



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 28, 2016

██████████
TLC Health Network – Lake Shore Hospital Nursing Facility
845 Routes 5 and 20
Irving, New York 14081

Re: MDS Final Audit Report
Audit #: 13-4297
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 TLC Health Network – Lake Shore Hospital Nursing Facility for the census period ending July 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 May 6, 2016, 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 \$11,920.24 was calculated using the number of Medicaid days paid for the rate period January 1, 2013 through June 30, 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
TLC HEALTH NETWORK - LAKE SHORE HOSPITAL NURSING FACILITY
AUDIT 13-4297
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.09	10,936	\$11,920.24
Non-Medicare/Part D Eligible	\$1.10	0	\$0.00
Total			<u>\$11,920.24</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
 TLC HEALTH NETWORK - LAKE SHORE HOSPITAL NURSING FACILITY
 AUDIT #13-4297
 FINDINGS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DISALLOW MOOD	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW HEALTH CONDITIONS	DISALLOW SWALLOWING/NUTRITIONAL STATUS	DISALLOW SPECIAL TREATMENTS, PROCEDURES	DISALLOW DEMENTIA ADD-ON	DISALLOW BMI ADD-ON
1		PC1	PC1	0.66	0.66								
2		CA1	PC1	0.77	0.66					1			
3		PE1	PE1	0.79	0.79								
4		SSC	SSC	1.12	1.12								
5		IB1	IB1	0.78	0.78								
6		PE1	PE1	0.79	0.79								
7		PC1	PC1	0.66	0.66								
8		IB1	IB1	0.78	0.78			1			1		
9		CB2	PD1	0.91	0.72	1		1					
10		SE2	SE2	1.37	1.37			1					
11		RHB	RHB	1.27	1.27								
12		CA1	PC1	0.77	0.66					1			
13		CA1	CA1	0.77	0.77								
14		PC1	PC1	0.66	0.66								
15		CC1	CC1	0.98	0.98								

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 TLC HEALTH NETWORK - LAKE SHORE HOSPITAL NURSING FACILITY
 AUDIT #13-4297
 FINDINGS BY SAMPLE NUMBER

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	FINDINGS								
					DISALLOW MOOD	DISALLOW TOILET USE SELF PERFORMANCE	DISALLOW ACTIVE DISEASE DIAGNOSIS	DISALLOW HEALTH CONDITIONS	DISALLOW SWALLOWING/NUTRITIONAL STATUS	DISALLOW DEMENTIA ADD-ON PROCEDURES	DISALLOW BMI ADD-ON		
16	PE1	PE1	0.79	0.79									
17	PE1	PE1	0.79	0.79									
18	PE1	PE1	0.79	0.79		1			1				1
TOTALS						<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>1</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
TLC HEALTH NETWORK - LAKE SHORE HOSPITAL NURSING FACILITY
AUDIT #13-4297
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. 9

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*

Toilet Use Self-Performance

In 1 instance, documentation did not support resident required total assist every time. 18

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 I0100-18000

In 1 instance, documentation did not support dementia as a physician documented diagnosis in the past 60 days. 8

In 1 instance, documentation did not support dementia as an active diagnosis during the 7 day look back. 8

In 1 instance, documentation did not support pneumonia as an active diagnosis during the 7 day look back. 9

Health Conditions

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 health conditions that impact the resident's functional status and quality of life. MDS 3.0 manual guidelines will be followed when examining the medical records

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual J0100-1900

In 1 instance, documentation did not support fever during the look back period. 10

Swallowing/Nutritional Status

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 of conditions that could affect the residents' ability to maintain adequate nutrition and hydration. MDS 3.0

manual guidelines will be followed when examining the medical records.

