MOLINA HEALTHCARE

Combined Complaint Acknowledgment and Decision Letter

RAILROAD
POLICE BRUTALITY
→ Deprivation of Rights
Under Color of Law
9/19/2018

November 29, 2018

Bonzeanne Rose Blayk
1668 Trumansburg Rd.
Ithaca, NY 14850

Re: Member ID #: AN33246W
Complaint ID # C0001634493
Member Name: Bonzeanne Rose Blayk
Plan: MHNY HARP

Dear Bonzeanne Rose Blayk:

We are sending this letter to let you know that we received your oral complaint on 11/07/2018. You told us that you are dissatisfied with the care that you received in September of 2018 from the Cayuga Medical Center's Behavioral Health Services Division. You advised that you were admitted to the hospital 09/19/2018 and stayed for one month before being transferred to Behavioral Health Services. You stated that you have a serious injury in your left shoulder which you were told was only a dislocated shoulder but you are now being referred for an MRI regarding. You advised that the psychiatric department was unreasonable and expecting you to be able to rise up to perfect health but you state your physical health was not good enough for this. You advised that you received injections of Invega and Sustenna which you state are now causing you to suffer side effects. You advised you were offended by the inpatient care because you were kept on an EKG and prescribed blood pressure medicine when you do not have high blood pressure. Lastly you stated that you did not take medications that were prescribed because you did not feel they were necessary for recovery. We are sending this letter to acknowledge your complaint and to let you know our decision on your complaint.

We also want you to know that we have addressed your concerns.

Your complaint has been reviewed by:
Nicole McCurty, Associate Specialist, Appeals & Grievances
Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212-6501

On 11/07/2018 you filed a quality of care concern with Molina Healthcare of New York, Inc. Your concern was reviewed by a qualified team for which they have determined next steps in the investigation of your concern. If the concern you reported continues to be an issue we ask that you contact us immediately at 1-800-223-7242. In a continuing effort to find opportunities to improve our health plan, we follow-up and take appropriate action, as necessary, on all concerns. We can assure you that your issues have been addressed with the appropriate

personnel. Due to confidentiality, we do not share the outcome of the follow-up or actions taken; however, we track and monitor all concerns as part of our comprehensive quality management program.

We take your concerns very seriously. You are our most important source of information in those efforts. We use your input to make changes that enable us to provide quality service to all our members.

You have sixty (60) business days from the date of this letter to file a complaint appeal which is on 02/27/2019. We will not accept a complaint appeal after that date.

If you need help with your complaint appeal, please call Member Services at 1-800-223-7242. Your complaint appeal must be in writing. Please use the enclosed form to fill a complaint appeal. The address to send your complaint appeal to is:

Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212-6501

You have the right to complain to the New York State Department of Health at 1-800-206-8125 or at the New York State Department of Health, Division of Health Plan Contracting and Oversight, Empire State Plaza, Corning Tower, Room 2019, Albany, NY 12237.

If you have questions regarding this letter, call Member Services at 1-800-223-7242 (TTY: New York Relay 1-800-662-1220), Monday – Thursday, 8:00 a.m. to 5:00 p.m. and Friday, 9:00 to 5:00 p.m.

Sincerely,

Nicole McCurty
Associate Specialist, Appeals & Grievances

IMPORTANT PLAN INFORMATION

9/19 - 9/24
Cayuga Hospital
failed to notify
Molina of admission
will get letter from CMS
will get
315-233-5864

FIRST CLASS MAIL
PRESORTED
U.S. POSTAGE PAID
CHANGE
HEALTHCARE

022 1AV3AP1 14850

Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212-6501

Temporary Return Service Requested

This is NOT a bill.
ESTO NO ES UNA FACTURA

005690-000001-000003-011758 2204599 1060CK013

Questions?
Please contact Customer Service at
(800) 223-7242 Toll Free

BONZEANNE BLAYK
1668 TRUMANSBURG RD
ITHACA NY 14850

Date:	11/07/2018
Group Name:	Molina Healthcare of New York
Patient Name:	BLAYK, BONZEANNE ROSE
Contract Number:	AN33246W
Claim Number:	18274331407
Dates of Service:	09/19/2018 - 09/24/2018 Inpt. MEDICAL CARE
DRG Code:	3422
Provider Name:	CAYUGA MEDICAL CENTER AT ITHACA

PATIENT EXPLANATION OF BENEFITS

Days/ Cnt	Svs No	Service Date	Service	Billed Amount	Denied Amount	Ex Codes	Allowed Amount	Medicare Allowed	Medicaid Paid	Deductible Amount	Co Pay Amountt	Co Ins Amount	Third Party Payment	Paid Amount
01	0202	09/19/18	Hospital - Inpatient	$1,537.00	$1,537.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
04	0206	09/19/18	Hospital - Inpatient	$4,752.00	$4,752.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
08	0250	09/19/18	Hospital - Inpatient	$66.25	$66.25		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
01	0270	09/19/18	Hospital - Inpatient	$26.50	$26.50		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
27	0300	09/19/18	Hospital - Inpatient	$1,568.00	$1,568.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
01	0301	09/19/18	Hospital - Inpatient	$38.00	$38.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
04	0320	09/19/18	Hospital - Inpatient	$1,119.00	$1,119.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
05	0350	09/19/18	Hospital - Inpatient	$5,663.00	$5,663.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
01	0360	09/19/18	Hospital - Inpatient	$2,672.00	$2,672.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
01	0370	09/19/18	Hospital - Inpatient	$180.00	$180.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
01	0450	09/19/18	Hospital - Inpatient	$983.00	$983.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10	0636	09/19/18	Hospital - Inpatient	$479.75	$479.75		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12	0710	09/19/18	Hospital - Inpatient	$231.00	$231.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
01	0730	09/19/18	Hospital - Inpatient	$70.00	$70.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			Totals	$19,385.50	$19,385.50			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Explanation Code

DENIED - FRAUDULENT Back-Billing of charges

THIS IS NOT A BILL Members shall not be billed or charged for any Medicaid covered benefits provided to Member by Provider.

