	0	0				-	$0.00				-	$0.00	371
2/9/14	371	1	1	0				371	0	371	2.62%	0	0	0	0				-	$0.00				-	$0.00	371
2/10/14	371	1		0	5	1		368	0	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	368
2/11/14	368	2	1	0	3	3		369	0	369	3.15%	3	0	3	0		1	3812	-	$117.92				-	$0.00	369
2/12/14	369	4	2	0	4	1		368	0	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	368
2/13/14	368			0	1	1		368	0	368	3.41%	1	0	1	0				-	$0.00				-	$0.00	368
2/14/14	368	4	2	0	3	2		369	0	369	3.15%	2	0	2	0				-	$0.00				-	$0.00	369
2/15/14	369	1	1	0	2	2		369	0	369	3.15%	2	0	2	0				-	$0.00				-	$0.00	369
2/16/14	369	1	1	0				369	0	369	3.15%	0	0	0	0				-	$0.00				-	$0.00	369
2/17/14	369	1	1	0	1			368	0	368	3.41%	0	0	0	0				-	$0.00				-	$0.00	368
2/18/14	368	1	2	0	4	1		364	0	364	4.48%	1	0	1	0				-	$0.00				-	$0.00	364
2/19/14	364		1	0	2			361	0	361	5.25%	0	0	0	0				-	$0.00				-	$0.00	361
2/20/14	361	3	1	0	3	2		362	0	362	4.99%	2	0	2	0				-	$0.00				-	$0.00	362
2/21/14	362	5		0	7	4		364	0	364	4.46%	4	0	4	0				-	$0.00				-	$0.00	364
2/22/14	364			0	3	2		363	0	363	4.72%	2	0	2	0				-	$0.00				-	$0.00	363
2/23/14	363	1	2	0	2	2		362	0	362	4.99%	2	0	2	0				-	$0.00				-	$0.00	362
2/24/14	362	2	2	0	1	1		362	0	362	4.99%	1	0	1	0				-	$0.00				-	$0.00	362
2/25/14	362	6	2	0	1			365	0	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	365
2/26/14	365	6		0	4	2		369	0	369	3.15%	2	0	2	0				-	$0.00				-	$0.00	369
2/27/14	369	4	1	0	4	3		371	0	371	2.62%	3	0	3	1		4	3810	3/3/2014	$475.60				-	$0.00	370
2/28/14	370	5	4	0	8	3		366	0	366	3.94%	3	0	3	0				-	$0.00				-	$0.00	366
	Totals	67	30	9	76	35	0					35	0	35	1		5			$593.52		0			$0.00	

[redacted]

NEW YORK STATE | Office of the Medicaid Inspector General

ATTACHMENT B-I

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID[redacted]

