



**Office of the  
Medicaid Inspector  
General**

**ANDREW M. CUOMO**  
Governor

**DENNIS ROSEN**  
Medicaid Inspector General

October 19, 2016

██████████  
Lewis County General Hospital – Nursing Home Unit  
7785 North State Street  
Lowville, New York 13367

Re: MDS Final Audit Report  
Audit #: 14-4577  
Provider ID#: ██████████

Dear ██████████

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 Lewis County General Hospital – Nursing Home Unit 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 17, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$30,631.25 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]

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

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

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

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

[REDACTED]

Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
LEWIS COUNTY GENERAL HOSPITAL-NURSING HOME UNIT  
AUDIT 14-4577  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.25	24,505	\$30,631.25
Non-Medicare/Part D Eligible	\$1.26	0	\$0.00
Total			<u>\$30,631.25</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  
 LEWIS COUNTY GENERAL HOSPITAL-NURSING HOME UNIT  
 AUDIT #14-4577  
 ERRORS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow special treatments, procedure.	Disallow restorative nursing program
1		PE2	PE2	0.8	0.8		
2		PE1	PE1	0.79	0.79		
3		IA1	IA1	0.61	0.61		
4		PD2	PD2	0.73	0.73		
5		PE1	PE1	0.79	0.79		
6		SSC	SSC	1.12	1.12		
7		IA1	IA1	0.61	0.61		
8		RUX	RUC	2.38	1.82	1	
9		IA1	IA1	0.61	0.61		
10		PE1	PE1	0.79	0.79		
11		RLB	PD1	1.15	0.72		1
12		IA1	IA1	0.61	0.61		
13		IA2	IA1	0.65	0.61		1
14		CB1	CB1	0.86	0.86		
15		PB2	PB2	0.57	0.57		
16		PD1	PD1	0.72	0.72		
17		PD1	PD1	0.72	0.72		
18		PB1	PB1	0.58	0.58		

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 LEWIS COUNTY GENERAL HOSPITAL-NURSING HOME UNIT  
 AUDIT #14-4577  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow special treatments, procedure	Disallow restorative nursing program
19	PB1	PB1	0.58	0.58		
20	PE1	PE1	0.79	0.79		
21	RHB	RHB	1.27	1.27		
22	PE1	PE1	0.79	0.79		
23	RVC	RVC	1.53	1.53		
24	PE2	PE1	0.8	0.79	1	
25	IB1	IB1	0.78	0.78		
26	RMA	RMA	1.17	1.17		
27	RVC	RVC	1.53	1.53		
28	IA1	IA1	0.61	0.61		
29	PE1	PE1	0.79	0.79		
30	PC1	PC1	0.66	0.66		
31	PE1	PE1	0.79	0.79		
32	PE1	PE1	0.79	0.79		
33	PD1	PD1	0.72	0.72		
34	CC1	CC1	0.98	0.98		
35	RMB	RMB	1.22	1.22		
36	PE1	PE1	0.79	0.79		

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 LEWIS COUNTY GENERAL HOSPITAL-NURSING HOME UNIT  
 AUDIT #14-4577  
 ERRORS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	<i>Disallow special treatments, procedures</i>	<i>Disallow restorative nursing program</i>
37		PE1	PE1	0.79	0.79		
38		PC2	PC1	0.67	0.66		1
39		PE2	PE2	0.8	0.8		
40		IA1	IA1	0.61	0.61		
41		CC1	CC1	0.98	0.98		
42		PE1	PE1	0.79	0.79		
Totals						<u>1</u>	<u>4</u>

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
LEWIS COUNTY GENERAL HOSPITAL-NURSING HOME UNIT  
AUDIT #14-4577  
MDS DETAILED FINDINGS

MDS FINDINGS

SAMPLE SELECTION

Special Treatments, Procedures, and Programs

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

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

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

In 1 instance, documentation did not support a drug or biological given by intravenous push, epidural pump, or drip through a central line or peripheral port during the look back period. 8

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 O0400-0500*

**Restorative Nursing Programs**

In 1 instance, documentation did not support toileting program for nursing rehabilitation during the look back period. 13

In 2 instances, documentation did not support the number of days of therapy claimed during the look back period. 11, 38

In 1 instance, documentation did not support measurable goals and/or periodic evaluation of the nursing rehabilitation program. 24

**RUGS-II Classifications Overturned**

In 5 instances, the RUG classifications were overturned. 8, 11, 13, 24, 38

*10 NYCRR §86-2.10, Volume A-2*