

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**MASSACHUSETTS MEDICAID
PAYMENTS TO ESSEX PARK
REHABILITATION AND NURSING
CENTER DID NOT ALWAYS COMPLY
WITH FEDERAL AND STATE
REQUIREMENTS**

*Inquiries about this report may be addressed to the Office of Public Affairs at
Public.Affairs@oig.hhs.gov.*



**Michael J. Armstrong
Regional Inspector General**

**January 2013
A-01-12-00015**

Office of Inspector General

<https://oig.hhs.gov>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

EXECUTIVE SUMMARY

BACKGROUND

The Massachusetts Executive Office of Health and Human Services, Office of Medicaid (State agency), is responsible for administering MassHealth, the Massachusetts Medicaid program, in compliance with Federal and State statutes and administrative policies. The State agency reimburses nursing homes based on an established per diem rate for services provided to Medicaid beneficiaries. Pursuant to Medicaid requirements, the State agency must use certain additional resources that a beneficiary has, including Social Security payments, to reduce Medicaid payments to nursing homes. The State agency determines the amount of the beneficiary's contribution during the financial eligibility process and enters this amount into its computer system. The beneficiary's contribution is remitted to the nursing home each month.

When the State agency reimburses the nursing home and does not reduce the Medicaid per diem payment to the nursing home by the amount of the beneficiary's contribution, the nursing home could receive overpayments. Pursuant to Medicaid requirements, the nursing home must return any overpayments to the State Medicaid program, which in turn is required to refund the Federal share to the Centers for Medicare & Medicaid Services on its Form CMS-64, Quarterly Statement of Expenditures for the Medical Assistance Program.

Essex Park Rehabilitation and Nursing Center (Essex Park) is a Massachusetts certified Medicare and Medicaid nursing home located in Beverly, Massachusetts.

OBJECTIVE

Our objective was to determine whether the State agency made Medicaid payments to Essex Park in accordance with Federal and State requirements from January 2008 through April 2012.

SUMMARY OF FINDING

Massachusetts Medicaid payments to Essex Park did not always comply with Federal and State requirements. The State agency did not always adjust its Medicaid per diem payments to Essex Park by the amount of beneficiaries' cost-of-care contributions from resources, such as Social Security and pensions. As a result, the State agency's Federal claim was overstated by a total of \$28,322 (\$16,393 Federal Share). We attributed the incorrect Medicaid payments to clerical and billing errors.

RECOMMENDATIONS

We recommend that the State agency:

- collect overpayments totaling \$28,322 from Essex Park and refund the Federal share of \$16,393 and

- continue its efforts to ensure that Medicaid overpayments to nursing homes are identified, collected, and refunded.

ESSEX PARK REHABILITATION AND NURSING CENTER COMMENTS

In written comments on our draft report, Essex Park agreed with our finding. Essex Park's comments are included in their entirety as Appendix B.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency agreed with our finding. The State agency's comments are included in their entirety as Appendix C.

TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION	1
BACKGROUND	1
OBJECTIVE, SCOPE, AND METHODOLOGY	1
Objective	1
Scope.....	1
Methodology	2
FINDING AND RECOMMENDATIONS	2
FEDERAL AND STATE MEDICAID REQUIREMENTS.....	2
UNADJUSTED NURSING HOME PAYMENTS	3
AMOUNT OWED TO THE FEDERAL GOVERNMENT	3
CAUSE OF UNREPORTED OVERPAYMENTS	3
RECOMMENDATIONS	3
ESSEX PARK REHABILITATION AND NURSING CENTER COMMENTS	4
STATE AGENCY COMMENTS.....	4
APPENDIXES	
A: MEDICAID OVERPAYMENTS TO ESSEX PARK REHABILITATION AND NURSING CENTER BY CALENDAR YEAR	
B: ESSEX PARK REHABILITATION AND NURSING CENTER COMMENTS	
C: STATE AGENCY COMMENTS	

INTRODUCTION

BACKGROUND

Pursuant to Title XIX of the Social Security Act (the Act), the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. The Massachusetts Executive Office of Health and Human Services, Office of Medicaid (State agency), is responsible for administering MassHealth, the Massachusetts Medicaid program, in compliance with Federal and State statutes and administrative policies.

