NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 3, 2016

[redacted]
Chenango Memorial Hospital, Inc., SNF
179 North Broad Street
Norwich, New York 13815

Re: MDS Final Audit Report
Audit #: 14-4788
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 Chenango Memorial Hospital, Inc., SNF for the census period ending January 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 15, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of $9,556.82 was calculated using the number of Medicaid days paid for the rate period July 1, 2013 through December 31, 2013 and the change in the direct component of your Medicaid rate as calculated by the Department of Health's Bureau of Long Term Care Reimbursement (BLTCR). The calculation of this overpayment is detailed in Attachment A. BLTCR will adjust your Medicaid rates for the relevant rate period to reflect the change in the direct component. The findings explanation, regulatory references, and applicable adjustment can be found in the attachments following Attachment A.

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 .

Division of Medicaid Audit
Office of the Medicaid Inspector General

ATTACHMENT A

OFFICE OF THE MEDICAID INSPECTOR GENERAL
CHENANGO MEMORIAL HOSPITAL, INC. SNF
AUDIT 14-4788
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	$0.89	10,738	$9,556.82
Non-Medicare/Part D Eligible	$0.90	0	$0.00
Total			$9,556.82

*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
CHENANGO MEMORIAL HOSPITAL, INC. SNF
AUDIT #14-4788
ERRORS BY SAMPLE NUMBER

Sample #	[redacted]	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow mood	Disallow eating self performance	Disallow toilet use self performance
1		CC1	CB1	0.98	0.86		1	
2		IA1	IA1	0.61	0.61			
3		PB1	PB1	0.58	0.58			
4		RMA	RMA	1.17	1.17			
5		PE1	PE1	0.79	0.79			
6		CA1	CA1	0.77	0.77			
7		IA1	IA1	0.61	0.61			
8		IA1	IA1	0.61	0.61			
9		IA1	IA1	0.61	0.61			
10		IA1	IA1	0.61	0.61			
11		IA1	IA1	0.61	0.61			
12		IB1	IB1	0.78	0.78			
13		CC1	CB1	0.98	0.86		1	1
14		CC2	CC1	1.12	0.98	1	1	
15		PD1	PD1	0.72	0.72			
16		IB1	IB1	0.78	0.78			
						1	3	1

OFFICE OF THE MEDICAID INSPECTOR GENERAL
CHENANGO MEMORIAL HOSPITAL, INC. SNF
AUDIT #14-4788
MDS DETAILED FINDINGS

MDS FINDINGS	SAMPLE SELECTION
Mood	
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 mood distress. MDS 3.0 manual guidelines will be followed when examining the medical records.	
42 CFR §483.20 (b) (xvii) *MDS 3.0 Manual D0100-D0650*	
In 1 instance, documentation did not support the frequency of depressive symptoms claimed.	14
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*	
Eating Self-Performance	
In 1 instance, documentation did not support resident required total assist every time.	14
In 1 instance, documentation did not support resident required weight bearing assist three or more times.	13

In 1 instance, documentation did not support resident required non weight bearing assist three or more times.	1

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time.	13

RUGS-II Classifications Overturned

In 3 instances, the RUG classifications were overturned.	1, 13, 14

10 NYCRR §86-2.10, Volume A-2