You are receiving this Explanation of Benefits (EOB) because the New York State Department of Health has mandated that health plans are required to issue notices to enrollees when:

- A claim or request for a service is not covered under the plan's benefit package.
- A claim submitted by a non-participating provider is denied.

Reporting Fraud, Waste, and Abuse

You may report suspected cases of fraud and abuse to Molina Healthcare's Compliance Officer. You have the right to have your concerns reported anonymously to Molina. When reporting an issue, please provide as much information as possible. The more information provided the better the chance the situation will be successfully reviewed and resolved. Remember to include the following information when reporting suspected fraud or abuse:

- Nature of complaint
- The names of individuals and/ or entity involved in suspected fraud and/ or abuse including address, phone number, ID number and any other identifying information.

You may report fraud, waste, and abuse to Molina Healthcare through on of the following:

Telephone
The Molina Healthcare Alert Line is available 24/7. It can be reached at any time (day or night), over the weekend, or even on holidays.

Toll-Free Number: (866) 606-3889

Online
To report an issue online through a confidential and secure site, visit:
https://molinahealthcare.Alertline.com

Regular Mail
You may report fraud, waste, and abuse to:
Molina Healthcare of New York, Inc.
Attn: Compliance Officer
5232 Witz Drive
North Syracuse, NY 13212

Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212-6501

Temporary Return Service Requested

MOLINA HEALTHCARE

This is NOT a bill.
ESTO NO ES UNA FACTURA

Questions?
Please contact Customer Service at
(800) 223-7242 Toll Free

005991-000001-000003-012270 2207058 1060CK013

BONZEANNE BLAYK
1668 TRUMANSBURG RD
ITHACA NY 14850

Date:	03/06/2019
Group Name:	Molina Healthcare of New York
Patient Name:	BLAYK, BONZEANNE ROSE
Contract Number:	AN33246W
Claim Number:	19059226349
Dates of Service:	09/19/2018
DRG Code:	
Provider Name:	ROBELO, BENJAMIN

PATIENT EXPLANATION OF BENEFITS

Days/ Cnt	Svs No	Service Date	Service	Billed Amount	Denied Amount	Ex Codes	Allowed Amount	Medicare Allowed	Medicaid Paid	Deductible Amount	Co Pay Amountt	Co Ins Amount	Third Party Payment	Paid Amoun
40	01620	09/19/18	Anesthesia	$798.00	$798.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			Totals	$798.00	$798.00			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Ketamine for anaesthia during shoulder operation by Dr. Blake

Explanation Code

No Reason

THIS IS NOT A BILL Members shall not be billed or charged for any Medicaid covered benefits provided to Member by Provider.

You are receiving this Explanation of Benefits (EOB) because the New York State Department of Health has mandated that health plans are required to issue notices to enrollees when:

- A claim or request for a service is not covered under the plan's benefit package.
- A claim submitted by a non-participating provider is denied.

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- Nature of complaint
- The names of individuals and/ or entity involved in suspected fraud and/ or abuse including address, phone number, ID number and any other identifying information.

You may report fraud, waste, and abuse to Molina Healthcare through on of the following:

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Online
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https://molinahealthcare.Alertline.com

Regular Mail
You may report fraud, waste, and abuse to:
Molina Healthcare of New York, Inc.
Attn: Compliance Officer
5232 Witz Drive
North Syracuse, NY 13212

VISITS

Physical Therapy for Rotator Cuff Damage to Left Shoulder

McCune & Murphy PT
Trumansburg
61 W Main Street
Trumansburg NY 14886
Tel: 607-387-7400
Fax: 607-387-7977

Patient : Bonze Anne Rose Blayk
MR Number: 000A000L369
From : 01/01/2019
To : 03/21/2019
Run Date : 03/21/2019

Type	Case	Date	Time	Clinic	Resource	Status	Cancellation Reason
Followup	Rx exp 02.19.19 - Left Shoulder None (10/31/18)	03/12/2019	01:30 PM	Trumansburg	Catherine Hartz	billed	
Followup	Rx exp 02.19.19 - Left Shoulder None (10/31/18)	02/12/2019	01:30 PM	Trumansburg	Catherine Hartz	billed	
Followup	Rx exp 02.19.19 - Left Shoulder None (10/31/18)	01/29/2019	01:30 PM	Trumansburg	Catherine Hartz	billed	
Followup	Rx exp 02.19.19 - Left Shoulder None (10/31/18)	01/15/2019	03:30 PM	Trumansburg	Catherine Hartz	billed	
Initial	Rx exp 02.19.19 - Left Shoulder None (10/31/18)	01/10/2019	01:45 PM	Trumansburg	Catherine Hartz	billed	

generated by Ellizabeth Mowatt at 03/21/2019 02:19PM

MOLINA HEALTHCARE

Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212
1-800-223-7242
TTY: 711

APPROVAL NOTICE

09/28/2018

BONZEANNE BLAYK
1668 TRUMANSBURG RD
ITHACA, NY 14850

Enrollee ID: AN33246W
Coverage type: MHNY HARP
Service: Adult Inpatient Psychiatry 9/24/18-10/1/18: 8 days
Provider: CAYUGA MEDICAL CENTER AT ITHACA
Plan Reference Number: 1826800812

Dear BONZEANNE BLAYK:

You are getting this notice because your health plan has approved you adult inpatient psychiatry services.

On 9/25/18 you asked Molina Healthcare of New York, Inc. (Molina) for the service listed above.
— Not ME! Who?

Molina has decided this service is medically necessary. Medical care was still necessary FOR MY SHOULDER!

Cayuga Medical Center is a participating provider. You are not responsible for any extra payments, but you will still have to pay your regular co-pay or co-insurance if you have any.

Molina approves payment for services that are provided in agreement with our Utilization Management Program, and if the member is eligible (approved) to receive the services when they are provided. Please see the Plan's Contract for more information.

If you would like to speak to Molina about this decision, please call 1-800-223-7242.

You can file a complaint about your managed care at any time with the New York State Department of Health by calling 1-800-206-8125.

Sincerely,

Utilization Management

cc: CAYUGA MEDICAL CENTER AT ITHACA

MOLINA HEALTHCARE

Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212
1-800-223-7242
TTY: 711

APPROVAL NOTICE

10/02/2018

BONZEANNE BLAYK
1668 TRUMANSBURG RD
ITHACA, NY 14850

Enrollee ID: AN33246W
Coverage type: MHNY HARP
Service: Adult Inpatient Psychiatry 9/24/18-10/5/18: 12 days
Provider: CAYUGA MEDICAL CENTER AT ITHACA
Plan Reference Number: 1826800812

Dear BONZEANNE BLAYK:

You are getting this notice because your health plan has approved you adult inpatient psychiatry services.

On 10/1/18 you asked Molina Healthcare of New York, Inc. (Molina) for the service listed above.
NOT ME! =>> Forged signature? It was a 9.39? admission or 9.27
Molina has decided this service is medically necessary.

Before this decision, from 9/24/18 to 10/1/18 this service was approved for: 8 days of adult inpatient psychiatry.

You or your provider requested approval for: 12 days of adult inpatient psychiatry.

On 10/2/18, the plan approved: 12 days of adult inpatient psychiatry.

This means from 9/24/18 to 10/5/18, your health care service is approved for: 12 days of adult inpatient psychiatry.

Cayuga Medical Center is a participating provider. You are not responsible for any extra payments, but you will still have to pay your regular co-pay or co-insurance if you have any.

Molina approves payment for services that are provided in agreement with our Utilization Management Program, and if the member is eligible (approved) to receive the services when they are provided. Please see the Plan's Contract for more information.

If you would like to speak to Molina about this decision, please call 1-800-223-7242.

MOLINA HEALTHCARE

Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212
1-800-223-7242
TTY: 711

APPROVAL NOTICE

10/9/18

BONZEANNE BLAYK
1668 TRUMANSBURG RD
ITHACA, NY 14850

Enrollee ID: AN33246W
Coverage type: MHNY HARP
Service: Adult Inpatient Psychiatry 9/24/18-10/11/18-18 days
Provider: CAYUGA MEDICAL CENTER AT ITHACA
Plan Reference Number: 1826800812

Dear BONZEANNE BLAYK:

You are getting this notice because your health plan has approved you adult inpatient psychiatry services.

On 10/8/18 you asked Molina Healthcare of New York, Inc. (Molina) for the service listed above.

Molina has decided this service is medically necessary.

Before this decision, from 9/24/18 to 10/5/18, this service was approved for: 12 days of adult inpatient psychiatry.

You or your provider requested approval for: 18 days of adult inpatient psychiatry.

On 10/9/18, the plan approved: 18 days of adult inpatient psychiatry.

This means from 9/24/18 to 10/11/18, your health care service is approved for: 18 days of adult inpatient psychiatry.

Cayuga Medical Center is a participating provider. You are not responsible for any extra payments, but you will still have to pay your regular co-pay or co-insurance if you have any.

Molina approves payment for services that are provided in agreement with our Utilization Management Program, and if the member is eligible (approved) to receive the services when they are provided. Please see the Plan's Contract for more information.

If you would like to speak to Molina about this decision, please call 1-800-223-7242.

MOLINA HEALTHCARE

Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212
1-800-223-7242
TTY: 711

APPROVAL NOTICE

10/12/18

BONZEANNE BLAYK
1668 TRUMANSBURG RD
ITHACA, NY 14850

Enrollee ID: AN33246W
Coverage type: MHNY HARP
Service: Adult Inpatient Psychiatry 9/24/18-10/15/18-21 days
Provider: CAYUGA MEDICAL CENTER AT ITHACA
Plan Reference Number: 1826800812

Dear BONZEANNE BLAYK:

You are getting this notice because your health plan has approved you adult inpatient psychiatry services.

On 10/11/18 you asked Molina Healthcare of New York, Inc. (Molina) for the service listed above. NOT ME!

Molina has decided this service is medically necessary.

Before this decision, from 9/24/18 to 10/11/18, this service was approved for: 18 days of adult inpatient psychiatry.

You or your provider requested approval for: 21 days of adult inpatient psychiatry.

On 10/12/18, the plan approved: 21 days of adult inpatient psychiatry.

This means from 9/24/18 to 10/15/18, your health care service is approved for: 21 days of adult inpatient psychiatry. Discharge Date – Extremely challenged due to INJURIES.

Cayuga Medical Center is a participating provider. You are not responsible for any extra payments, but you will still have to pay your regular co-pay or co-insurance if you have any.

Molina approves payment for services that are provided in agreement with our Utilization Management Program, and if the member is eligible (approved) to receive the services when they are provided. Please see the Plan's Contract for more information.

