



**Office of the
Medicaid Inspector
General**

**NEW YORK STATE
DEPARTMENT OF HEALTH
OFFICE OF THE MEDICAID INSPECTOR GENERAL**

**REVIEW OF JEAN-BAPTISTE SIMEON, M.D.
FAMILY PLANNING CHARGEBACK TO NETWORK PROVIDERS
JANUARY 1, 2010 THROUGH SEPTEMBER 30, 2011**

**FINAL AUDIT REPORT
AUDIT # 14-6853**

**Dennis Rosen
Medicaid Inspector General**

December 3, 2015

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Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

December 3, 2015

Jean-Baptiste Simeon, M.D.
175 Eastern Parkway, Suite 1D
Brooklyn, New York 11021

Re: Final Audit Report
Audit # 14-6853
Provider # [REDACTED]

Dear Dr. Simeon:

The New York State Office of the Medicaid Inspector General (OMIG) performed an audit of Medicaid payments for family planning and reproductive health services paid to Jean-Baptiste Simeon, M.D. (Provider), on behalf of Medicaid beneficiaries while they were enrolled in Amerigroup and Health Plus (Plans). In accordance with Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR) 517.6, this Final Audit Report represents the final determination on the issues found during the OMIG's review.

BACKGROUND

The New York State Department of Health (the Department) is the state agency responsible for the administration of the Medicaid program. As part of its responsibility as an entity within the Department, the 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 by the New York Public Health Law, New York Social Services Law, the regulations of the Department of Health (Titles 10 and 18 of the NYCRR), the regulations of the Office of Mental Health (Title 14 of the NYCRR), the Department of Health's Medicaid Provider Manuals, *Medicaid Update* publications and the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract (Contract).

Federal Medicaid law prohibits any restrictions to access by Medicaid recipients for family planning services. Accordingly, the Department requires that all participating managed care organizations (MCO) ensure individuals of childbearing age have access to the full range of family planning and reproductive health services from any qualified provider that undertakes to provide such services.

Pursuant to the Contract Appendix C, if the MCO chooses to receive a monthly capitation payment for covered services which includes family planning and reproductive services, the MCO is subsequently responsible to reimburse its network providers for these services provided to the MCO's Medicaid enrollees. Under these circumstances, the participating network provider is required to bill the MCO with whom the Provider has signed a network contract. This is also in accordance with 18 NYCRR 540.6(e) which explains the servicing provider's responsibility to ascertain the legal liability of third parties to pay for medical care and services.

PURPOSE AND SCOPE

The purpose of this audit was to ensure that the Provider was in compliance with 18 NYCRR 540.6(e) and the Contract Appendix C, and to identify Medicaid payments associated with family planning and reproductive health services that should not have been billed fee-for-service by the Provider, but rather reimbursed to the Provider by the Plans. The review period includes dates of service from January 1, 2010 through September 30, 2011.

FINDINGS

After reviewing Plan's Date response to the Draft Audit Report, as well as documentation submitted, OMIG has determined that for the period and scope reviewed, Jean-Baptiste Simeon, M.D. generally adhered to applicable Medicaid billing rules and regulations. The OMIG has concluded that no further action is required pertaining to this audit.

PROVIDER RIGHTS

The Provider has the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. In accordance with 18 NYCRR Section 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 to:

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

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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 the Provider 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 the Provider's 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 the Provider's behalf.

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid program, take action where appropriate, and recover any associated overpayments. If you have any questions regarding the above please contact [REDACTED]. Thank you for your cooperation.

Sincerely,

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

Attachment
CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED