



Office of the
Medicaid Inspector
General

DENNIS ROSEN
Medicaid Inspector General

Audit of Claims for OASAS Opioid Treatment Program Services

**Final Audit Report
Audit #: 18-9308**

Samaritan Village, Inc.

**Provider ID #: 00245309
NPI #: 1396822839**



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 25, 2019

[REDACTED]
Samaritan Village, Inc.
138-02 Queens Boulevard
Briarwood, New York 11435

Re: Final Audit Report
Audit #: 18-9308
Provider ID #: 00245309

Dear [REDACTED]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Samaritan Village, Inc. (Provider).

In accordance with Sections 30, 31 and 32 of the New York State Public Health Law, and Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York (NYCRR) Parts 504 and 517, OMIG performed an audit of OASAS opioid treatment program claims paid to the Provider from January 1, 2015, through December 31, 2017. The audit universe consisted of 145,292 claims totaling \$4,902,443.57. The audit consisted of a random sample of 100 claims with Medicaid payments totaling \$3,098.18 (Attachment A).

The Provider's September 18, 2019 response to OMIG's September 9, 2019 Draft Audit Report stated that the Provider is in agreement with the Draft Audit Report findings. OMIG has attached the sample detail for the paid claims determined to be in error. The point estimate overpaid is \$185,247. The lower confidence limit of the amount overpaid is \$42,886. We are 95% certain that the actual amount of the overpayment is greater than the lower confidence limit. This audit may be settled through repayment of the lower confidence limit of \$42,886.

If you have any questions or comments concerning this report, please contact [REDACTED] or through email at [REDACTED]. Please refer to audit number 18-9308 in all correspondence.

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

Attachments
Certified Mail Number: 7015-0640-0003-2856-7318
Return Receipt Requested
[REDACTED]

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Background, Objective, and Audit Scope

Background

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 Office of Mental Hygiene (Title 14 of the New York Codes Rules and Regulations), the regulations of the Education Department (Title 8 of the New York Codes Rules and Regulations), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

"Opioid treatment program" (OTP) means one or more OASAS-certified sites where methadone or other approved medications are administered to treat opioid dependency, following one or more medical treatment protocols as defined Title 14 NYCRR Parts 822 and 841. This encompasses medical and support services including counseling, educational and vocational rehabilitation. OTP services are provided in either hospital-based or free-standing settings. The MMIS Provider Manual for Clinics also provides program guidance for claiming Medicaid reimbursement for OTP services.

Objective

The objective of this audit was to assess Samaritan Village, Inc.'s (Provider) adherence to applicable laws, regulations, rules and policies governing the New York State Medicaid program and to verify that:

- Medicaid reimbursable services were rendered for the dates billed;
- appropriate rate codes were billed for services rendered;
- patient related records contained the documentation required by the regulations; and,
- claims for payment were submitted in accordance with applicable rules and requirements.

Audit Scope

A review of OASAS opioid treatment program claims paid to the Provider by Medicaid for payment dates included in the period beginning January 1, 2015, and ending December 31, 2017, was completed.

The audit universe consisted of 145,292 claims totaling \$4,902,443.57. The audit sample consisted of 100 claims totaling \$3,098.18 (Attachment A).

Regulations of General Application

Each audit finding is supported by relevant regulations, policy statements and manuals. In addition, the audit findings in this audit are supported by regulations of general application to the Medicaid program. These regulations are provided below.

"By enrolling the provider agrees: (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment . . . and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider . . . (e) to submit claims for payment only for services actually furnished and which were medically necessary or otherwise authorized under the Social Services Law when furnished and which were provided to eligible persons; (f) to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission; . . . (h) that the information provided in relation to any claim for payment shall be true, accurate and complete; and (i) to comply with the rules, regulations and official directives of the department."

18 NYCRR Section 504.3

"Fee-for-service providers. (1) All providers . . . must prepare and maintain contemporaneous records demonstrating their right to receive payment under the medical assistance program. All records necessary to disclose the nature and extent of services furnished and the medical necessity therefor . . . must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later. (2) All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department . . . for audit and review."