MOLINA HEALTHCARE

Case Management Program - NO CONTACT

October 26, 2018

Bonzeanne Blayk
1668 Trumansburg Rd.
Ithaca, NY 14850

Member ID #: AN33246W
Member DOB: 5/1/1956

Dear Bonzeanne,

My name is Kim Tyoe. I am a Nurse Case Manager with Molina Healthcare of New York, Inc. (Molina Healthcare). I have attempted to reach you by phone on October 26, 2018, but was not able to. Molina Healthcare wants to assist you in meeting your health care needs.

I would like to talk to you about how I can help you:

- Work with your doctor to improve your health
- Understand your insurance plan benefits
- Identify community resources that can assist you and your family
- Learn more about your health and your medications or tips to stay healthy

Please give me a call at (315)329-1334. If I am not at my desk, you can leave a voicemail message and I will return your call.

Thank you,
Kimberly Tyoe, RN
Case Management Team

If you have questions regarding this letter call Member Services at 1-800-223-7242 (TTY: New York Relay 1-800-662-1220), Monday – Thursday, 8:00 a.m. to 5:00 p.m. and Friday, 9:00 to 5:00 p.m.

5232 Witz Drive | North Syracuse, NY 13212-6501

Cayuga Medical Associates

16 Brentwood Drive Ste A
Ithaca, NY 14850-1863
(607)-272-7000

Summary of Today's Visit

November 19, 2018 Visit with BENJAMIN F DONOHUE, MD

Bonzeanne Blayk
1668 Trumansburg RD
Ithaca, NY 14850

DOB: 05/01/1956 Sex: F
Race: White Ethnicity: Not Hispanic / Latino Preferred Language: English

Vitals

Ht: 67"
Wt: 165lb
BP: 131/80
Resp: 17
Pain Level: 1
BMI: 25.8

Today's Diagnosis

Strain of muscle(s) and tendon(s) of the rotator cuff of lef (S46.012D)

Problem List

Noncompliance with treatment
Essential hypertension
Fever
Unspecified dementia without behavioral disturbance (F03.90)
Gender identity disorder
Closed fracture of nasal bones
Leukocytosis
Personality disorder
Nervous system examination NAD

Allergies

No Known Drug Allergy

Medications

Continue
Unspecified Prescriber — Brian Babiak MD Ithaca
Cannabis, Medical

Therapy

Physical Therapy : 1-2 times a week prn for 12 Weeks

MC

Procedures
Inject/Drain Joint/Bursa Major W/O US

Smoking Status
Smoking: Light tobacco smoker (10 or fewer cigarettes/day).

Follow Up
Follow up: 5-6 weeks

Future Appointments
12/26/18 Wed 2:15p Loc: 9 DONOHUE, BENJAMIN F, MD

Loc: 9
ORTHOPEDIC SERVICES OF C.M.A.
CAYUGA MEDICAL ASSOCIATES
16 BRENTWOOD DRIVE STE A
ITHACA, NY 14850-1863
Phone: (607)-272-7000 Fax: (607)-272-4604

Cayuga Medical Associates
Patient Therapy Order Requisition

PATIENT

Blayk, Bonzeanne
1668 Trumansburg RD
Ithaca, NY 14850

H-Phone: ( ) - -
W-Phone: ( ) - -
C-Phone: (607)-351-4879
Race :White
Account: 166833

DOB :05/01/1956
Sex :F
Chart:

PRIMARY INSURANCE

Co#: 603 Policy#: AN33246W
Molina/Totalcare Medicaid
PO Box 22615
Long Beach, CA 90801

Insured Name: Bonzeanne Blayk
Group Number:
Plan Name :
Expired Date: 00/00/00

THERAPY ORDER

Status : Open
Doctor : Benjamin F Donohue, MD
Address : 16 BRENTWOOD DRIVE
Address2 : ITHACA, NY 14850-1863
Address3 :
Phone : (607)-272-7000
Therapist: Patient's Choice
Address1 :
Address2 :
Phone : Fax:

NPI : 1558587204
LIC : 285114

Fax: (607)-272-4604

Ordered Date: 11/19/18
Start Date : 00/00/00
End Date : 00/00/00
Duration : 12 Weeks

Therapy
PHYSICAL THERAPY

Frequency
1-2 times a week prn

Diagnosis: S46.012D Strain of musc/tend the rotator cuff of left shoulder, subs

INSTRUCTIONS

Left shoulder massive rotator cuff tear.
Recent 9/19 very traumatic dislocation, but rotator cuff atrophy indicates likely very chronic tears. None noted prior to Beatdown by PoGI. Herz on 9/19/18.
Strengthening L shoulder (limited expectations by me)

Instructions:
- ☑ Evaluate and Treat

Treatment Goals:
- ☐ Increase ROM
- ☐ Increase Strength
- ☐ Improve Function
- ☐ Increase Mobility
- ☐ Increase Gen Fitness
- ☐ Patient Education

Procedures:
- ☐ Massage/Soft tissue Mob.
- ☐ Scar Massage
- ☐ Mobilization
- ☐ ROM ☐ AROM
- ☐ A/PROM ☐ A/AROM
- ☐ Therapeutic Exercise
- ☐ Isometric
- ☐ Progressive Resistive
- ☐ Proprioceptive
- ☐ Balance Training
- ☐ Gait Training
- ☐ Stabilization

Modalities:
- ☐ Adlib
- ☐ Ice
- ☐ Heat
- ☐ Warm Whirlpool
- ☐ Cool Whirlpool
- ☐ Paraffin Wax
- ☐ Ultrasound
- ☐ Phonophoresis
- ☐ Aquatherapy
- ☐ Tens
- ☐ Iontophoresis
- ☐ Electric Stilmulation

