NEW YORK STATE | Office of the Medicaid Inspector General

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

Audit of Fee-For-Service Nursing Home and Inpatient Hospital Crossover Payments

Final Audit Report
Audit #: 21-5681

Dumont Center Rehabilitation & Nursing Care

Provider ID #: 00752158

NEW YORK STATE | Office of the Medicaid Inspector General

KATHY HOCHUL
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

September 15, 2022

[redacted]
Dumont Center Rehabilitation & Nursing Care
676 Pelham Rd
New Rochelle, NY 10805

Re: Final Audit Report
Audit #: 21-5681
Provider ID #: 00752158

Dear [redacted]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Dumont Center Rehabilitation & Nursing Care (Provider).

In accordance with Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York Section 517.6, the attached Final Audit Report represents the final determination on the issues found during OMIG's audit.

After reviewing the Provider's response to OMIG's June 30, 2022 Draft Audit Report, OMIG has reduced the overpayments identified in the Draft Audit Report inclusive of interest from $4,184.62 to $165.63 in this Final Audit Report. Based on this determination, the total amount due is $165.63 inclusive of interest accrued through the date of the Draft Audit Report in accordance with 18 NYCRR 518.4(b). A detailed explanation can be found in the Audit Findings section of this report.

The attachment referred to in this Final Audit Report will be sent in a secure electronic transmission. To obtain a copy of the attachment, please [redacted] or through email at [redacted]@[redacted] Please refer to audit number 21-5681 in all correspondence.

[redacted]
Division of Medicaid Audit
Office of the Medicaid Inspector General

Attachments

CERTIFIED MAIL # 7021-0350-0001-9900-0571
RETURN RECIEPT REQUESTED

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Background, Objective, and Audit Scope

Background

The New York State Department of Health (DOH) is the single state agency responsible for the administration of the Medicaid program. As part of its responsibility as an independent entity within DOH, the Office of the Medicaid Inspector General (OMIG) conducts audits and reviews of various providers of Medicaid reimbursable services, equipment, and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules, and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of DOH (Titles 10 and 18 of the New York Codes Rules and Regulations), the regulations of the Office of Mental Hygiene (Title 14 of the New York Codes Rules and Regulations), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

The February 15, 2013, NY DOH Dear Administrator Letter (DAL) titled *Implementation of Changes to Reimbursement Methodology for Bed Reserve Days,* effective July 1, 2012, gave notice of the amendment to section 86-2.40(ac) of Title 10 NYCRR, which established a reduction from 95% to 50% of the Medicaid rate otherwise payable to Residential Health Care Facilities (RHCF) for reserved bed days related to a temporary leave by a Medicaid eligible resident as the result of a hospitalization. When a resident of a facility is admitted as an inpatient at a hospital, the facility is not entitled to 100% reimbursement but may still be eligible for payment at the reduced rate described above. This audit credits the facility with this payment. The validity of the facility's claims on any other basis is not currently being audited.

Objective

The objective of this audit was to assess the Provider's adherence to applicable laws, regulations, rules, and policies governing the New York State Medicaid program and to verify that:

- the Provider is not in receipt of an improperly coded FFS (Fee-For-Service) claim payment when the Medicaid program paid an inpatient hospital claim for the same recipient for the same dates of service.
- claim payments were submitted in accordance with applicable rules and requirements.

Audit Scope

This audit identifies provider FFS claims that were submitted for payment while the Medicaid program paid an inpatient hospital for the same recipient for the same dates of service. The audit included FFS payments made to the Provider for the period beginning July 1, 2017 and ending December 31, 2020.

OMIG reserves its right to conduct further audits, investigations or reviews of the Provider's participation in the Medicaid program for a different time period and the same basis, the same time period and a different basis, or for any applicable other time period or basis to the extent authorized by law.

Audit Findings

OMIG issued a Draft Audit Report to the Provider on June 30, 2022, that identified $3,727.59 in Medicaid overpayments. After considering the information in the Provider's response to the Draft Audit Report (Attachment A), the OMIG has removed 16 billed days of the Draft Audit Report findings in this Final Audit Report. As a result, OMIG reduced the overpayments identified in the Draft Audit Report from $3,727.59 to $165.63 (Attachment A) in Medicaid overpayments in this Final Audit Report.

