



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 29, 2016

██████████
St. Joseph's Hospital Nursing Home of Yonkers New York, Inc,
127 South Broadway
Yonkers, New York 10758

Re: MDS Final Audit Report
Audit #: 13-4754
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 St. Joseph's Hospital Nursing Home of Yonkers New York, Inc, for the census period ending May 2, 2016. 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 2, 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 \$35,571.78 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 ██████████

[REDACTED]

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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 [REDACTED]
[REDACTED].

[REDACTED]

Division of Medicaid Audit
Office of the Medicaid Inspector General

[REDACTED]

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SAINT JOSEPH'S HOSPITAL NURSING HOME OF YONKERS NY
AUDIT 13-4754
CALCULATION OF AUDIT IMPACT

RATE TYPE	DECREASED IN DIRECT COMPONENT OF RATE*	MEDICAID DAY	IMPACT
Part B Eligible/Part B D Eligible	\$1.37	25,075	\$34,352.75
Non-Medicare/Part D Eligible	\$1.39	877	\$1,219.03
Total			<u>\$35,571.78</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
 SAINT JOSEPH'S HOSPITAL NURSING HOME OF YONKERS NY
 AUDIT #13-4754
 FINDINGS BY SAMPLE NUMBER

DETAILED FINDINGS

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	
1	RUC	RUC	1.82	1.82	
2	CC2	CC2	1.12	1.12	
3	CC2	PE2	1.12	0.80	1
4	CC2	PE1	1.12	0.79	1
5	SSC	SSC	1.12	1.12	
6	SSA	SSA	1.03	1.03	
7	RMX	RMX	1.96	1.96	
8	CA2	CA2	0.84	0.84	1
9	CA2	CA2	0.84	0.84	
10	SSC	SSC	1.12	1.12	
11	CC2	CC2	1.12	1.12	
12	CC2	CC2	1.12	1.12	
13	CB2	CB2	0.91	0.91	
14	SSC	SSC	1.12	1.12	
15	CB2	PD2	0.91	0.73	1
16	CC2	CC2	1.12	1.12	1
17	CC2	CC2	1.12	1.12	

DISALLOW SPECIAL TREATMENTS, PROCEDURES

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SAINT JOSEPH'S HOSPITAL NURSING HOME OF YONKERS NY
 AUDIT #13-4754
 FINDINGS BY SAMPLE NUMBER

DETAILED FINDINGS

Sample #	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	
18	CB2	CB2	0.91	0.91	
19	CC2	CC2	1.12	1.12	
20	SSC	SSC	1.12	1.12	
21	CC2	CC2	1.12	1.12	
22	CC2	CC2	1.12	1.12	
23	CB2	PD2	0.91	0.73	1
24	CC2	PE1	1.12	0.79	1
25	SSC	SSC	1.12	1.12	
26	CC2	CC2	1.12	1.12	
27	SSC	SSC	1.12	1.12	
28	RUX	RUX	2.38	2.38	
29	CC2	PE1	1.12	0.79	1
30	CC2	CC2	1.12	1.12	
31	SSC	SSC	1.12	1.12	
32	CC2	CC2	1.12	1.12	
33	CC2	CC2	1.12	1.12	
34	RMC	RMC	1.27	1.27	
35	SSC	SSC	1.12	1.12	

DISALLOW SPECIAL TREATMENTS, PROCEDURES

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SAINT JOSEPH'S HOSPITAL NURSING HOME OF YONKERS NY
 AUDIT #13-4754
 FINDINGS BY SAMPLE NUMBER

Sample #		Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	Detailed Findings
36		CC2	CC2	1.12	1.12	<div style="border: 1px solid black; padding: 5px; transform: rotate(-45deg); display: inline-block;"> DISALLOW SPECIAL TREATMENTS, PROCEDURES </div>
37		CB2	CB2	0.91	0.91	
38		SSC	SSC	1.12	1.12	
TOTALS						<u>8</u>

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
SAINT JOSEPH'S HOSPITAL NURSING HOME OF YONKERS NY
AUDIT #13-4754
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 5 instances, documentation did not support the number of days with MD exams during the look back period. 3, 4, 8, 24, 29

In 5 instances, documentation did not support the number of days with MD orders during the look back period. 8, 15, 16, 23, 29

RUGS-II Classifications Overturned

In 6 instances, the RUG classifications were overturned. 3, 4, 15, 23, 24, 29

10 NYCRR §86-2.10, Volume A-2

**OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SAINT JOSEPH'S HOSPITAL NURSING HOME OF YONKERS NY
 AUDIT #13-4754
 ANALYSIS OF PROVIDER RESPONSE**

Sample #	Finding	Provider Response	Accepted/Denied	Explanation
3	Item #O0600: Physician Examinations	<ul style="list-style-type: none"> • Physician Progress dated 07/16/12. • Physician Progress Noted dated 07/15/12. 	Denied	<p>MDS Assessment Reference Date (ARD) is 07/16/12.</p> <p>Documentation does not support the MDS Manual's coding instructions for Physician Examinations per Section –O Guidelines.</p>
4	Item #O0600: Physician Examinations	<ul style="list-style-type: none"> • Physician Progress Note dated 06/18/12. • Physician Progress Note dated 06/20/12. 	Denied	<p>MDS Assessment Reference Date (ARD) is 05/02/12.</p> <p>Documentation does not support the MDS Manual's coding instructions for Physician Examinations per Section –O Guidelines.</p>
	Item #O0700: Physician Orders		Accepted	Disallowance was reversed and will not be included in the Final Report.
12	Item #O0700: Physician Orders		Accepted	Disallowance was reversed and will not be included in the Final Report.
15	Item #O0700: Physician Orders	<ul style="list-style-type: none"> • Physician Order dated 04/21/12 • Physician's Orders dated 04/23/12 • Physician Order dated 04/25/12 	Denied	<p>MDS Assessment Reference Date (ARD) is 05/02/12.</p> <p>Documentation does not support the MDS Manual's coding instructions for Physician Orders per Section –O Guidelines.</p>

19	Item #O0700: Physician Orders		Accepted	Disallowance was reversed and will not be included in the Final Report.
23	Item #O0700: Physician Orders	No additional documents submitted	Denied	MDS Assessment Reference Date (ARD) is 05/02/12. Documentation does not support the MDS Manual's coding instructions for Physician orders per Section -O Guidelines.
24	Item #O0600: Physician Examinations	No additional documents submitted	Denied	MDS Assessment Reference Date (ARD) is 05/23/12. Documentation does not support the MDS Manual's coding instructions for Physician Examinations per Section -O Guidelines.
29	Item #O0600: Physician Examinations	No additional documents submitted	Denied	MDS Assessment Reference Date (ARD) is 06/24/12. Documentation does not support the MDS Manual's coding instructions for Physician Examinations per Section -O Guidelines.