Ordering Physician's Signature: _____

Electronically signed by agent of provider: Benjamin F Donohue, MD on 11/19/18 at 2:09 pm

Cayuga Medical Associates

16 Brentwood Drive Ste A
Ithaca, NY 14850-1863
(607)-272-7000

Summary of Today's Visit

December 26, 2018 Visit with BENJAMIN F DONOHUE, MD

Bonzeanne Blayk
1668 Trumansburg RD
Ithaca, NY 14850

DOB: 05/01/1956 Sex: F
Race: White Ethnicity: Not Hispanic / Latino Preferred Language: English

Vitals

Ht: 67"
Pulse: 88
Resp: 18
Pain Level: 1

Today's Diagnosis

Strain of muscle(s) and tendon(s) of the rotator cuff of lef (S46.012D)
Anterior dislocation of left humerus, subsequent encounter (S43.015D)

Problem List

Noncompliance with treatment
Essential hypertension
Fever
Unspecified dementia without behavioral disturbance (F03.90)
Gender identity disorder
Closed fracture of nasal bones
Leukocytosis
Personality disorder
Nervous system examination NAD

Allergies

No Known Drug Allergy

Medications

Continue
Unspecified Prescriber – Brian Babiak MD Ithaca NY
Cannabis, Medical

Smoking Status

Smoking: Light tobacco smoker (10 or fewer cigarettes/day).

Follow Up
Follow up: 2 months

Please print out PT prescription.

Future Appointments
02/26/19 Tue 2:00p Loc: 9 DONOHUE, BENJAMIN F, MD

Loc: 9
ORTHOPEDIC SERVICES OF C.M.A.
CAYUGA MEDICAL ASSOCIATES
16 BRENTWOOD DRIVE STE A
ITHACA, NY 14850-1863
Phone: (607)-272-7000 Fax: (607)-272-4604

A Member of Cayuga Health System

Name: BONZE ANNE ROSE BLAY...
Acct Num: A00088571823
Med Rec Num: M000597460
Location: BEHAVIORAL SERVICES ...
Primary Provider: Ehmke,Clifford
Date: 09/24/18

Patient Visit Information – Discharge Notes

Care Plan Goals

In Case of Emergency...

Cayuga Medical Center Behavioral Services Unit ph: 607-274-4304
Suicide Prevention and Crisis Services ph: 607-272-1616
National Suicide Prevention Lifeline ph: 800-273-8255
Tompkins County Mental Health Clinic ph: 607-274-6200
Alcoholics Anonymous ph: 607-273-1541
Tompkins County Mental Health Association ph: 607-273-9250

Please go to the nearest emergency room or call 911 if safety concerns arise or your condition worsens

Activity Restrictions or Additional Instructions

Additional Information & Instructions

Reason for Admission: [Psychosis]

Discharge Diagnosis: [Unspecified Psychotic Disorder]

Diet Instructions: [regular diet]

Activity Instructions: [left arm in sling until further directed by primary care physician]

Safety & In Case of Emergency:
If you feel like you are going to harm yourself/others, if you are experiencing a crisis or if you or someone you know is thinking about suicide, please refer to the resources listed below. Please go to the emergency room or call 911 if your condition worsens. For safety, spouse/parent/guardian or responsible adult should secure all weapons and medications.

Cayuga Medical Center Behavioral Services Unit 607-274-4304
Suicide Prevention and Crisis Services 607-272-1616
National Suicide Prevention Lifeline 800-273-8255
Tompkins County Mental Health Clinic 607-274-6200
Alcoholics Anonymous 607-273-1541
Tompkins County Mental Health Association 607-273-9250

Contact Information for Hospital Stay
If you need to contact a healthcare professional or physician related to your hospital stay, please call the Behavioral Services Unit at 607-274-4304. This number is available 24 hours a day/7 days a week.

Name: BONZE ANNE ROSE BLAY...
Acct Num: A00088571823
Med Rec Num: M000597460
Location: BEHAVIORAL SERVICES ...
Primary Provider: Ehmke,Clifford
Date: 09/24/18

Contact Information for Obtaining Results of Pending Studies/Tests
For questions about pending results, please contact the Cayuga Medical Center Medical Records Department at 607-274-4314. Staff is available to assist you between the hours of 7:00 AM until 5:00 PM.

Summary of Procedures and Tests Completed Supporting Patient's Diagnosis, Treatment, and Discharge Plan
[Your hemoglobin A1c and fasting lipid panel were within normal limits. X-ray of your left shoulder showed fracture.]

Pending Labs
[none]

Pending Tests and Procedures
[none]

Advance Directives Information
Code Status: Full Code
Advance Directives Location: No Advance Directives
Given Information About Medical Advance Directives:
Given Information About Psychiatric Advance Directives: Unable

Tobacco Referral Information
NYS Smokers' Quitline: You have declined referral to the NYS Smoker's quit line at this time. If you decide to access this free service in the future you can contact the quit line toll-free at 866-697-8487.
Referred to Primary Care Physician
Referred to Cayuga Center for Healthy Living (CCHL)

Substance Abuse Follow up (select one of following):

[x] N/A
[] Patient was referred to [] for substance abuse treatment.
[] Substance use treatment referrals were offered and patient refused.
[] Patient refused offer of [], an FDA-approved medication for alcohol or substance use disorder.

