



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 23, 2016

[REDACTED]
Allegheny Health Network Home Infusion
311 23rd Street Extension
Pittsburgh, Pennsylvania 15215

REVISED FINAL AUDIT REPORT
Audit #2016Z63-037H
Provider # [REDACTED]

Dear [REDACTED]:

The Office of the Medicaid Inspector General hereby rescinds the Final Audit Report for Audit #2016Z63-037H issued on May 19, 2016. It is replaced by this Revised Final Audit Report.

The New York State Office of the Medicaid Inspector General (OMIG) completed an audit of Medicaid pharmacy claims paid by Medicaid for payment dates included in the period beginning January 1, 2011 and ending December 31, 2014.

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 Department of Mental Hygiene (Title 14 of the New York Codes, Rules and Regulations), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

A review of Medicaid payments made to you has determined that you billed and were paid twice by Medicaid for the same drug claim for the same recipient and same date of service, once through a Medicare Crossover pharmacy claim billed with a J-code, and secondly by directly billing Medicaid for the same drug.

After reviewing your response to the OMIG's May 19, 2016 Draft Audit Report, as well as any other information/documentation submitted, OMIG has determined that for the period and scope reviewed, The Provider generally adhered to applicable Medicaid billing rules and regulations. The OMIG has concluded that no further action is required pertaining to this audit.

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), if the Provider wishes to request a hearing, the request must be submitted in writing to:

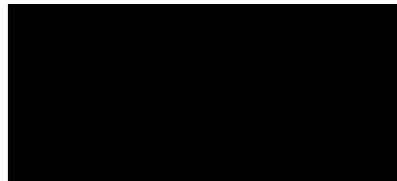
General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

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

Issues you may raise shall be limited to those issues relating to determinations contained in the Final Audit Report. Further, issues must be limited to those you raised in any written response to the Draft Audit Report. The hearing request may not address issues regarding the methodology used to determine the rate, or any issue that was raised at a proceeding to appeal a rate determination.

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] or by email at [REDACTED]. Thank you for your cooperation.

Sincerely,

A large black rectangular redaction box covering the signature area.

Office of the Medicaid Inspector General