GERIATRIC CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLINGS

		Daily Activity						Applicable Bed Count				New Bed-Holds					Beneficiary # 1				Beneficiary # 2					Bed Count
	Bed	Daily	Bed-Hold	Audit		Bed-Hold Add		For Reserve	VENT	GERI		Allowed			Disallowed											Carryover
Date	Count	Activity	Release	Adj	Dischrg	MA	Other	Bed Status	Census	CENSUS	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$	Next day
3/1/14	366	1	1	0				366	0	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	366
3/2/14	366			0	1	1		366	0	366	3.94%	1	0	1	0				-	$0.00				-	$0.00	366
3/3/14	366	6	6	1	3	2		366	0	366	3.94%	2	0	2	0				-	$0.00				-	$0.00	366
3/4/14	366	5	4	0	2	2		367	0	367	3.67%	2	0	2	0				-	$0.00				-	$0.00	367
3/5/14	367	1	1	0	7	4		364	0	364	4.46%	4	0	4	0				-	$0.00				-	$0.00	364
3/6/14	364	3		0	1			366	0	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	366
3/7/14	366	5	3	0	2			366	0	366	3.94%	0	0	0	0				-	$0.00				-	$0.00	366
3/8/14	366	1	1	0	1			365	0	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	365
3/9/14	365			0	2	1		364	0	364	4.46%	1	0	1	0				-	$0.00				-	$0.00	364
3/10/14	364	2	1	0	7			358	0	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	358
3/11/14	358	2	1	0	2			357	0	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	357
3/12/14	357	6		0	1	1		363	0	363	4.72%	1	0	1	0				-	$0.00				-	$0.00	363
3/13/14	363	6	1	0	3	2		367	0	367	3.67%	2	0	2	0				-	$0.00				-	$0.00	367
3/14/14	367	1	1	0	2			365	0	365	4.20%	0	0	0	0				-	$0.00				-	$0.00	365
3/15/14	365	1		0	5	1		362	0	362	4.99%	1	0	1	0				-	$0.00				-	$0.00	362
3/16/14	362			0	2	2		362	0	362	4.99%	2	0	2	0				-	$0.00				-	$0.00	362
3/17/14	362	3		0	3	2		364	0	364	4.46%	2	0	2	0				-	$0.00				-	$0.00	364
3/18/14	364	1	1	0				364	0	364	4.46%	0	0	0	0				-	$0.00				-	$0.00	364
3/19/14	364	1	2	0	3			360	0	360	5.51%	0	0	0	0				-	$0.00				-	$0.00	360
3/20/14	360	2	2	0	3			357	0	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	357
3/21/14	357	3	2	0				358	0	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	358
3/22/14	358			0	2			356	0	356	6.56%	0	0	0	1		2	3810	3/24/2014	$237.80				-	$0.00	355
3/23/14	355	1		0	2			354	0	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	354
3/24/14	354	1	1	1	1			354	0	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	354
3/25/14	354	6		0	2			358	0	358	6.04%	0	0	0	0				-	$0.00				-	$0.00	358
3/26/14	358	3		0	5			356	0	356	6.56%	0	0	0	0				-	$0.00				-	$0.00	356
3/27/14	356	4		0	4			356	0	356	6.56%	0	0	0	0				-	$0.00				-	$0.00	356
3/28/14	356	4		0	3			357	0	357	6.30%	0	0	0	0				-	$0.00				-	$0.00	357
3/29/14	357			0	2			355	0	355	6.82%	0	0	0	0				-	$0.00				-	$0.00	355
3/30/14	355	1	1	0	3			352	0	352	7.61%	0	0	0	0				-	$0.00				-	$0.00	352
3/31/14	352	3		0	1			354	0	354	7.09%	0	0	0	0				-	$0.00				-	$0.00	354
	Totals	73	29	2	75	18	0					18	0	18	1		2			$237.80		0			$0.00	

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TOTAL DISALLOWANCE $17,394.66

TOTAL MA DAYS DISALLOWED 137

ATTACHMENT B-II

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

VENTILATOR CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLING

					New Bed-Holds													
	Vent Floor 10	Vent Floor 10	VENT		Allowed			Disallowed		Beneficiary # 1				Beneficiary # 2				
Date	Room 1-8	Room 21-29	Census	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$
3/1/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
3/2/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
3/3/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
3/4/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
3/5/12	8	14	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
3/6/12	8	14	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
3/7/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
3/8/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
3/9/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
3/10/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
3/11/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
3/12/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
3/13/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
3/14/12	8	14	22	8.33%	0	0	0	1		9	3771	-	$282.96				-	$0.00
3/15/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
3/16/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
3/17/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
3/18/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
3/19/12	9	12	21	12.50%	0	0	0	1		5	3771	3/24/2012	$2,986.35				-	$0.00
3/20/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
3/21/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
3/22/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
3/23/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
3/24/12	9	11	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
3/25/12	9	10	19	20.83%	0	0	0	0				-	$0.00				-	$0.00
3/26/12	9	9	18	25.00%	0	0	0	0				-	$0.00				-	$0.00
3/27/12	9	9	18	25.00%	0	0	0	0				-	$0.00				-	$0.00
3/28/12	9	9	18	25.00%	0	0	0	0				-	$0.00				-	$0.00
3/29/12	9	9	18	25.00%	0	0	0	0				-	$0.00				-	$0.00
3/30/12	9	9	18	25.00%	0	0	0	0				-	$0.00				-	$0.00
3/31/12	9	9	18	25.00%	0	0	0	0				-	$0.00				-	$0.00
					0	0	0	2		14			$3,269.31		0			$0.00

