



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

May 27, 2016

[REDACTED]  
Oxford Nursing Home  
144 South Oxford Street  
Brooklyn, New York 11217

Re: MDS Final Audit Report  
Audit #: 13-1257  
Provider ID#: [REDACTED]

Dear [REDACTED]

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

Since you did not respond to our draft audit report dated September 14, 2015 the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$43,826.82 was calculated using the number of Medicaid days paid for the rate period July 1, 2012 through December 31, 2012 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. In accordance with 18 NYCRR §519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action." You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish to request a hearing, the request must be submitted in writing to:

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

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

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

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

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



Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]

[REDACTED]

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
OXFORD NURSING HOME  
AUDIT # 13-1257  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.15	28,851	\$33,178.65
Non-Medicare/Part D Eligible	\$1.17	9,101	\$10,648.17
Total			<u>\$43,826.82</u>

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







OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 OXFORD NURSING HOME  
 AUDIT #13-1257  
 DISALLOWANCE BY SAMPLE NUMBER

Sample #	DOB	Name	ARD	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW BED MOBILITY SUPPORT PROVIDED	DISALLOW TRANSFER SELF PERFORMANCE	DISALLOW TRANSFER SUPPORT PROVIDED	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW TOILET USE SUPPORT PROVIDED	DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW SPECIAL TREATMENTS/PROGRAMS	DISALLOW PHYSICAL THERAPY
46				CB2	CB2	0.91	0.91								
47				CC1	CC1	0.98	0.98								
48				CB2	CB2	0.91	0.91								
49				RHC	RHC	1.4	1.4	1	1	1					
50				RMB	RMB	1.22	1.22								
51				CB2	PD1	0.91	0.72					1			
52				CC2	CC2	1.12	1.12								
53				RHB	RHB	1.27	1.27								
54				RHC	RHC	1.4	1.4								
55				RHC	RHC	1.4	1.4								
56				CB2	CB2	0.91	0.91								
57				SSC	SSB	1.12	1.06	1	1	1					
58				CB2	PD1	0.91	0.72					1			
59				CB2	CB2	0.91	0.91								
60				CB1	PD1	0.86	0.72					1			

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61				CB2	CB2	0.91	0.91								
62				CB1	PD1	0.86	0.72					1			
63				RHB	RHB	1.27	1.27								
64				CB2	CB2	0.91	0.91								
65				CB2	PD1	0.91	0.72					1			
66				RHB	RHB	1.27	1.27								
67				RHC	RHC	1.4	1.4								
68				RHC	RHC	1.4	1.4								
69				CB2	PD1	0.91	0.72								
70				CC2	CC2	1.12	1.12								
71				PC1	PC1	0.66	0.66								
72				CB2	CB2	0.91	0.91								
73				CB2	CB2	0.91	0.91								
74				CB2	CB2	0.91	0.91	1	1	1					
75				CB2	CB2	0.91	0.91					1			





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106				CA2	CA2	0.84	0.84								
107				CC1	CC1	0.98	0.98								
108				CB2	CB2	0.91	0.91								
109				RHC	RHC	1.4	1.4								
110				RHC	RHC	1.4	1.4								
TOTALS								5	1	5	2	6	1	22	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
OXFORD NURSING HOME  
AUDIT #13-1257  
MDS DETAILED FINDINGS**

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

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

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

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

**Bed Mobility Support Provided**

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	57
In 4 instances, documentation did not support resident was a one person physical help at least once.	3, 49, 74, 104

**Transfer Self-Performance**

In 1 instance, documentation did not support resident required weight bearing assist three or more times.	3
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**Transfer Support Provided**

In 1 instance, documentation did not support resident was a 2+ person physical help at least once.	57
In 4 instances, documentation did not support resident was a one (1) person physical help at least once.	3, 49, 74, 104

**Toilet Use Self-Performance**

In 2 instances, documentation did not support resident required weight bearing assist three or more times. 3, 77

**Toilet Use Support Provided**

In 6 instances, documentation did not support resident was a one person physical help at least once. 3, 49, 57, 74, 93, 104

**Active Disease Diagnosis**

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

Documentation must indicate the diseases coded relate to the resident's functional, cognitive, mood or behavior status, medical treatments, nursing monitoring, or risk of death. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)  
MDS Manual 3.0 I0100-I8000*

In 1 instance, documentation did not support aphasia as an active physician documented diagnosis in the past 60 days. 12

**Special Treatments, Procedures, and Programs**

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

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

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

In 11 instances, documentation did not support the number of days with MD exams during the look back period.	18, 24, 25, 44, 51, 58, 62, 65, 75, 85, 93
In 15 instances, documentation did not support the number of days with MD orders during the look back period.	18, 22, 25, 26, 32, 34, 38, 44, 51, 58, 60, 62, 65, 88, 93
In 2 instances, documentation did not support chemotherapy during the look back period.	21, 24
In 1 instance, documentation did not support oxygen therapy during the look back period.	43
In 2 instances, documentation did not support seven days of respiratory therapy during the look back period.	9, 40

**Skilled Therapy**

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

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

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

**Physical Therapy**

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes.	2
In 1 instance, documentation reflected incorrect days.	2

**RUGS-II Classifications Overturned**

In 19 instances, the RUG classifications were overturned.

3, 9, 18, 21, 25, 26, 32, 34, 40, 43, 44,  
51, 57, 58, 60, 62, 65, 69, 77

*10 NYCRR §86-2.10, Volume A-2*