



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 28, 2016

██████████
Concourse Rehabilitation and Nursing Center, Inc.
1072 Grand Concourse
Bronx, New York 10456

Re: MDS Final Audit Report
Audit #: 13-1254
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 Concourse Rehabilitation and Nursing Center, Inc. for the census period ending January 25, 2012. In accordance with 18 NYCRR §517.6, this final audit report represents the OMIG's final determination on issues found during OMIG's review.

In your response to the draft audit report dated October 28, 2014, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment D) and the report has been either revised accordingly and/or amended to address your comments (see Attachment D).

The Medicaid overpayment of \$35,362.77 was calculated using the number of Medicaid days paid for the rate period July 1, 2012 through December 31, 2012 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 (██████████).

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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

DIVISION OF MEDICAID AUDIT
Office of the Medicaid Inspector General

OFFICE OF THE MEDICAID INSPECTOR GENERAL
CONCOURSE REHABILITATION AND NURSING CENTER
AUDIT # 13-1254
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASE IN DIRECT COMPONENT OF RATE*	MEDICAID DAYS	IMPACT
Part B Eligible/Part B D Eligible	\$1.23	24,631	\$30,296.13
Non-Medicare/Part D Eligible	\$1.24	4,086	\$5,066.64
Total			<u><u>\$35,362.77</u></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
 CONCOURSE REHABILITATION AND NURSING CENTER
 AUDIT #13-1254
 DISALLOWANCE BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	<i>Disallow bed mobility self performance</i>	<i>Disallow transfer self performance</i>	<i>Disallow toilet use self performance</i>	<i>Disallow mood</i>	<i>Disallow special treatments/procedures</i>
1		PD1	PD1	0.72	0.72					
2		PE1	PE1	0.79	0.79					
4		PC1	PC1	0.66	0.66					
5		CA2	CA2	0.84	0.84					
6		PB1	PB1	0.58	0.58					
7		SSB	SSB	1.06	1.06					
8		PC1	PC1	0.66	0.66					
9		SSC	SSC	1.12	1.12					
10		CA2	CA2	0.84	0.84					
11		CC2	CC2	1.12	1.12					
12		RMC	RMC	1.27	1.27					
13		RMB	RMB	1.22	1.22					
14		PE1	PE1	0.79	0.79					
15		CC2	CC1	1.12	0.98					1
16		CC1	CA1	0.98	0.77	1	1	1		
17		SSC	SSC	1.12	1.12					
18		CB1	CB1	0.86	0.86					
19		PC1	PC1	0.66	0.66					
20		RMB	RMB	1.22	1.22					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 CONCOURSE REHABILITATION AND NURSING CENTER
 AUDIT #13-1254
 DISALLOWANCE 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 mood	Disallow special treatments/procedures
21	CC1	CC1	0.98	0.98					
22	RHC	RHC	1.4	1.4					
23	SSC	SSC	1.12	1.12					
24	PB1	PB1	0.58	0.58					
25	CC1	CC1	0.98	0.98					
26	CB1	CB1	0.86	0.86					
27	PE1	PE1	0.79	0.79					
28	RHC	RHC	1.4	1.4					
29	RMC	RMC	1.27	1.27					
30	SSC	SSC	1.12	1.12					
31	RHC	RHC	1.4	1.4					
32	PD1	PD1	0.72	0.72					
33	SSA	SSA	1.03	1.03					
34	CC1	CC1	0.98	0.98					
35	PB1	PB1	0.58	0.58					
36	RMX	RMC	1.96	1.27				1	
37	PD1	PD1	0.72	0.72					
38	PC1	PC1	0.66	0.66					
39	RMX	RMX	1.96	1.96					

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 CONCOURSE REHABILITATION AND NURSING CENTER
 AUDIT #13-1254
 DISALLOWANCE 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 mood	Disallow special treatments/procedures
40	PC1	PC1	0.66	0.66					
TOTALS					1	1	1	1	1

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CONCOURSE REHABILITATION AND NURSING CENTER, INC.
AUDIT #13-1254
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 staff assessment of depressive symptoms. 15

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 1 instance(s), documentation did not support resident required total assist every time. 16

Transfer Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 16

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 16

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 00100-0300

In 1 instance, documentation did not support suctioning during the look back period. 36

In 1 instance, documentation did not support ventilator/respirator during the look back period. 36

In 1 instance, documentation did not support trach care during the look back period. 36

RUGS-II Classifications Overturned

In 3 instances, the RUG classifications were overturned. 15, 16, 36

10 NYCRR§86-2.10 volume: A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
CONCOURSE REHABILITATION & NURSING CENTER
AUDIT #13-1254
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#16	<p>G0110H1 Eating self-performance</p> <p>G0110A2 Bed Mobility Support Provided</p> <p>G0110B2 Transfer Support Provided</p> <p>G0110I2 Toilet Use Support Provided</p> <p>#K0500B Feeding Tube, K0700A Proportion of Total Calories the Resident Received through Parenteral or Tube Feeding, K0700B Average Fluid Intake per day by IV or Tube Feeding</p>	<p>No documentation during onsite review.</p> <p>Provider Submitted Missing Documentation.</p>	Accepted	Disallowance was reversed and will not be included in the Final Report.
#16	<p>G0110A1 Bed Mobility Self-Performance,</p> <p>G0110B1 Transfer ADL Self-Performance,</p> <p>G0110I1 Toilet Use Self-Performance.</p>	<ol style="list-style-type: none"> 1. Physician Bladder Assessment dated 12/17/11 2. Copy of resident's MDS Section G Functional Status 3. CNA Resident Care Plans dated December 2011 and 	Denied	MDS with the ARD of 1/6/12 has no documentation to support ADL self-performance levels claimed.

		<p>January 2012</p> <p>4. Nursing Care Plan for ADL Function dated 01/06/12</p> <p>5. Quarterly Nurses Note / Summary dated 01/06/12</p>		
# 36	O0100D2 Suctioning, O0100E2 Tracheostomy Care, O0100A2 Ventilator or Respirator:	The Facility submitted one document entitled "Bronx-Lebanon Hospital Center Discharge Summary Part B."	Denied	MDS with ARD of 11-15-11 There is no documentation of the dates that resident was on a ventilator, received tracheostomy care, or received suctioning. See Manual Section O
#36	O0100H2 intravenous medication	Med. Admin. History from the hospital, which indicates that the patient had intravenous therapy during the look back period and, therefore, the MDS should be RMX in any case	Not applicable	MDS with the ARD 11-15-11. Draft report did not list this as an audit finding. Facility did not claim.