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ATTACHMENT B-II

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

VENTILATOR CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLING

					New Bed-Holds													
	Vent Floor 10	Vent Floor 10	VENT		Allowed			Disallowe		Beneficiary # 1				Beneficiary # 2				
Date	Room 1-8	Room 21-29	Census	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$
6/1/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/2/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
6/3/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
6/4/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
6/5/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/6/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/7/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
6/8/12	10	14	24	0.00%	0	0	0	0		5	3771	-	$157.20				-	$0.00
6/9/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
6/10/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
6/11/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/12/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/13/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
6/14/12	10	14	24	0.00%	0	0	0	1		1	3771	6/15/2012	$628.70				-	$0.00
6/15/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
6/16/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
6/17/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
6/18/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/19/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/20/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/21/12	9	14	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
6/22/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
6/23/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
6/24/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
6/25/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
6/26/12	10	11	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
6/27/12	9	11	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
6/28/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
6/29/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
6/30/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
					0	0	0	1		6			$785.90		0			$0.00

[redacted]

ATTACHMENT B-II

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

VENTILATOR CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLING

					New Bed-Holds					Beneficiary # 1				Beneficiary # 2				
	Vent Floor 10	Vent Floor 10	VENT		Allowed			Disallowed										
Date	Room 1-8	Room 21-29	Census	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$
11/1/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
11/2/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
11/3/12	10	14	24	0.00%	0	0	0	0				-	$0.00				-	$0.00
11/4/12	10	12	22	8.33%	0	0	0	1		2	3776	11/6/2012	$622.30				-	$0.00
11/5/12	9	11	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
11/6/12	10	11	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
11/7/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/8/12	8	13	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
11/9/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/10/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/11/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/12/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/13/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/14/12	10	12	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
11/15/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/16/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/17/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
11/18/12	9	13	22	8.33%	0	0	0	0				-	$0.00				-	$0.00
11/19/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/20/12	10	13	23	4.17%	0	0	0	0				-	$0.00				-	$0.00
11/21/12	8	13	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
11/22/12	8	12	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
11/23/12	8	12	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
11/24/12	8	12	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
11/25/12	8	12	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
11/26/12	8	11	19	20.83%	0	0	0	0				-	$0.00				-	$0.00
11/27/12	9	11	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
11/28/12	9	11	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
11/29/12	9	12	21	12.50%	0	0	0	0				-	$0.00				-	$0.00
11/30/12	10	10	20	16.67%	0	0	0	0				-	$0.00				-	$0.00
					0	0	0	1		2			$622.30		0			$0.00

NEW YORK STATE | Office of the Medicaid Inspector General

ATTACHMENT B-II

DAUGHTERS OF JACOB NURSING HOME CO. - PROVIDER ID [redacted]

VENTILATOR CENSUS ANALYSIS OF JANUARY 1, 2012 TO DECEMBER 31, 2014 BED-HOLD BILLING

		Daily Activity						Applicable Bed Count		New Bed-Holds															
						Bed-Hold Add				Allowed			Disallowed		Beneficiary # 1				Beneficiary # 2				
Date	Bed Count	Daily Activity	Bed-Hold Release	Audit Adj	Dischrg	MA	Other	For Reserve Bed Status	Vacancy %	MA	Other	Total	MA		Days	Rate	Adj Date	MA$	CIN	Days	Rate	Adj Date	MA$
7/1/14	24			0	1			23	4.17%	0	0	0	0				-	$0.00				-	$0.00
7/2/14	23	1		0	1	1		24	0.00%	1	0	1	0				-	$0.00				-	$0.00
7/3/14	24			0				24	0.00%	0	0	0	0				-	$0.00				-	$0.00
7/4/14	24	2	1	0				25	-4.17%	0	0	0	0				-	$0.00				-	$0.00
7/5/14	25			0				25	-4.17%	0	0	0	0				-	$0.00				-	$0.00
7/6/14	25			0				25	-4.17%	0	0	0	1		1	3771	-	$314.85				-	$0.00
7/7/14	24			0	1	1		24	0.00%	1	0	1	0				-	$0.00				-	$0.00
7/8/14	24			0	1			23	4.17%	0	0	0	0				-	$0.00				-	$0.00
7/9/14	23	1		0	1			23	4.17%	0	0	0	0				-	$0.00				-	$0.00
7/10/14	23			0	1			22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/11/14	22	1	1	0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/12/14	22			0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/13/14	22			0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/14/14	22			0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/15/14	22	1		0	1			22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/16/14	22			0	1			21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/17/14	21			0	1			20	16.67%	0	0	0	0				-	$0.00				-	$0.00
7/18/14	20	1		0				21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/19/14	21			0				21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/20/14	21			0				21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/21/14	21			0				21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/22/14	21			0				21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/23/14	21			0				21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/24/14	21			0				21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/25/14	21	1		0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/26/14	22			0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/27/14	22			0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/28/14	22			0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/29/14	22			0	1			21	12.50%	0	0	0	0				-	$0.00				-	$0.00
7/30/14	21	1		0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
7/31/14	22			0				22	8.33%	0	0	0	0				-	$0.00				-	$0.00
	Totals	9	2	0	10	2	0			2	0	2	1		1			$314.85		0			$0.00

