



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 19, 2016

[REDACTED]
Alice Hyde Medical Center
133 Park Street
Malone, New York 12953

Re: MDS Final Audit Report
Audit #: 14-4565
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 Alice Hyde Medical Center for the census period ending July 25, 2013. 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 August 12, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$25,780.68 was calculated using the number of Medicaid days paid for the rate period January 1, 2014 through June 30, 2014 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

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

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

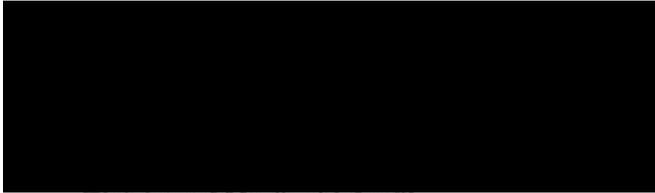
Questions regarding the request for a hearing should be directed to Office of Counsel, at ([REDACTED])

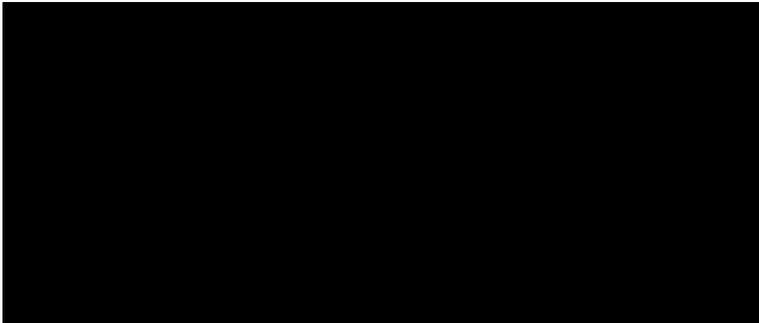
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered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

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

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

Should you have any questions regarding the above, please contact 
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Division of Medicaid Audit
Office of the Medicaid Inspector General



OFFICE OF THE MEDICAID INSPECTOR GENERAL
ALICE HYDE MEDICAL CENTER
AUDIT 14-4565
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$2.19	11,772	\$25,780.68
Non-Medicare/Part D Eligible	\$2.22	0	\$0.00
Total			<u>\$25,780.68</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
 ALICE HYDE MEDICAL CENTER
 AUDIT #14-4565
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow Cognitive Pattern	Disallow toilet use self performance	Disallow active disease diagnosis	Disallow Swallowing/Nutritional Status	Disallow skin conditions	Disallow Dementia Add On	Disallow BMI Add On
1	IA1	IA1	0.61	0.61							
2	CB1	CB1	0.86	0.86							
3	PE1	PE1	0.79	0.79							
4	PE1	PE1	0.79	0.79							
5	IB1	IB1	0.78	0.78							
6	IA1	IA1	0.61	0.61							
7	CB1	PD1	0.86	0.72		1					
8	PE1	PE1	0.79	0.79							
9	CB1	PD1	0.86	0.72		1					
10	PE1	PE1	0.79	0.79							
11	PD1	PD1	0.72	0.72							
12	PD1	PD1	0.72	0.72							
13	CC1	PE1	0.98	0.79		1					
14	CC1	CC1	0.98	0.98							
15	PD1	PD1	0.72	0.72							
16	PE1	PE1	0.79	0.79							
17	PE1	PE1	0.79	0.79	1						
18	SSB	PD1	1.06	0.72			1	1		1	
19	CC1	CC1	0.98	0.98			1				
20	IB1	CA1	0.78	0.77		1			1		

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 ALICE HYDE MEDICAL CENTER
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21	IA1	PA1	0.61	0.46	1						
22	PD1	PD1	0.72	0.72							
23	RMB	RMB	1.22	1.22							
24	PE1	PE1	0.79	0.79							
Totals					1	1	4	2	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
ALICE HYDE MEDICAL CENTER
AUDIT #14-4565
MDS DETAILED FINDINGS**

MDS FINDINGS**SAMPLE SELECTION****Cognitive Pattern**

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 residents' ability to remember both recent and long past events and to think coherently. MDS 3.0 manual guidelines will be followed when examining the medical records.

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual 1.1-2.15*

*42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual C0100-C1600*

In 1 instance, documentation did not support staff assessment for impaired cognition. 21

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*

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 17

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 3 instances, documentation did not support hemiplegia as an active diagnosis during the 7 day look back. 7, 9, 13

In 1 instance, documentation did not support dementia as an active diagnosis during the 7 day look back. 20

In 3 instances, documentation did not support hemiplegia as a physician documented diagnosis in the past 60 days. 7, 9, 13

In 1 instance, documentation did not support dementia as a physician documented diagnosis in the past 60 days. 20

Swallowing/Nutritional Status

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 of conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual K0100-0700

In 2 instances, documentation reflected incorrect resident height. 18, 19

Skin Conditions

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 of the documented risk, presence, appearance and change of pressure ulcers. This section also notes other skin ulcers, wounds, or lesions, and documents treatment categories related to skin injury or avoiding injury. MDS 3.0 manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual M0100-1200

In 1 instance, documentation did not support the application of ointments/medications. 18

Dementia Add-on

In 1 instance documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 20

10 NYCRR §86-2.40 (z)(1)

BMI Add-on

In 1 instance, documentation does not support resident BMI was greater than 35%. 18

10 NYCRR §86-2.40 (z)(2)

RUGS-II Classifications Overturned

In 6 instances, the RUG classifications were overturned. 7, 9, 13, 18, 20, 21

10 NYCRR §86-2.10, Volume A-2