



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

June 3, 2014

[REDACTED]
Gold Crest Care Center
2316 Bruner Avenue
Bronx, New York 10469

Re: Medicaid PRI Audit #11-3436
NPI Number: [REDACTED]
Provider Number: [REDACTED]

Dear [REDACTED]

This is the final audit report of findings with regard to the Office of the Medicaid Inspector General's ("OMIG") Patient Review Instruments ("PRI") audit of Gold Crest Care Center ("Facility") for the audit period July 1, 2005 through December 31, 2008. In accordance with 18 NYCRR Section 517.6, this final audit report represents the OMIG's final determination on issues raised in the draft audit report.

In your response to the draft audit report dated January 23, 2014, you identified specific audit findings with which you disagreed. Your comments have been considered (see Attachment A-1) and the report has been either revised accordingly and/or amended to address your comments (See Attachment A-2). Consideration of your comments resulted in an overall reduction of \$185,949 to the total Medicaid overpayment shown in the draft audit report.

The findings applicable to the September 1, 2006 through March 31, 2009 Medicaid rates resulted in a Medicaid overpayment of \$1,203,155 as detailed in Attachment A-2. This overpayment is subject to Department of Health ("DOH") and Division of Budget ("DOB") final approval. While not anticipated, any difference between the calculated overpayment and the final DOH and DOB amount will be resolved with the Facility by the OMIG Bureau of Collections Management. The finding explanation, regulatory reference, and applicable adjustment can be found in the exhibits following Attachment A-2.

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

OPTION #1: Make full payment by check or money order 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 and be sent with the attached Remittance Advice to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-3436
Albany, New York 12237-0048

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. 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%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 50% withhold after 20 days until the agreement is established. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against any amount owed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

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

[REDACTED]

You have the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. You may not request a hearing to raise issues related to rate setting or rate setting methodology. In addition, you may not raise any issue that was raised or could have been raised at a rate appeal with your rate setting agency. You may only request a hearing to challenge specific audit adjustments which you challenged in a response to the draft audit report.

If you wish 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, New York 12204

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

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 a signed authorization permitting that person to represent you along with your hearing request. At the hearing, you may call witnesses and present documentary evidence on your behalf.

Should you have any questions regarding the above, please contact [REDACTED] at [REDACTED] or through email at [REDACTED]

Sincerely,

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

[REDACTED]
Attachments:

- ATTACHMENT A-1 – Analysis of Provider Response
- ATTACHMENT A-2 - Calculation of Medicaid Overpayment
- ATTACHMENT B - Change in RUG Counts for PRIs submitted on September 14, 2006 and December 7, 2006
- ATTACHMENT C - Detailed Findings by Sample Number
- ATTACHMENT D - Detailed Findings by Disallowance

CERTIFIED MAIL [REDACTED]
RETURN RECEIPT REQUESTED

**NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE**

NAME AND ADDRESS OF AUDITEE

Gold Crest Care Center
2316 Bruner Avenue
Bronx, New York 10469

PROVIDER ID [REDACTED]

AUDIT #11-3436

AMOUNT DUE: \$1,203,155

AUDIT	<input type="checkbox"/>	PROVIDER
	<input checked="" type="checkbox"/>	RATE
TYPE	<input type="checkbox"/>	PART B
	<input type="checkbox"/>	OTHER:

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 check to:

[REDACTED]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #11-3436
Albany, New York 12237-0048

5. If the provider number shown above is incorrect, please enter the correct number below.

[REDACTED]

CORRECT PROVIDER NUMBER

GOLD CREST CARE CENTER

AUDIT # 11-3436

All OMIG disallowances were accepted by the Facility except for those shown below. The following details the disposition of final report disallowances after consideration of the Facility's draft audit report response comments.

REVERSAL COMMENTS

Based on information and documentation provided by the Facility, the following disallowances were reversed and not included in the Final Report.

Sample # 4 - Disallow Occupational Therapy; Disallow Tube Feeding; and, Disallow Condition Needing the Most Nursing Time.