42 CFR §483.20 (b) (xvii)
MDS 3.0 Manual K0100-0700

In 1 instance, documentation did not support a resident height. 18

In 1 instance, documentation did not support a resident weight in the past 30 days. 18

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 instances, documentation did not support the number of days with MD exams during the look back period. 12

In 2 instances, documentation did not support the number of days with MD orders during the look back period. 2, 12

Dementia Add-on

In 1 instances, documentation did not support the diagnosis of Alzheimer's/dementia required for the add-on. 8

10 NYCRR §86-2.40 (z)(1)

BMI Add-on

In 1 instance, documentation does not support resident BMI was less than 35%. 18

10 NYCRR §86-2.40 (z)(2)

RUGS-II Classifications Overturned

In 3 instances, the RUG classifications were 2, 9, 12 overturned.

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
TLC HEALTH NETWORK - LAKE SHORE HEALTH CARE CENTER
AUDIT #13-4297
ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
#2	O0600: Physician Exams		Accepted	The following disallowance was reversed and will not be included in the Final Report.
	O0700: Physician Orders	<ul style="list-style-type: none"> • Pneumococcal Polysaccharide (PPV) and Influenza Immunization Form orders dated 09/01/11 is non-applicable since date is outside the 14-day look back period. • Order dated 07/06/12 was reviewed and accepted during the onsite audit. • Orders dated 07/19/12 and 07/26/12 are non-applicable since dated outside the 7-day look back period. 	Denied	Documentation supports one day of physician order changes during the 14-day look back period.
#5	Item #I4800: Dementia Diagnosis/Dementia Add-on		Accepted	The following disallowance was reversed and will not be included in the Final Report.

#8	Item #14800: Dementia Diagnosis/Dementia Add-on	<ul style="list-style-type: none"> Physician Interval Visit Note dated 06/21/12 documenting diagnosis of Dementia supports the requirement of physician-documented diagnosis. Physician Acute Visit Note dated 07/13/12 documentation regarding lower extremity pain does not support a Dementia diagnosis. Documentation does not support the disease was active during the 7-day look back period. 	Denied	Documentation provided does not support the MDS Manual - Section I, active diagnosis criteria for Dementia during the 7-day look back period.
#9	G0110Aa, G0110Ba, G0110Ia: ADL Self-Performance in Bed Mobility, Transfer, and Toilet Use. G0110Ab, G0110Bb, G0110Ib: ADL Support Provided in Bed Mobility, Transfer, and Toilet Use.		Accepted	The following disallowance was reversed and will not be included in the Final Report.
	Item #12000: Pneumonia Diagnosis	Physician Interval Visit Note dated 04/26/12	Denied	Documentation provided does not support the MDS Manual - Section I. The physician note is dated outside the 7-day look back period and also does not support an active diagnosis of Pneumonia.

	Item #D0500 Staff Assessment of Mood	Brief Interview for Mental Status (BIMS) document dated 05/11/12	Denied	Documentation submitted does not support a Staff Assessment of Mood during the 14-day look back period. See the MDS Manual, Section D.
#10	O0600: Physician Exams O0700: Physician Orders		Accepted	The following disallowance was reversed and will not be included in the Final Report.
#12	Item #G0110Ba, G0110Ha, G0110Ia: ADL Self-Performance in Transfer, Eating, and Toilet Use. Item #G0110Bb, G0110Ib: ADL Support Provided in Transfer and Toilet Use		Accepted	The following disallowance was reversed and will not be included in the Final Report.
	Item #O0600: Physician Exams	<ul style="list-style-type: none"> TLC Health Network Emergency Department Nursing Assessment Flow sheet dated 04/29/12 	Denied	Flow sheet dated 04/29/12 is non-applicable since it is dated outside the 14-day look back. See MDS Manual, Section O.
#14	Item #I4800: Dementia Diagnosis/ Dementia Add-On		Accepted	The following disallowance was reversed and will not be included in the Final Report.
#16	G0110Aa, G0110Ba,		Accepted	The following disallowance was reversed

	<p>G0110Ha, G0110Ia: ADL Self-Performance in Bed Mobility, Transfer, Eating, and Toilet Use.</p> <p>G0110Ab, G0110Bb, G0110Ib: ADL Support Provided in Bed Mobility, Transfer, and Toilet Use.</p>			<p>and will not be included in the Final Report.</p>