[redacted]

TOTAL DISALLOWANCE $4,992.36

TOTAL MA DAYS DISALLOWED 23

ATTACHMENT: C-I

NEW YORK STATE | Office of the Medicaid Inspector General

Audit Recovery: Vacancy Rate Violation 18 NYCRR §505.9(d)(5) - Geriatric Unit

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

[redacted]	*Revenue Code*	*DOS Begin*	*DOS End*	*Days*	*Rate Code*	*Disallowed Bedhold Payments*	*Voided Claim*	*Disallowed Cash Assessment*	*Voided Claim*	*Total Disallowed*
	0185	2/3/2012	2/11/2012	9	3839	$1,904.76		$175.59		$2,080.35
	0183	12/24/2012	12/24/2012	1	3839	$220.80		$19.51		$240.31
TOTALS:				10		$2,125.56		$195.10		$2,320.66

ATTACHMENT: C-II

Audit Recovery: Vacancy Rate Violation 18 NYCRR §505.9(d)(5) - Vent Unit

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

[redacted]	*Revenue Code*	*DOS Begin*	*DOS End*	*Days*	*Rate Code*	*Disallowed Bedhold Payments*	*Voided Claim*	*Disallowed Cash Assessment*	*Voided Claim*	*Total Disallowed*
	0185	3/19/2012	3/23/2012	5	3771	$2,986.35		$97.55		$3,083.90
	0185	11/4/2012	11/5/2012	2	3776	$622.30		$39.02		$661.32
TOTALS:				7		$3,608.65		$136.57		$3,745.22

Audit Recovery: Disallowance for Maxium Hospital Bed Reserve Billing within 1 Geriatric Unit

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

[redacted]	*Revenue Code*	*DOS Begin*	*DOS End*	*Days*	*Rate Code*	*Disallowed Bedhold Payments*	*Voided Claim*	*Disallowed Cash Assessment*	*Voided Claim*	*Total Disallowed*
	0185	6/16/2012	6/17/2012	2	3810	$426.46		$39.02		$465.48
	0185	12/12/2012	12/12/2012	1	3839	$116.21		$19.51		$135.72
	0185	12/17/2012	12/17/2012	1	3839	$116.21		$19.51		$135.72
	0185	8/14/2013	8/19/2013	6	3839	$677.10		$105.30		$782.40
	0185	2/27/2014	3/2/2014	4	3810	$475.60		$61.12		$536.72
	0185	3/22/2014	3/23/2014	2	3810	$237.80		$30.56		$268.36
TOTALS:				16		$2,049.38		$275.02		$2,324.40

ATTACHMENT: E

Audit Recovery: Disallowance for Maxium Therapeutic Bed Reserve Billing withi Geriatric Unit

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

[redacted]	*Revenue Code*	*DOS Begin*	*DOS End*	*Days*	*Rate Code*	*Disallowed Bedhold Payments*	*Voided Claim*	*Disallowed Cash Assessment*	*Voided Claim*	*Total Disallowed*
[redacted]	0183	7/3/2013	7/4/2013	2	3810	$432.24		$35.10		$467.34
TOTALS:				2		$432.24		$35.10		$467.34

Audit Recovery: Recipient billed as a resident at SNF+Inpatient Hospital Billing - Geriatric Unit

