



**Office of the
Medicaid Inspector
General**

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 20, 2016

██████████
Wingate at Beacon
10 Hastings Drive
Beacon, New York 12508

Re: MDS Final Audit Report
Audit #: 14-4887
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 Wingate at Beacon 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.

We received your response to our draft audit report dated August 10, 2016. Your comments have been considered (see Attachment D) and the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$21,265.13 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

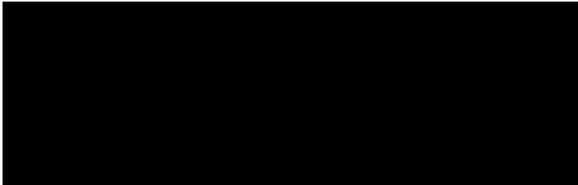
Questions regarding the request for a hearing should be directed to Office of Counsel, at ██████████

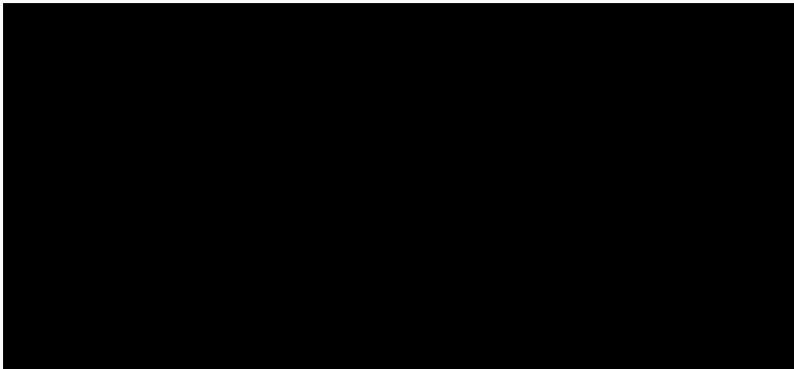
In accordance with 18 NYCRR 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered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



OFFICE OF THE MEDICAID INSPECTOR GENERAL
WINGATE AT BEACON
AUDIT 14-4887
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.08	19,479	\$21,037.32
Non-Medicare/Part D Eligible	\$1.09	209	\$227.81
Total			<u>\$21,265.13</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
 WINGATE AT BEACON
 AUDIT #14-4887
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow bed mobility self performance	Disallow bed mobility support provided	Disallow transfer self performance	Disallow toilet use self performance	Disallow special treatments, procedure
1	SSC	SSC	1.12	1.12	1				
2	IB1	IB1	0.78	0.78					
3	SSC	SSC	1.12	1.12	1	1			
4	CB1	CB1	0.86	0.86				1	
5	RHB	RHB	1.27	1.27					
6	IB1	IB1	0.78	0.78					
7	CA1	CA1	0.77	0.77					
8	CC1	CC1	0.98	0.98					
9	CC1	CC1	0.98	0.98					
10	PC1	PC1	0.66	0.66					
11	RMA	RMA	1.17	1.17					
12	RHC	RHC	1.4	1.4					
13	CA1	CA1	0.77	0.77				1	
14	IA1	IA1	0.61	0.61					
15	RHC	RHC	1.4	1.4					
16	RVC	RVC	1.53	1.53					
17	PC1	PC1	0.66	0.66					
18	RHC	RHC	1.4	1.4					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 WINGATE AT BEACON
 AUDIT #14-4887
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow bed mobility self performance	Disallow bed mobility support provided	Disallow transfer self performance	Disallow toilet use self performance	Disallow special treatments, procedures
19	IA1	IA1	0.61	0.61					
20	SE2	SE2	1.37	1.37					
21	IA1	IA1	0.61	0.61					
22	SSC	SSC	1.12	1.12					
23	RMC	RMC	1.27	1.27					
24	CA1	CA1	0.77	0.77	1		1		
25	CA1	PC1	0.77	0.66				1	
26	RUB	RUB	1.53	1.53					
27	RMB	RMB	1.22	1.22					
28	SSB	SSB	1.06	1.06					
29	RMC	RMC	1.27	1.27					
30	IA1	IA1	0.61	0.61					
31	IA1	IA1	0.61	0.61					
Totals					2	1	1	1	3

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
WINGATE AT BEACON
AUDIT #14-4887
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 Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 1, 3

Bed Mobility Support Provided

In 1 instance, documentation did not support resident was setup at least once. 24

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 3

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 24

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 the number of days with MD exams during the look back period. 13

In 1 instance, documentation did not support the number of days with MD orders during the look back period. 25

In 1 instance, documentation did not support oxygen therapy during the look back period. 4

RUGS-II Classifications Overturned

In 1 instance, the RUG classifications were overturned. 25

10 NYCRR §86-2.10, Volume A-2

OFFICE OF THE MEDICAID INSPECTOR GENERAL
WINGATE AT BEACON
AUDIT #14-4887
ANALYSIS OF PROVIDER RESPONSE

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
25	O0700 Physician Orders	<ul style="list-style-type: none">Physician Order Report dated 12/02/2012 – 01/07/2013	Denied	MDS with ARD 01/08/13 documentation during the 14-day look back period does not support number of days claimed for Physician Orders. See MDS Manual – Section O