Sample # 25 - Disallow Occupational Therapy; and, Disallow Physical Therapy

Sample # 27 - Disallow One Assist with Constant Guidance for Transfer; and, Disallow Constant Supervision and/or Major Physical Assistance for Toileting

Sample # 144 - Disallow Constant Supervision and/or Physical Assistance for Toileting

Sample # 180 - Disallow Physical Therapy; and, Disallow Condition Listed as Needed the Most Nursing Time

OFFICE OF THE MEDICAID INSPECTOR GENERAL
GOLD CREST CARE CENTER
AUDIT #11-3436
CALCULATION OF MEDICAID OVERPAYMENT

<u>Service</u>	<u>Effective Period</u>	<u>Part B Non-Elig.</u>		<u>Part B-Elig</u>		<u>Difference</u>	<u>Medicaid Days</u>	<u>Medicaid Impact</u>
		<u>From</u>	<u>To</u>	<u>From</u>	<u>To</u>			
NF	09/01/06 - 11/30/06	196.33	186.63	196.33	186.63	9.70	12955	\$ 125,664
NF	12/01/06 - 12/31/06	197.36	188.87	197.36	188.87	8.49	4155	35,276
NF	01/01/07 - 03/31/07	209.69	200.19	209.69	200.19	9.50	12001	114,010
NF	04/01/07 - 06/30/07	208.56	199.12	208.56	199.12	9.44	12198	115,149
NF	07/01/07 - 08/31/07	206.60	197.16	206.60	197.16	9.44	8172	77,144
NF	09/01/07 - 12/31/07	206.60	197.16	206.60	197.16	9.44	16107	152,050
NF	01/01/08 - 03/31/08	214.78	205.15	214.78	205.15	9.63	12105	116,571
NF	04/01/08 - 06/30/08	211.35	201.79	211.35	201.79	9.56	12268	117,282
NF	07/01/08 - 12/31/08	214.72	205.16	214.72	205.16	9.56	24496	234,182
NF	01/01/09 - 03/31/09	214.19	204.35	214.19	204.35	9.84	11771	115,827
TOTAL MEDICAID OVERPAYMENT								<u>\$ 1,203,155</u>

NOTE: Impact of the Dementia Per Diem Calculation handled as per diem disallowance on Schedule VII

OFFICE OF THE MEDICAID INSPECTOR GENERAL
GOLD CREST CARE CENTER
CHANGE IN RUG CATEGORIES
SEPTEMBER 14, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			ADJUSTED
	REPORTED	INCREASE	DECREASE	
BA	0			0
BB	0			0
BC	0			0
CA	1	2		3
CB	7	2		9
CC	4		1	3
CD	6			6
PA	20	9		29
PB	7	3		10
PC	56		4	52
PD	10	1		11
PE	7			7
RA	5	3		8
RB	38		13	25
SA	0			0
SB	4		2	2
TOTAL	165	20	20	165

Dementia Patient Per Diem Calculation

CA	0			0
BA	0			0
PA	4		4	0
PB	4		4	0
TOTAL	8	0	8	0

OFFICE OF THE MEDICAID INSPECTOR GENERAL
GOLD CREST CARE CENTER
CHANGE IN RUG CATEGORIES
DECEMBER 7, 2006

RUG CATEGORY	CHANGE IN RUG CATEGORY			
	REPORTED	INCREASE	DECREASE	
BA	0			0
BB	0			0
BC	0			0
CA	1	2		3
CB	7			7
CC	2			2
CD	4			4
PA	18	7		25
PB	6	5		11
PC	53		5	48
PD	10			10
PE	6			6
RA	6	3		9
RB	39		11	28
SA	0			0
SB	3		1	2
TOTAL	155	17	17	155

Dementia Patient Per Diem Calculation

CA	0			0
BA	0			0
PA	4		4	0
PB	4		4	0
TOTAL	8	0	8	0

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 REVIEW OF PATIENT REVIEW INSTRUMENT
 GOLD CREST CARE CENTER
 AUDIT #11-3436