18 NYCRR Section 517.3(b)

"All bills for medical care, services and supplies shall contain: (1) patient name, case number and date of service; (2) itemization of the volume and specific types of care, services and supplies provided (including for a physician, his final diagnosis, and for drugs, the prescription filled); (3) the unit price and total cost of the care, services and supplies provided; . . . and (8) a dated certification by the provider that the care, services and supplies itemized have in fact been furnished; that the amounts listed are due and owing; . . . that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years from the date of payment; . . . and that the provider understands that payment and satisfaction of this claim will be from Federal, State and local public funds and that he or she may be prosecuted under applicable Federal and State laws for any false claims, statements or documents, or concealment of a material fact provided...."

18 NYCRR Section 540.7(a)(1)-(3) and (8)

"An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake."

18 NYCRR Section 518.1(c)

"Vendor payments for medical care and other items of medical assistance shall not be made unless such care or other items of assistance have been furnished on the basis of the appropriate authorization prescribed by the rules of the board and regulations of the department."

18 NYCRR Section 540.1

"The department may require repayment from the person submitting an incorrect or improper claim, or the person causing such claim to be submitted, or the person receiving payment for the claim."

18 NYCRR Section 518.3(a)

"The department may require repayment for inappropriate, improper, unnecessary or excessive care, services or supplies from the person furnishing them, or the person under whose supervision they were furnished, or the person causing them to be furnished...."

18 NYCRR Section 518.3(b)

"Medical care, services or supplies ordered or prescribed will be considered excessive or not medically necessary unless the medical basis and specific need for them are fully and properly documented in the client's medical record."

18 NYCRR Section 518.3(b)

For Services Prior to 11/23/2015:

"Programs must maintain an individual case record (either electronic or paper) for each patient who receives services. The case record must demonstrate a chronological pattern of delivered medical and treatment services consistent with the patient's treatment/recovery plan."

14 NYCRR Section 822-2.2(a)

For Services 11/23/2015 and After:

"All programs must maintain an individual case record (either electronic or paper) for each patient who receives services. The case record must demonstrate a chronological pattern of delivered medical and treatment services consistent with the patient's prior treatment history, if any, and the patient's evolving treatment/recovery plan."

14 NYCRR Section 822.10(a)

"This Section shall govern Medicaid rates of payments for OASAS certified or co-certified ambulatory care services provided in the following categories of facilities: . . . (2) opioid treatment clinics certified or co-certified pursuant to Part 822 of this Title; . . ."

14 NYCRR Section 841.14(a)(2)

Audit Findings

OMIG issued a Draft Audit Report to the Provider on September 9, 2019. The Provider's September 18, 2019 response (Attachment D) to the Draft Audit Report stated that the Provider is in agreement with the Draft Audit Report findings. As a result, the total sample overpayment of \$127.50 remains unchanged from the sample overpayment cited in the Draft Audit Report. A description of each finding, regulations, and the list of samples supporting each finding, appear below. Each sample may contain more than one error, and may be listed in more than one category of finding. A sample may only be disallowed once in an audit, however, each sample is subject to disallowance based on a single error.

Summary of Audit Findings

<u>Error Description</u>	<u>Number of Errors</u>
Missing Central Registry Verification	3
Missing Signed Written Consent Form	3
Missing Medication Administration Schedule	3
Missing/Late Individual Treatment/Recovery Plan Review	2
Missing/Late Physical Examination	1
Failure to Meet Medication Administration and Observation Requirements	1

Audit Findings Detail

OMIG's review of Medicaid claims paid to the Provider from January 1, 2015, through December 31, 2017, identified 5 claims with at least one error, for a total sample overpayment of \$127.50 (Attachment C).

1. Missing Central Registry Verification**For Services Prior to 11/23/2015:**

"The OTP must verify with the Central registry system that the prospective patient is not presently enrolled in another OTP and this verification must be documented in the clinical record with the date, time and clearance by the registry." *14 NYCRR Section 822-5.4(c)*

For Services 11/23/2015 and After:

"(3) verify with the central registry system that the prospective patient is not presently enrolled in another OTP and this verification must be documented in the clinical record; OTPs may not admit an applicant who is participating in another OTP; . . ." *14 NYCRR Section 822.16(a)(3)*

In 3 instances pertaining to 3 patients, a central registry verification for the patient was missing. This finding applies to Sample #s 9, 21 and 71.