Substance Use:

[] A prescription for an FDA-approved medication for alcohol or drug disorder was given to the patient at discharge
[] A prescription for an FDA-approved medication for alcohol or drug disorder was offered at discharge and the patient refused
[] The patient's residence is not in the USA
[x] A prescription for an FDA-approved medication for alcohol or drug disorder was not offered at discharge or UTD

Follow-up

Name: BONZE ANNE ROSE BLAY...
Acct Num: A00088571823
Med Rec Num: M000597460
Location: BEHAVIORAL SERVICES ...
Primary Provider: Ehmke,Clifford
Date: 09/24/18

BLAYK,BONZE ANNE ROSE has been referred to the following clinics/specialists for follow-up care:

TOMPKINS CNTY MENTAL HLTH CTR
201 EAST GREEN STREET
ITHACA, NY 14850
(607)274-6200

You have an intake on Wednesday October 17th at 9:45 am

Breiman,Robert, MD
209 W. State Street, Family Medicine
ITHACA, NY 14850
(607)277-4341

Your primary care office will be calling you to schedule an appointment after your discharge.

New Prescriptions and Instructions from this Visit

(See detailed Home Medication List for all medications)

1. amLODIPine TAB*[Norvasc 5 mg TAB*]
10 mg oral every day tab
5 mg Tab
Refills: 0
2. Metoprolol TartrateTAB* [LopressorTAB*]
25 mg oral twice daily tab
25 mg Tab
Refills: 0

Cayuga Medical Center | Home Medication List

Patient: BONZE ANNE ROSE BLAYK

Medical Record Num: M000597460
Account Number: A00088571823

Please review the sections of this medication list carefully, and if you have any questions regarding your medications, contact your primary care physician.

New Medications (2)

These are new medications to start taking at home.

1. **amLODIPine TAB* [Norvasc 5 mg TAB*]**
   Clifford Ehmke MD
   10 mg oral every day
   Last Taken: Unknown

2. **Metoprolol Tartrate TAB* [Lopressor TAB*]**
   Clifford Ehmke MD
   25 mg oral twice daily
   Last Taken: Unknown

274-6200
ask for Melissa...

Discontinued Medications (6)

These are medications to stop taking at home.

** **Acetaminophen TAB* [Tylenol TAB*]**
   Change in Order
   Frederick R Caballes MD
   975 mg oral twice daily
   Last Taken: Unknown

** **amLODIPine TAB* [Norvasc 5 mg TAB*]**
   Change in Order
   Frederick R Caballes MD
   10 mg oral every day
   Last Taken: Unknown

** **Levofloxacin TAB* [Levaquin 500 Tab*]**
   Change in Order
   Frederick R Caballes MD
   500 mg oral every 24 hours
   Last Taken: Unknown

** **Metoprolol Tartrate TAB* [Lopressor TAB*]**
   Change in Order
   Frederick R Caballes MD
   25 mg oral twice daily
   Last Taken: Unknown

Cayuga Medical Center | Home Medication List

Patient: BONZE ANNE ROSE BLAYK

Medical Record Num: M000597460
Account Number: A00088571823

Discontinued Medications (6)
These are medications to stop taking at home.

** **OLANzapine TAB*ODT* [ZyPREXA 10 MG *ODT*]**
Change in Order
Frederick R Caballes MD
10 mg oral every day
Last Taken: Unknown

** **oxyCODONE/Acetamin 5/325 MG* [Percocet 5/325 TAB*]**
Change in Order
Frederick R Caballes MD
1 tab oral every 6 hours as needed not to exceed 4 per day
Last Taken: Unknown
PRN Reason: Pain

MOLINA HEALTHCARE

Action Appeals Acknowledgement

02/05/2019

Rose Bonzanne Blayk
1668 Trumansburg Rd.
Ithaca, NY 14850

Member ID #: AN33246W
Member Name: Rose Bonzanne Blayk
Plan: HARP
Reference #: 18274331407

Dear Rose Bonzanne Blayk:

We are sending this letter to let you know that we received a written request from Cayuga Medical Center for a standard action appeal on 01/23/2019. Cayuga Medical Center is appealing a decision regarding the claim denial for your mental health inpatient admission from 09/19/2018 to 09/24/2018 that was made on 11/07/2018. The claim was denied for lack of prior authorization. Cayuga Medical Center did not notify Molina of your admission on 09/19/2018. Hemoraging from BRUTAL ASSAULT

Please send any information regarding the appeal to the address on the bottom of this letter. The information may also be faxed to 1-844-879-4471.

We will respond to you in writing within 30 calendar days from the date you requested your appeal. We will notify you if we need to extend our review timeframe for up to fourteen (14) calendar days if we need additional information to review your appeal. We will only extend the timeframe if it is in your best interest.

Your appeal is being reviewed by:

Appeals & Grievances Department
Molina Healthcare of New York
5232 Witz Drive
North Syracuse, NY 13212-6501
315-233-5864

If you have questions regarding this letter, call Member Services at 1-800-223-7242 (TTY: 711), Monday – Friday, 8:00 to 6:00 p.m.

MOLINA HEALTHCARE

Sincerely,

Nancy D'Alessandro, RN

Nancy D'Alessandro, RN
Appeals & Grievances Specialist

CC: Cayuga Medical Center

MOLINA HEALTHCARE

Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212
1-800-223-7242
TTY: 711

FINAL ADVERSE DETERMINATION
DENIAL NOTICE

02/06/2019

Rose Bonzeanne Blayk
1668 Trumansburg Rd.
Ithaca, NY 14850

Enrollee Number: AN33246W
Coverage type: HARP
Plan reference number: 18274331407
Provider: Cayuga Medical Center
Facility: Cayuga Medical Center
Service developer/manufacturer: NA

Dear Rose Bonzeanne Blayk:

This is an important notice about your services. Read it carefully. If you think this decision is wrong, you have **four months** to ask for an External Appeal or you can ask for a Fair Hearing by 06/06/2019. You are not responsible for payment of covered services and this is not a bill. Call this number if you have any questions or need help: 1-800-223-7242.