The State agency reimburses nursing homes based on an established per diem rate for services provided to Medicaid beneficiaries. Pursuant to Medicaid requirements, the State agency must use certain additional resources that a beneficiary has, including Social Security payments, to reduce its Medicaid payments to nursing homes. The State agency determines the amount of the beneficiary's contribution to the cost of care during the financial eligibility process and enters this amount into its computer system. The beneficiary's cost-of-care contribution is remitted to the nursing home each month.

When the State agency does not reduce the Medicaid per diem payment to the nursing home by the amount of the beneficiary's contribution, the nursing home could receive overpayments. Pursuant to Medicaid requirements, the nursing home must return the overpayments to the State Medicaid program, which in turn is required to refund the Federal share to CMS on its Form CMS-64, Quarterly Statement of Expenditures for the Medical Assistance Program.

Essex Park Rehabilitation and Nursing Center (Essex Park) is a Massachusetts certified Medicare and Medicaid nursing home located in Beverly, Massachusetts.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

Our objective was to determine whether the State agency made Medicaid payments to Essex Park in accordance with Federal and State requirements from January 2008 through April 2012.

Scope

For the period January 2008 through April 2012, we reviewed Medicaid accounts that were at risk for having overpayments. We limited our review of internal controls to obtaining an understanding of Essex Park's procedures for reviewing accounts and reporting overpayments to the Medicaid program.

We performed fieldwork from September through November 2012 at Essex Park in Beverly, Massachusetts; the State agency in Boston, Massachusetts; and the CMS Regional Office in Boston, Massachusetts.

Methodology

To accomplish our objective, we:

- reviewed State and Federal regulations pertaining to overpayments,
- worked with Essex Park officials to identify credit balances in the accounting records that were potentially overpayments,
- reviewed patient accounts to determine whether overpayments had occurred,
- determined the cause of the overpayments, and
- coordinated our audit with officials from the State agency.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our finding and conclusions based on our audit objective.

FINDING AND RECOMMENDATIONS

Massachusetts Medicaid payments to Essex Park did not always comply with Federal and State requirements. The State agency did not always adjust its Medicaid per diem payments to Essex Park by the amount of beneficiaries' cost-of-care contributions from resources, such as Social Security and pensions. As a result, the State agency's Federal claim was overstated by a total of \$28,322 (\$16,393 Federal Share). We attributed the incorrect Medicaid payments to clerical and billing errors.

FEDERAL AND STATE MEDICAID REQUIREMENTS

Pursuant to 42 CFR § 435, the State agency must reduce its payment to an institution for services provided to a Medicaid-eligible individual by the amount that remains after adjusting the individual's total income for a personal needs allowance and other considerations that the regulation specifies. MassHealth regulations at 450.316 note that all resources available to a member, including but not limited to health and casualty insurance, must be coordinated and applied to the cost of medical services provided by MassHealth.

UNADJUSTED NURSING HOME PAYMENTS

The State agency made 52 overpayments to Essex Park from January 2008 through April 2012 (see Appendix A). Specifically, the State agency did not adjust its Medicaid payments to Essex Park by the amount of beneficiaries' cost-of-care contributions from resources, such as Social Security and pensions.

An Example of a Medicaid Overpayment for One Beneficiary

Ms. N was a patient at Essex Park during May 2010. Based on her other resources, the State agency calculated Ms. N's cost-of-care contribution to be \$200 a month. The State agency determined that the nursing home was entitled to a monthly payment of \$2,400. Because of Ms. N's \$200 cost-of-care contribution, the State agency was responsible for only \$2,200 of the \$2,400 nursing home costs. However, the nursing home received a total of \$2,600 (\$2,400 from the State agency and \$200 from Ms. N), because the State agency's computer system did not adjust the payment amount to take into consideration Ms. N's cost-of-care contribution. Thus, the nursing home received an overpayment of \$200 (\$2,600 minus \$2,400) for Ms. N's care for the month of May.