Sample#	DOB	Initials	PRDate	Reported RUG	Derived RUG	Reported RUG Weight	Derived RUG Weight	DETAILED FINDINGS													
								Disallow Eating	Disallow Toileting	Disallow OT Level	Disallow Transfer	Disallow Primary Medical Problem	Disallow Dementia Add-on	Disallow PT Level	Disallow Physician Visits	Disallow Wound Care	Disallow Decubitis Level	Disallow Oxygen			
176			12/7/2006	RB	RB	1.79	1.79														
177			12/7/2006	RB	RB	1.79	1.79	1		1											
178			12/7/2006	RB	RB	1.79	1.79														
179			12/7/2006	SB	SB	1.74	1.74														
180			12/7/2006	RA	RA	1.57	1.57														
181			12/7/2006	PC	PA	1.03	0.55	1	1												
182			12/7/2006	PC	PB	1.03	0.83	1				1									
183			12/7/2006	PC	PC	1.03	1.03					1									
Totals								41	18	12	12	11	9	7	3	2	2	1			

GOLD CREST CARE CENTER DETAILED FINDINGS

PRI FINDINGS**Sample Selection****Decubitus Level Disallowed**

The PRI instructions/clarifications state, *"For a patient to be cited as level 4, documentation by a licensed clinician must exist which describes the following three components: 1. A description of the patient's decubitus, 2. Circumstance or medical condition which led to the decubitus, 3. An active treatment plan."*

In addition, *"necrotic breakdown of skin and subcutaneous tissue which may involve muscle, fascia and bone"* must be documented.

10 NYCRR Section 86-2.30 (II) 16

In 1 instance, documentation did not support a description of the wound as decubitus level 2, 3, or 4. 39

In 1 instance, documentation did not support circumstance or medical condition which led to the decubitus. 39

In 1 instance, documentation did not support a necrosis qualifier. 42

Oxygen - (Daily)

PRI instructions/clarifications state *"For medical treatments having a daily frequency requirement, treatments must be provided every day of the four week period."*

10 NYCRR Section 86-2.30 (II) 18C

In 1 instance, documentation did not support the daily frequency requirement for oxygen. 29

Wound Care

The PRI instructions/clarifications define a wound as a *"subcutaneous lesion(s) resulting from surgery, trauma, or open cancerous ulcers."* Additionally,

"decubiti, stasis ulcers, skin tears and feeding tubes are excluded" from wound care.

10 NYCRR Section 86-2.30 (II) 18G

In 2 instances, wound care for decubiti, stasis ulcers, skin tears and feeding tubes are excluded. 39, 70

Eating

PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 19

Level 3 eating continual help *"means that the patient requires a staff person's continual presence and help for reasons such as: patient tends to choke, has a swallowing problem, is learning to feed self, or is quite confused and forgets to eat."*

In 40 instances, documentation did not support continual help with eating. 1, 10, 12, 14, 17, 24, 26, 33, 35, 36, 66, 76, 82, 83, 91, 95, 96, 97, 98, 99, 101, 103, 109, 115, 117, 118, 120, 122, 125, 128, 129, 130, 132, 135, 137, 170, 174, 177, 181, 182

Level 4 eating is *"totally fed by hand: patient does not manually participate."*

In 1 instance, documentation did not support that the resident was totally fed by hand. 42

Transfer

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 21

Level 3 transfer continuous assistance; *"requires one person to provide constant guidance, steadiness and/or physical assistance. Patient may participate in transfer."*

In 10 instances, documentation did not support constant guidance or physical assistance in transfer. 15, 19, 31, 71, 82, 98, 109, 134, 182, 183

Level 4 transfer *"requires two people to provide constant supervision and/or physically lift. May need lifting equipment. Documentation must support a logical medical reason why the patient required two people to transfer."*

In 2 instances, documentation did not support a logical medical reason why the patient required two people to transfer. 23, 81

Toileting

The PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (III) 22

Level 3 toileting resident is *"continent of bowel and bladder. Requires constant supervision and/or physical assistance with major/all parts of the task, including appliances (i.e. colostomy, ileostomy, urinary catheter)."*

In 15 instances, documentation did not support constant supervision and/or physical assistance with toileting. 15, 19, 31, 71, 82, 83, 94, 109, 115, 125, 130, 134, 139, 143, 181

Level 4 toileting resident is *"incontinent 60% or more of the time; does not use a bathroom. The patient may be bed bound or mentally confused to the extent that a scheduled toileting program is not beneficial."*