Why am I getting this notice?

You are getting this notice because on 01/23/2019, you or your provider asked for a Plan Appeal about our decision to deny the claim for your inpatient psych admission from 09/19/2018 to 09/24/2018 at Cayuga Medical Center. Hospital notes received with the appeal state you were admitted for mental health problems. The claim was denied for lack of prior authorization of your admission. Brutal Police Beatdown by IPD Pogl. Herz

On 02/06/2019, we decided we are [not changing our decision to deny this claim.

Why did we decide to deny the claim?

Molina Healthcare of New York, Inc. (Molina) decided to deny this claim because Cayuga Medical Center did not request prior authorization for your admission.

Cayuga Medical Center did not notify Molina of your inpatient psych admission from 09/19/2018 to 09/24/2018. Prior authorization is required for all inpatient admissions.

KH

Cayuga Medical Associates

16 Brentwood Drive Ste A
Ithaca, NY 14850-1863
(607)-272-7000

Summary of Today's Visit

February 26, 2019 Visit with BENJAMIN F DONOHUE, MD

Bonzeanne Blayk
1668 Trumansburg RD
Ithaca, NY 14850

DOB: 05/01/1956 Sex: F
Race: White Ethnicity: Not Hispanic / Latino Preferred Language: English

Vitals

Ht: 67"
Wt: 164lb
Pulse: 98
BP: 142/82
Resp: 18
T: 98.8
Pain Level: 4
BMI: 25.7

Today's Diagnosis

Anterior dislocation of left humerus, subsequent encounter (S43.015D)
Strain of muscle(s) and tendon(s) of the rotator cuff of lef (S46.012D)

Problem List

Noncompliance with treatment
Essential hypertension
Fever
Unspecified dementia without behavioral disturbance (F03.90)
Gender identity disorder
Closed fracture of nasal bones
Leukocytosis
Personality disorder
Nervous system examination NAD

Allergies

No Known Drug Allergy

Medications

Continue
Unspecified Prescriber — Brian Bebiak MD Ithaca NY
Cannabis, Medical

KH

Therapy
Physical Therapy : 1/WK for 12 Weeks

Smoking Status
Smoking: Light tobacco smoker (10 or fewer cigarettes/day).

Follow Up
Follow up: As needed

Future Appointments
08/26/19 Mon 1:45p Loc: 9 DONOHUE, BENJAMIN F, MD

Loc: 9
ORTHOPEDIC SERVICES OF C.M.A.
CAYUGA MEDICAL ASSOCIATES
16 BRENTWOOD DRIVE STE A
ITHACA, NY 14850-1863
Phone: (607)-272-7000 Fax: (607)-272-4604

Cayuga Medical Associates
Patient Therapy Order Requisition

PATIENT

Blayk, Bonzeanne
1668 Trumansburg RD
Ithaca, NY 14850

H-Phone: ( ) - -
W-Phone: ( ) - -
C-Phone: (607)-351-4879
Race :White
Account: 166833

DOB :05/01/1956
Sex :F
Chart:

PRIMARY INSURANCE

Co#: 603 Policy#: AN33246W
Molina/Totalcare Medicaid
PO Box 22615
Long Beach, CA 90801

Insured Name: Bonzeanne Blayk
Group Number:
Plan Name :
Expired Date: 00/00/00

THERAPY ORDER

Status : Open
Doctor : Benjamin F Donohue, MD
Address : 16 BRENTWOOD DRIVE
Address2 : ITHACA, NY 14850-1863
Address3 :
Phone : (607)-272-7000
Therapist: Patient's Choice
Address1 :
Address2 :
Phone : Fax:

NPI : 1558587204
LIC : 285114

Fax: (607)-272-4604

Ordered Date: 02/26/19
Start Date : 00/00/00
End Date : 00/00/00
Duration : 12 Weeks

Therapy
PHYSICAL THERAPY

Frequency
1-2 times a week prn

Diagnosis: S43.015D Anterior dislocation of left humerus, subsequent encounter

INSTRUCTIONS

Left shoulder massive, retracted rotator cuff tear, surpaspinatus, infraspinatus
Recent 9/19 very traumatic dislocation, but rotator cuff atrophy indicates likely very chronic tears.

Strengthening L shoulder (limited expectations by me)

Patient is a candidate for Superior Capsular Repair surgery, which I offered and we discussed. Patient is going to consider and follow up as needed with me.

Instructions:
- ☑ Evaluate and Treat

Treatment Goals:
- ☐ Increase ROM
- ☐ Increase Strength
- ☐ Improve Function
- ☐ Increase Mobility
- ☐ Increase Gen Fitness
- ☐ Patient Education

Procedures:
- ☐ Massage/Soft tissue Mob.
- ☐ Scar Massage
- ☐ Mobilization
- ☐ ROM ☐ AROM
- ☐ A/PROM ☐ A/AROM
- ☐ Therapeutic Exercise
- ☐ Isometric
- ☐ Progressive Resistive
- ☐ Proprioceptive
- ☐ Balance Training
- ☐ Gait Training
- ☐ Stabilization

Modalities:
- ☐ Adlib
- ☐ Ice
- ☐ Heat
- ☐ Warm Whirlpool
- ☐ Cool Whirlpool
- ☐ Paraffin Wax
- ☐ Ultrasound
- ☐ Phonophoresis
- ☐ Aquatherapy
- ☐ Tens
- ☐ Iontophoresis
- ☐ Electric Stilmulation