AMOUNT OWED TO THE FEDERAL GOVERNMENT

As a result of the overpayments, the State agency's Federal claim for Medicaid payments made to Essex Park for the period January 2008 through April 2012 was overstated by a total of \$28,322 (\$16,393 Federal share).

CAUSE OF UNREPORTED OVERPAYMENTS

We attributed the 52 incorrectly reimbursed Medicaid payments to clerical and billing errors. State agency officials informed us that they have recently implemented a new computer system that will reduce future clerical and billing errors.

RECOMMENDATIONS

We recommend that the State agency:

- collect overpayments totaling \$28,322 from Essex Park and refund the Federal share of \$16,393 and
- continue its efforts to ensure that Medicaid overpayments to nursing homes are identified, collected, and refunded.

ESSEX PARK REHABILITATION AND NURSING CENTER COMMENTS

In written comments on our draft report, Essex Park agreed with our finding. Essex Park's comments are included in their entirety as Appendix B.

STATE AGENCY COMMENTS

In written comments on our draft report, the State agency agreed with our finding. The State agency's comments are included in their entirety as Appendix C.

APPENDIXES

**APPENDIX A: MEDICAID OVERPAYMENTS TO ESSEX PARK REHABILITATION
AND NURSING CENTER BY CALENDAR YEAR**

Calendar Year	Number of Overpayments	Total Overpayments
2008	3	1,205
2009	1	518
2010	19	14,370
2011	13	9,444
2012	16	2,785
TOTAL	52	\$28,322

APPENDIX B: ESSEX PARK REHABILITATION AND NURSING CENTER COMMENTS

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November 27, 2012

Report Number: A-01-1200015

Michael J. Armstrong
Regional Inspector General for Audit Services
Office of Inspector General
Office of Audit Services, Region I
JFK Federal Building
15 New Sudbury, Room 2425
Boston, MA 02203

Dear Mr. Armstrong;

We are in agreement with your findings related to the \$28,322 in total overpayments for a calendar 2008-2012.

Thank you.

Sincerely,


Sharon J. Spittle, NHA
Administrator

APPENDIX C: STATE AGENCY COMMENTS



DEVAL L. PATRICK
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TIMOTHY P. MURRAY
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JUDYANN BIGBY, M.D.
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December 28, 2012

Michael J. Armstrong
Regional Inspector General, Audit Services
HHS/OIG/OAS
Region I
JFK Federal Building
Boston, MA 02203

RE: Audit Report No: A-01-12-00015

Dear Mr. Armstrong,

Thank you for the opportunity to review and comment on Draft Audit Report No: A-01-12-00015 "Massachusetts Medicaid Payments to Essex Park Rehabilitation and Nursing Center Did Not Always Comply with Federal and State Requirements".

Our responses to the report's specific recommendations are as follows:

Recommendation:

1) Collect overpayments totaling \$28,322 from Essex Park and refund \$16,393, the Federal share of these payments, to CMS on the next quarterly CMS-64.

Response: We are in agreement with this finding and will follow the procedures described in state Medicaid regulations at 130 CMR 450.237 to collect the overpayments from the provider. Under 130 CMR 450.237, the provider has a due process right to contest the overpayment, including the right to request an adjudicatory hearing and judicial review.

MassHealth will need the OIGs working papers identifying the specific claims in order to undertake collection of the overpayments, notify Essex Park and if required, defend the overpayment amounts should Essex Park contest the overpayment notice. If Essex Park does not contest the overpayment collection or does not prevail in contesting this overpayment, MassHealth will ensure that the EOHHS' Federal Revenue Unit will return the Federal share on the appropriate CMS-64.

Recommendation:

2) Continue agency efforts to ensure that Medicaid overpayments to nursing homes continue to be identified, collected and refunded.

Response: MassHealth is in agreement with this recommendation and will ensure that periodic reviews and audits continue to be conducted to identify, collect and refund overpayments.

Sincerely,

Julian Harris, M.D, M.B.A., M.Sc.
Medicaid Director