In 1 instance, documentation did not support incontinence 60% of the time. 81

Level 5 toileting resident is *"incontinent of bowel and/or bladder but is taken to a bathroom every two to four hours during the day and as needed at night."* Additionally, PRI clarifications state that *"the resident's care plan must establish a toileting assistance program that is based on an assessment of the resident's needs. The assessment should establish the needs of the resident which lead to the development of the program."* To meet Toileting Level 5 there must be a *"care plan established for the resident based on an assessment."* The toileting schedule must include *"the name or initials of the health care worker performing the toileting assistance and the specific time the toileting assistance was provided must be present in each instance assistance is provided."*

In 2 instances, documentation did not support an individualized toileting schedule, the specific time the resident was toileted, the toileting schedule contained blanks, and/or or the toileting schedule contained intervals greater than four hours. 64, 76

Physical Therapy

PRI instructions/clarifications state:

10 NYCRR Section 86-2.30 (V) 27A

In order for therapy to qualify as restorative *"there is positive potential for improved functional status within a short and predictable period of time"*... The qualifier for maintenance therapy is *"to maintain and/or retard deterioration of current functional/ADL status."*

In 6 instances, documentation did not support the positive potential for improvement within a short and/or predictable period of time.

7, 13, 16, 18, 22, 30

PRI instructions/clarifications state *"in order for therapy to qualify as restorative the resident must continue to show improvement during treatment."*

In 5 instances, documentation did not support continued improvement in ADL/functional status through the past 28 days.

13, 15, 18, 22, 30

Occupational Therapy

PRI instructions/clarifications state:

Title 10 NYCRR Section 86-2.30 (V) 27A

PRI instructions/clarifications state *"there must be an order for restorative therapy."*

In 1 instance, documentation did not support a physician, nurse practitioner, or an appropriately cosigned physician assistant's order for restorative therapy.

175

In 2 instances, documentation did not support a licensed professional person with at least a 4 year specialized degree evaluated the program on a monthly basis.

21, 175

In order for therapy to qualify as restorative therapy *"there is positive potential for improved functional status within a short and predictable period of time"*... Qualifier for maintenance therapy is *"to maintain and/or retard deterioration of current functional/ADL status."*

In 5 instances, documentation did not support the positive potential for improvement within a short and/or predictable period of time.

8, 15, 16, 50, 175

PRI instructions/clarifications also state *"in order for therapy to qualify as restorative, treatment is provided at least five days per week and 2.5 hours per week."*

In 6 instances, documentation did not support treatment five days/ 2.5 hours per week.

7, 29, 38, 170, 175, 177

PRI instructions/clarifications further state *"in order for therapy to qualify as restorative the resident must continue to show improvement during treatment."*

In 2 instances, documentation did not support continued improvement in ADL/functional status through the past 28 days.

174, 175

Number of Physician Visits

The PRI instructions/clarifications state that allowable physician visits are those in which *"the patient has a medical condition that (1) is unstable and changing or (2) is stable, but there is high risk of instability."*

10 NYCRR Section 86-2.30 (V) 28

In 3 instances, documentation did not support the number of physician visits claimed were for unstable or potentially unstable conditions.

50, 82, 144

Primary Medical Problem

The PRI instructions/clarifications state: *"The primary medical problem should be selected based on the condition that has created the most need for nursing time during the past four weeks."*

10 NYCRR Section 86-2.30 (i) (VI) 30

In 11 instances, documentation did not support that the primary medical problem (ICD-9 code) was based on the condition that created the most need for nursing time.

1, 6, 10, 19, 26, 32, 38, 53, 69, 142, 157

Dementia Add-on

PRI instructions/clarifications state: *“Facilities to whom the additional amount is paid shall demonstrate and document positive outcomes from the implementation or continuation of programs to improve the care of eligible dementia patients.”*

10 NYCRR Section 86-2.10 (o)

In 9 instances, there was no documentation found in the record of activities that meet these criteria.

138, 141, 142, 143, 148, 154, 157, 161, 164

RUGS-II Classifications Overturned

In 37 instances, the RUG-II classifications were overturned.

10 NYCRR Section 86-2.11

7, 8, 15, 16, 18, 19, 21, 22, 24, 29, 30, 31, 35, 39, 42, 50, 64, 69, 71, 76, 81, 82, 83, 91, 94, 98, 103, 109, 115, 125, 130, 134, 139, 143, 175, 181, 182