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

[redacted]	*Revenue Code*	*DOS Begin*	*DOS End*	*Days*	*Rate Code*	*Disallowed Bedhold Payments*	*Voided Claim*	*Disallowed Cash Assessment*	*Voided Claim*	*Total Disallowed*
		1/5/2012	1/6/2012	2	3839	$21.03		$0.00		$21.03
		1/22/2012	1/26/2012	5	3839	$55.70		$0.00		$55.70
		2/1/2012	2/9/2012	9	3810	$100.98		$0.00		$100.98
		2/16/2012	2/16/2012	1	3810	$11.22		$0.00		$11.22
		2/11/2012	2/13/2012	3	3810	$33.66		$0.00		$33.66
		2/29/2012	2/29/2012	1	3839	$11.14		$0.00		$11.14
		5/25/2012	5/28/2012	4	3810	$44.88		$0.00		$44.88
		5/22/2012	6/3/2012	13	3810	$145.86		$0.00		$145.86
		6/14/2012	6/15/2012	2	3810	$22.44		$0.00		$22.44
		7/26/2012	7/26/2012	1	3839	$116.21		$0.00		$116.21
		7/18/2012	7/18/2012	1	3810	$117.12		$0.00		$117.12
		8/4/2012	8/8/2012	5	3810	$585.60		$0.00		$585.60
		8/20/2012	8/21/2012	2	3810	$234.24		$0.00		$234.24
		9/26/2012	10/2/2012	7	3810	$819.84		$0.00		$819.84
		11/30/2012	12/7/2012	8	3810	$936.96		$0.00		$936.96
		1/17/2013	1/18/2013	2	3839	$455.78		$35.10		$490.88
		1/18/2013	1/19/2013	2	3810	$459.50		$35.10		$494.60
		3/28/2013	3/29/2013	2	3839	$455.78		$35.10		$490.88
		4/23/2013	4/27/2013	5	3839	$576.70		$0.00		$576.70
		6/7/2013	6/8/2013	2	3839	$461.34		$35.10		$496.44
		7/1/2013	7/23/2013	10	3810	$2,274.90		$175.50		$2,450.40
		7/9/2013	7/10/2013	2	3810	$454.98		$35.10		$490.08
		10/20/2013	10/20/2013	1	3810	$113.75		$0.00		$113.75
		2/11/2014	2/11/2014	1	3812	$117.92		$0.00		$117.92

Provider Name: DOJ OPERATIONS ASSOCIATES LLC **Provider ID:** [redacted]

Recip Id	Revenue Code	DOS Begin	DOS End	Days	Rate Code	Disallowed Bedhold Payments	Voided Claim	Disallowed Cash Assessment	Voided Claim	Total Disallowed
TOTALS:				91		$8,627.53		$351.00		$8,978.53

Audit Recovery: Recipient billed as a resident at SNF+Inpatient Hospital Billing - Vent Unit

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

[redacted]	*Revenue Code*	*DOS Begin*	*DOS End*	*Days*	*Rate Code*	*Disallowed Bedhold Payments*	*Voided Claim*	*Disallowed Cash Assessment*	*Voided Claim*	*Total Disallowed*
		3/14/2012	3/22/2012	9	3771	$282.96		$0.00		$282.96
		6/8/2012	6/12/2012	5	3771	$157.20		$0.00		$157.20
		6/14/2012	6/14/2012	1	3771	$628.70		$19.51		$648.21
		7/6/2014	7/6/2014	1	3771	$314.85		$0.00		$314.85
TOTALS:				**16**		**$1,383.71**		**$19.51**		**$1,403.22**

ATTACHMENT: G

NEW YORK STATE | Office of the Medicaid Inspector General

Audit Recovery: Recipient billed as a resident at SNF+Inp Hosp+Recip Exceeded Geriatric Unit

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

[redacted]	*Revenue Code*	*DOS Begin*	*DOS End*	*Days*	*Rate Code*	*Disallowed Bedhold Payments*	*Voided Claim*	*Disallowed Cash Assessment*	*Voided Claim*	*Total Disallowed*
		8/1/2012	8/1/2012	1	3810	$234.23		$19.51		$253.74
	0185	8/13/2012	8/13/2012	1	3839	$232.42		$19.51		$251.93
	0185	10/19/2012	10/20/2012	2	3810	$468.46		$39.02		$507.48
		1/21/2013	1/22/2013	2	3810	$459.50		$35.10		$494.60
		2/25/2013	3/5/2013	9	3810	$2,067.75		$157.95		$2,225.70
	0185	4/17/2013	4/19/2013	3	3810	$697.59		$52.65		$750.24
TOTALS:				18		$4,159.95		$323.74		$4,483.69