Ordering Physician's Signature: _____

Electronically signed by Benjamin F Donohue, MD on 02/26/19 at 2:58 pm

Cayuga Medical Associates

16 Brentwood Drive Ste A
Ithaca, NY 14850-1863
(607)-272-7000

Summary of Today's Visit

August 26, 2019 Visit with BENJAMIN F DONOHUE, MD

Bonzeanne Blayk
1668 Trumansburg RD
Ithaca, NY 14850

DOB: 05/01/1956 Sex: F
Race: White Ethnicity: Not Hispanic / Latino Preferred Language: English

Vitals

Ht: 67"
Wt: 167lb
Pulse: 74
BP: 140/90
Resp: 14
Pain Level: 0 2 through 7 on extension of arm
BMI: 26.2

Today's Diagnosis

Anterior dislocation of left humerus, subsequent encounter (S43.015D)
Strain of muscle(s) and tendon(s) of the rotator cuff of lef (S46.012D)

Problem List

Noncompliance with treatment
Essential hypertension
Fever
Unspecified dementia without behavioral disturbance (F03.90)
Gender identity disorder
Closed fracture of nasal bones
Leukocytosis
Personality disorder
Nervous system examination NAD

Allergies

No Known Drug Allergy

Medications

Continue - OFF
Unspecified Prescriber Brian Babiak MD
Cannabis, Medical

Smoking Status

Smoking: Light tobacco smoker (10 or fewer cigarettes/day).

Follow Up

Follow up: As needed

Orthopedic Services of Cayuga Medical Associates
BENJAMIN F DONOHUE, MD
16 Brentwood Drive Ste A
Ithaca, NY 14850-1863
(607)-272-7000

Date of Visit: August 26, 2019 **Account #:** 166833
Patient Name: Bonzeanne Blayk **DOB:** 05/01/1956 **Gender:** female **Age:** 63 years
Primary Care Physician: Robert Breiman, MD

Reason for Visit: Left Shoulder

HPI: The patient is a 63-year-old transsexual woman, right hand dominant, who is now almost 1 year status post September 19, 2018, left shoulder dislocation with massive rotator cuff tendon tear, presenting for follow up.

As a reminder, the patient had some type of psychotic break at the time of his injury There was some scuffling with the police. The patient required relocation in the operating room by a colleague of mine. The patient has had x-rays and MRI consistent with a massive rotator cuff tendon tear that did not appear to be repairable based on MRI imaging. NOT psychotic, see Bags Ambulance Report ORIENTED 3X.

I spoke with the patient at her February clinic visit about superior capsular repair, although now that I study her imaging more I think that has a lesser probability of working and she would be more of a candidate for a reverse shoulder arthroplasty should she ever choose surgery. The patient was uninterested in surgery in February. I gave the patient a new physical therapy prescription at her February clinic visit.

The patient states that her function has improved. The patient can drive a car. She can haul trash to the dump. The patient graduated from physical therapy, which she found to be helpful.

No numbness or tingling. No other joint pain.

PHYSICAL EXAM: GENERAL: No acute distress, alert and oriented, appropriate mood and affect. Appropriate dress. The patient has a strong smell of body odor. Well coordinated bilateral upper and lower extremities. Nonantalgic gait. "Huh."
LEFT UPPER EXTREMITY: Left shoulder exam shows active elevation of 140 degrees of forward flexion and 95 degrees of abduction. The patient's passive range of motion is over 140 degrees of forward flexion, 90 degrees of external and internal rotation. Rotator cuff stress testing reveals pain and weakness with supraspinatus stress testing. There is weakness of the infraspinatus with an external rotation lag to 0 degrees with the arm at the side. Neurovascularly intact distally.

STUDIES: X-ray views of the left shoulder show located left shoulder glenohumeral joint with elevated humeral head and narrowed acromiohumeral distance.

ASSESSMENT: As above.

PLAN:
1. The patient is happy with her progress.
2. As stated above, I think the only surgery that the patient would be a candidate for would be a reverse shoulder arthroplasty. Given the patient's history of psychosis, I would not rush to perform any type of arthroplasty in her because of concerns about future instability events or fracture with future possible falls.

BULLSHIT

However, the patient is doing well as of now.
3. The patient will follow up as needed in clinic with me.

Meds Prior to Visit: FALSE
Cannabis, Medical

Allergies:

No Known Drug Allergy
Problem List:

- **Noncompliance with treatment**
- **Essential hypertension**
- **Fever**
- **Unspecified dementia without behavioral disturbance**
- **Gender identity disorder**
- **Closed fracture of nasal bones**
- **Leukocytosis**
- **Personality disorder**
- **Nervous system examination NAD**

Date: 08/26/2019
Was the patient queried about smoking behavior? ☑ Yes ☐ No
Does the patient currently smoke? **Smoking**: Light tobacco smoker (10 or fewer cigarettes/day). FALSE

Vitals:

Ht: 67" **Wt:** 167lb **Pulse:** 74 **BP:** 140/90 **Resp:** 14 **Pain Level:** 0 **BMI:** 26.2

Assessment #1: S43.015D Anterior dislocation of left humerus, subsequent encounter
Care Plan:

Follow Up : Follow up: As needed

Assessment #2: S46.012D Strain of muscle(s) and tendon(s) of the rotator cuff of lef
Care Plan:

Benjamin F. Donohue, MD

Electronically signed by Benjamin F Donohue, MD on 09/01/2019 at 11:23 am

09/03/19 (Tue Sep 3) 12:34 PM Nancy Kingdon Added Addendum:
Patient stated his current pain level at this visit was a 2/10 on pain scale, but also stated that it can increase to a 7/10 when preforming certain movements or ADLS.