



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

October 5, 2016

██████████  
Rego Park Nursing Home  
111-26 Corona Avenue  
Flushing, New York 11368

Re: MDS Final Audit Report  
Audit #: 14-5298  
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 Rego Park Nursing Home 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 10, 2016, the findings in the final audit report remain identical to the draft audit report.

The Medicaid overpayment of \$34,312.06 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  
REGO PARK NURSING HOME  
AUDIT 14-5298  
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.23	22,397	\$27,548.31
Non-Medicare/Part D Eligible	\$1.25	5,411	\$6,763.75
Total			<u>\$34,312.06</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  
 REGO PARK NURSING HOME  
 AUDIT #14-5298  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow special treatments, procedure	Disallow occupation therapy
1	PD2	PD2	0.73	0.73		
2	RHC	RHC	1.4	1.4	1	
3	RUA	RUA	1.37	1.37		
4	PE2	PE2	0.8	0.8		
5	PE2	PE2	0.8	0.8		
6	SE1	SE1	1.15	1.15		
7	RHC	RHC	1.4	1.4		
8	IB1	IB1	0.78	0.78		
9	RHB	RHB	1.27	1.27		
10	SSC	SSC	1.12	1.12		
11	SSC	SSC	1.12	1.12		
12	IB1	IB1	0.78	0.78		
13	SSB	SSB	1.06	1.06		
14	SSC	SSC	1.12	1.12		
15	RMX	RHC	1.96	1.4	1	
16	IB1	IB1	0.78	0.78		
17	CC1	CC1	0.98	0.98		
18	RVC	RVC	1.53	1.53		

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 REGO PARK NURSING HOME  
 AUDIT #14-5298  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow special treatments, procedures	Disallow occupation therapy
19	SSC	SSC	1.12	1.12		
20	PD1	PD1	0.72	0.72		
21	CC1	CC1	0.98	0.98		
22	SSC	SSC	1.12	1.12		
23	SSC	SSC	1.12	1.12		
24	SSC	SSC	1.12	1.12		
25	PB1	PB1	0.58	0.58		
26	SSB	SSB	1.06	1.06		
27	SSC	SSC	1.12	1.12		
28	SSC	SSC	1.12	1.12		
29	SSC	SSC	1.12	1.12		
30	PE2	PE2	0.8	0.8		
31	PD1	PD1	0.72	0.72		
32	RVC	RVC	1.53	1.53		
33	SSC	SSC	1.12	1.12		
34	CB1	CB1	0.86	0.86		
35	SSC	SSC	1.12	1.12		
36	CB1	CB1	0.86	0.86		

OFFICE OF THE MEDICAID INSPECTOR GENERAL  
 REGO PARK NURSING HOME  
 AUDIT #14-5298  
 ERRORS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Disallow special treatments, procedure	Disallow occupation therapy
37	SSC	SSC	1.12	1.12		
38	RMA	RMA	1.17	1.17		
39	SSB	SSB	1.06	1.06		
40	RHC	RHC	1.4	1.4		
41	RMC	RMC	1.27	1.27		
Totals					<u>1</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL  
REGO PARK NURSING HOME  
AUDIT #14-5298  
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. 15

**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

Occupational Therapy

In 1 instance, documentation reflected incorrect individual/concurrent/group minutes. 2

RUGS-II Classifications Overturned

In 1 instance, the RUG classifications were overturned. 15

10 NYCRR §86-2.10, Volume A-2