ATTACHMENT: H

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

FINAL TOTAL AUDIT DISALLOWANCES

Area of Disallowance	*Revenue Code*	*Disallowed Bedhold Payments*	*Disallowed Cash Assessment*	*Total Disallowed*	*Interest on Disallowed Bedhold Payments*	*Total Amount Due*
Disallowance for Maxium Hospital Bed Reserve Billing within 12 Months - Geriatric Unit	0185	$2,049.38	$275.02	$2,324.40	$171.19	$2,495.59
Disallowance for Maxium Therapeutic Bed Reserve Billing within 12 Months - Geriatric Unit	0183	$432.24	$35.10	$467.34	$36.38	$503.72
Recipient billed as a resident at SNF+Inp Hosp+Recip Exceeded Yrly Max BR Geriatric Uni	0185	$1,398.47	$111.18	$1,509.65	$131.79	$1,641.44
Recipient billed as a resident at SNF+Inp Hosp+Recip Exceeded Yrly Max BR Geriatric Uni		$2,761.48	$212.56	$2,974.04	$259.36	$3,233.40
Recipient billed as a resident at SNF+Inpatient Hospital Billing - Geriatric Unit		$8,627.53	$351.00	$8,978.53	$777.73	$9,756.26
Recipient billed as a resident at SNF+Inpatient Hospital Billing - Vent Unit		$1,383.71	$19.51	$1,403.22	$127.85	$1,531.07
Vacancy Rate Violation 18 NYCRR §505.9(d)(5) - Geriatric Unit	0185	$1,904.76	$175.59	$2,080.35	$247.12	$2,327.47
Vacancy Rate Violation 18 NYCRR §505.9(d)(5) - Geriatric Unit	0183	$220.80	$19.51	$240.31	$22.30	$262.61
Vacancy Rate Violation 18 NYCRR §505.9(d)(5) - Vent Unit	0185	$3,608.65	$136.57	$3,745.22	$425.31	$4,170.53
SUBTOTALS		**$22,387.02**	**$1,336.04**	**$23,723.06**	**$2,199.03**	**$25,922.09**
VOIDED CLAIMS TOTALS		**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
TOTALS		**$22,387.02**	**$1,336.04**	**$23,723.06**	**$2,199.03**	**$25,922.09**

ATTACHMENT: I

Project Number: 15-2844

Provider Name: **DOJ OPERATIONS ASSOCIATES LLC** ***Provider ID:*** [redacted]

PROMULGATED RATES PERIOD OF January 01, 2012 - December 31, 2014

Rate Code	*Rate Code Description*	RATE PERIOD *Begin Date*	*End Date*	*Amount Rate*
3770	VENTILATOR DEPENDENT, MEDICARE	1/1/2012	12/31/2012	$622.29
3770	VENTILATOR DEPENDENT, MEDICARE	1/1/2013	3/31/2013	$616.77
3770	VENTILATOR DEPENDENT, MEDICARE	4/1/2013	12/31/2013	$623.81
3770	VENTILATOR DEPENDENT, MEDICARE	1/1/2014	12/31/2014	$623.28
3771	VENTILATOR DEPENDENT, NON-MEDICARE	1/1/2012	12/31/2012	$628.70
3771	VENTILATOR DEPENDENT, NON-MEDICARE	1/1/2013	3/31/2013	$623.18
3771	VENTILATOR DEPENDENT, NON-MEDICARE	4/1/2013	12/31/2013	$630.22
3771	VENTILATOR DEPENDENT, NON-MEDICARE	1/1/2014	12/31/2014	$629.69
3775	VENTILATOR DEPENDENT MCARE PT D (HB)(FS)	1/1/2012	12/31/2012	$628.70
3775	VENTILATOR DEPENDENT MCARE PT D (HB)(FS)	1/1/2013	3/31/2013	$623.18
3775	VENTILATOR DEPENDENT MCARE PT D (HB)(FS)	4/1/2013	12/31/2013	$630.22
3775	VENTILATOR DEPENDENT MCARE PT D (HB)(FS)	1/1/2014	12/31/2014	$629.69
3776	VENTILATOR DEPENDENT MCARE PT B&D (HB)(FS)	1/1/2012	12/31/2012	$622.29
3776	VENTILATOR DEPENDENT MCARE PT B&D (HB)(FS)	1/1/2013	3/31/2013	$616.77
3776	VENTILATOR DEPENDENT MCARE PT B&D (HB)(FS)	4/1/2013	12/31/2013	$623.81
3776	VENTILATOR DEPENDENT MCARE PT B&D (HB)(FS)	1/1/2014	12/31/2014	$623.28
3810	NON-MEDICARE	1/1/2012	6/30/2012	$224.45
3810	NON-MEDICARE	7/1/2012	12/31/2012	$234.23
3810	NON-MEDICARE	1/1/2013	3/31/2013	$229.75
3810	NON-MEDICARE	4/1/2013	6/30/2013	$232.53
3810	NON-MEDICARE	7/1/2013	12/31/2013	$227.49
3810	NON-MEDICARE	1/1/2014	6/30/2014	$237.79
3810	NON-MEDICARE	7/1/2014	12/31/2014	$245.09

