



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

October 21, 2016

[REDACTED]
Cortlandt Healthcare
110 Oregon Avenue
Cortlandt Manor, New York 10567

Re: MDS Final Audit Report
Audit #: 14-5195
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 Cortlandt Healthcare 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 15, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$14,748.19 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

Division of Medicaid Audit
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL
CORTLANDT HEALTHCARE
AUDIT 14-5195
CALCULATION OF AUDIT IMPACT

| RATE TYPE | DECREASED IN DIRECT COMPONENT OF RATE* | MEDICAID DAY | IMPACT |
|-----------------------------------|--|--------------|--------------------|
| Part B Eligible/Part B D Eligible | \$1.29 | 11,321 | \$14,604.09 |
| Non-Medicare/Part D Eligible | \$1.31 | 110 | \$144.10 |
| Total | | | <u>\$14,748.19</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
 CORTLANDT HEALTHCARE
 AUDIT #14-5195

ERRORS BY SAMPLE NUMBER

| Sample # | Reported RUG | Derived RUG | Reported RUG Weight | Derived RUG Weight | Disallow bed mobility self performance | Disallow transfer self performance | Disallow toilet use self performance | Disallow active disease diagnosis | Disallow special treatments, procedures |
|----------|--------------|-------------|---------------------|--------------------|--|------------------------------------|--------------------------------------|-----------------------------------|---|
| 1 | SSB | SSB | 1.06 | 1.06 | | | | | |
| 2 | RMC | RMC | 1.27 | 1.27 | | | | | |
| 3 | RHB | RHB | 1.27 | 1.27 | | | | | |
| 4 | RMC | RMC | 1.27 | 1.27 | | | | | |
| 5 | CC2 | PE1 | 1.12 | 0.79 | | | | 1 | |
| 6 | CC1 | CC1 | 0.98 | 0.98 | | | | | |
| 7 | CC2 | CC2 | 1.12 | 1.12 | 1 | | | | |
| 8 | IB1 | IB1 | 0.78 | 0.78 | | | | | |
| 9 | RHC | RHC | 1.4 | 1.4 | | | | | |
| 10 | RMC | RMC | 1.27 | 1.27 | | | | | |
| 11 | PE1 | PE1 | 0.79 | 0.79 | 1 | 1 | 1 | | |
| 12 | RHB | RHB | 1.27 | 1.27 | | | | | |
| 13 | RMA | RMA | 1.17 | 1.17 | | | | | |
| 14 | CC2 | PE1 | 1.12 | 0.79 | | | 1 | 1 | |
| 15 | RMB | RMB | 1.22 | 1.22 | | | | | |
| 16 | RHB | RHB | 1.27 | 1.27 | | | | | |
| 17 | RMC | RMC | 1.27 | 1.27 | | | | | |
| 18 | RHC | RHC | 1.4 | 1.4 | | | | | |

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|----------|--------------|-------------|---------------------|--------------------|--|------------------------------------|--------------------------------------|-----------------------------------|---|
| 19 | RMA | RMA | 1.17 | 1.17 | | | | | |
| 20 | CC1 | CC1 | 0.98 | 0.98 | | | | | |
| 21 | CB1 | IB1 | 0.86 | 0.78 | 1 | 1 | | | |
| 22 | RMB | RMB | 1.22 | 1.22 | | | | | |
| 23 | RMC | RMC | 1.27 | 1.27 | | | | | |
| 24 | CC2 | PE1 | 1.12 | 0.79 | 1 | | 1 | | 1 |
| Totals | | | | | 4 | 2 | 2 | 1 | 3 |

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CORTLANDT HEALTHCARE
AUDIT #14-5195
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 3 instances, documentation did not support resident required total assist every time. 7, 11, 24

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 21

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 11

In 1 instance, documentation did not support resident required weight bearing assist three or more times. 21

Toilet Use Self-Performance

In 2 instances, documentation did not support resident required total assist every time. 11, 24

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 hemiplegia as a physician documented diagnosis in the past 60 days. 14

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 3 instances, documentation did not support the number of days with MD exams during the look back period. 5, 14, 24

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 5, 14

RUGS-II Classifications Overturned

In 4 instances, the RUG classifications were overturned. 5, 14, 21, 24

10 NYCRR §86-2.10, Volume A-2