OMIG identified the following findings:

1. OMIG identified instances involving 1 Medicaid FFS billed day that was coded as a resident at the facility when the Medicaid program paid an inpatient hospital claim for the same recipient on the same dates of service. As a result of this finding, and in accordance with the February 15, 2013, NY DOH DAL and 10 NYCRR 86-2.40(ac)(4)(i), OMIG has determined that Medicaid was inappropriately billed, resulting in Medicaid overpayments of $141.93 (Attachment B).

Pursuant to 18 NYCRR 518.4(b), interest may be collected on any overpayments identified in this audit and accrues from the date of the overpayment. Interest on the overpayments identified in this Final Audit Report was calculated from the date of each overpayment through the date of the Draft Audit Report preparation. For the overpayments identified in this audit, OMIG has determined that interest in the amount of $23.70 (Attachment A) has accrued.

Based on this determination, the total amount due is $165.63 (Attachment A), inclusive of interest accrued through the date of the Draft Audit Report. Please note that if this amount is not repaid within 90 days following the date of this Final Audit Report, interest will again accrue in accordance with 18 NYCRR 518.4 (c).

Do not submit claim voids or adjustments in response to this Final Audit Report. Repayment instructions are outlined on the next page.

Repayment Options

In accordance with 18 NYCRR Part 518, which regulates the collection of overpayments, your repayment options are described below.

Option #1: Make a full payment by check, money order, or OMIG's Online Payment Portal within 20 days of the date of the Final Audit Report.

- The check should be made payable to the New York State Department of Health, should include the audit number on the memo line, and be mailed with the attached remittance advice to:

New York State Office of the Medicaid Inspector General
Bureau of Collections Management
800 North Pearl Street
Albany, New York 12204
[redacted]

- If you elect to pay electronically through OMIG's Online Payment Portal, please visit [redacted] or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.

Option #2: Enter into a repayment agreement with OMIG. If your repayment terms exceed 90 days from the date of the Final Audit Report, recoveries of amounts due are subject to interest charges at the prime rate plus 2%. OMIG's acceptance of a repayment agreement is based on your repaying the Medicaid overpayment as agreed. OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days, by telephone or email, as provided above.

Should you fail to select a payment option above within 20 days of the date of this Report, OMIG will initiate recoupment by withholding all or a part of your payments otherwise payable, in accordance with 18 NYCRR 518.6. Additionally, OMIG reserves the right to use any remedy allowed by law to collect the amount due. Pursuant to the State Finance Law Section 18(5), a collection fee equal to twenty two percent (22%) of the amount due, including interest, may be added to the amount owed.

Hearing Rights

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. 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 the Provider wishes to request a hearing, the request must be submitted in writing within 60 days of the date of this notice to:

General Counsel
New York State
Office of the Medicaid Inspector General
Office of Counsel
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [redacted]

If a hearing is held, the Provider may have a person represent it or the Provider may represent itself. If the Provider chooses to be represented by someone other than an attorney, the Provider must supply along with its hearing request a signed authorization permitting that person to represent the Provider at the hearing; the Provider may call witnesses and present documentary evidence on its behalf.

For a full listing of hearing rights please see 18 NYCRR Part 519.

Contact Information

[redacted]

Office Address:

New York State
Office of the Medicaid Inspector General
Division of Medicaid Audit
800 North Pearl Street
Albany, New York 12204

Mission

The mission of the Office of the Medicaid Inspector General is to enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high quality patient care.

Vision

To be the national leader in promoting and protecting the integrity of the Medicaid program.

NEW YORK STATE | Office of the Medicaid Inspector General

REMITTANCE ADVICE

Dumont Center Rehabilitation & Nursing Care
676 Pelham Rd
New Rochelle, NY10805

Provider ID #: 00752158

Audit #: 21-5681

Amount Due: $165.63

Audit Type

- ☒ **Managed Care**
- ☐ **Fee-for-Service**
- ☐ **Rate**

Checklist

1. To ensure proper credit, please enclose this form with your check.
2. Make checks payable to: New York State Department of Health.
3. Record the audit number on your check.
4. Mail the check to:

New York State Office of the Medicaid Inspector General
Bureau of Collections Management
800 North Pearl Street
Albany, New York 12204
[redacted]

If you elect to pay electronically through OMIG's Online Payment Portal, please visit [redacted] or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.