Provider Name: DOJ OPERATIONS ASSOCIATES LLC **Provider ID:** [redacted]

PROMULGATED RATES PERIOD OF January 01, 2012 - December 31, 2014

Rate Code	Rate Code Description	RATE PERIOD Begin Date	End Date	Amount Rate
3812	MEDICARE	1/1/2012	6/30/2012	$222.78
3812	MEDICARE	7/1/2012	12/31/2012	$232.42
3812	MEDICARE	1/1/2013	3/31/2013	$227.89
3812	MEDICARE	4/1/2013	6/30/2013	$230.67
3812	MEDICARE	7/1/2013	12/31/2013	$225.69
3812	MEDICARE	1/1/2014	6/30/2014	$235.83
3812	MEDICARE	7/1/2014	12/31/2014	$242.81
3836	NURSING FACILITY CASH ASSESSMENT RATE	1/1/2012	12/31/2012	$19.51
3836	NURSING FACILITY CASH ASSESSMENT RATE	1/1/2013	12/31/2013	$17.55
3836	NURSING FACILITY CASH ASSESSMENT RATE	1/1/2014	12/31/2014	$15.28
3837	NURSING FACIL FINANCIALLY DISADVANT PGM (FS) (HB)	1/1/2012	1/31/2012	$43.88
3838	NURSING FACIL MCARE PART D COVERAGE (FS) (HB)	1/1/2012	6/30/2012	$224.45
3838	NURSING FACIL MCARE PART D COVERAGE (FS) (HB)	7/1/2012	12/31/2012	$234.23
3838	NURSING FACIL MCARE PART D COVERAGE (FS) (HB)	1/1/2013	3/31/2013	$229.75
3838	NURSING FACIL MCARE PART D COVERAGE (FS) (HB)	4/1/2013	6/30/2013	$232.53
3838	NURSING FACIL MCARE PART D COVERAGE (FS) (HB)	7/1/2013	12/31/2013	$227.49
3838	NURSING FACIL MCARE PART D COVERAGE (FS) (HB)	1/1/2014	6/30/2014	$237.79
3838	NURSING FACIL MCARE PART D COVERAGE (FS) (HB)	7/1/2014	12/31/2014	$245.09
3839	NURSING FACIL MCARE PARTS B & D COVERAGE (FS) (HB)	1/1/2012	6/30/2012	$222.78
3839	NURSING FACIL MCARE PARTS B & D COVERAGE (FS) (HB)	7/1/2012	12/31/2012	$232.42
3839	NURSING FACIL MCARE PARTS B & D COVERAGE (FS) (HB)	1/1/2013	3/31/2013	$227.89
3839	NURSING FACIL MCARE PARTS B & D COVERAGE (FS) (HB)	4/1/2013	6/30/2013	$230.67
3839	NURSING FACIL MCARE PARTS B & D COVERAGE (FS) (HB)	7/1/2013	12/31/2013	$225.69
3839	NURSING FACIL MCARE PARTS B & D COVERAGE (FS) (HB)	1/1/2014	6/30/2014	$235.83
3839	NURSING FACIL MCARE PARTS B & D COVERAGE (FS) (HB)	7/1/2014	12/31/2014	$242.81

Federal Reserve Prime Rate

Dates of Interest	Interest Rate
12/16/2008 – 12/15/2015	3.25 %
12/16/2015 – Current	3.50 %