2. Missing Signed Written Consent Form**For Services Prior to 11/23/2015:**

"A physician must ensure that the prospective patient provides informed written consent to participate in opioid treatment, which shall include notice of the risks and benefits of a prescribed medicine. The prospective patient must sign the informed written consent prior to treatment being initiated at admission." *14 NYCRR Section 822-5.4(e)*

For Services 11/23/2015 and After:

". . . A physician must ensure that prior to first dose; the prospective patient is provided and signs (physical or electronic signature) an informed written consent to participate in opioid treatment, which shall include notice of the risks and benefits of a prescribed medicine." *14 NYCRR Section 822.8(e)(2)*

In 3 instances pertaining to 3 patients, the required signed informed written consent was missing. This finding applies to Sample #s 9, 21 and 71.

3. Missing Medication Administration Schedule

"A physician must determine a patient's initial medication dose and schedule of administration and document such orders in the patient's record . . ."

For Services Prior to 11/23/2015: *14 NYCRR Section 822-5.6(a)*

For Services 11/23/2015 and After: *14 NYCRR Section 822.16(b)(1)*

In 3 instances pertaining to 3 patients, the patient record did not contain the required schedule for medication administration. This finding applies to Sample #s 9, 21 and 71.

4. Missing/Late Individual Treatment/Recovery Plan Review**For Services 11/23/2015 and After:**

"(c) Continuing review of treatment/recovery plans. The treatment/recovery plan must be reviewed, and revised if necessary, at least once within 90 calendar days from the date of admission for the first year and at least once within every 180 calendar day window period thereafter. Reviews should occur more frequently when a patient is not responding to treatment as planned or if a significant incident occurs. Reviews of the treatment plan shall be signed (physical or electronic signature) by either a physician, physician's assistant, licensed psychologist, nurse practitioner, or licensed clinical social worker."

14 NYCRR Section 822.9(c)

In 2 instances pertaining to 2 patients, the required individual treatment/recovery plan review was either missing or late. For Sample # 13, the individual treatment/recovery plan review was late. For Sample # 95, the individual treatment/recovery plan review was missing.

5. Missing/Late Physical Examination**For Services 11/23/2015 and After:**

"(1) The prescribing professional must conduct a full physical examination, including required laboratory tests or screens, and any other test as clinically indicated or as may be required by the office, during the first week after admission to determine the patient's overall health . . ."

14 NYCRR Section 822.8(e)(1)

In 1 instance, the required physical examination was either missing or late. For Sample # 9, the physical examination was missing.

6. Failure to Meet Medication Administration and Observation Requirements

". . . No more than one medication administration and observation service may be billed for any patient per day. This service may be of any duration. The program must document face-to-face contact with the patient."

For Services Prior to 11/23/2015: 14 NYCRR Section 822-3.1(h)(9)

For Services 11/23/2015 and After: 14 NYCRR Section 841.14(i)(9)

In 1 instance, the requirements for medication administration and observation were not met. This finding applies to Sample # 95.

Repayment Options

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

Option #1: Make a 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** with the audit number included 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 # 18-9308
Albany, New York 12237

Option #2: Enter into a repayment agreement with OMIG. 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%. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. If you wish to enter into a repayment agreement, please contact the Bureau of Collections Management within 20 days at the following:

New York State
Office of the Medicaid Inspector General
Bureau of Collections Management
800 North Pearl Street
Albany, New York 12204
Phone #: [REDACTED]
Fax #: [REDACTED]

Should you fail to select a payment option above, OMIG, in its discretion, may use any remedy allowed by law to collect the amount due. Pursuant to the State Finance Law Section 18(5), a collection fee equal to twenty two percent (22%) of the amount due, including interest, may be added to the amount owed. OMIG's remedies may include, without limitation, filing this Final Audit Report as the final administrative determination for purposes of obtaining a judgment lien pursuant to Section 145-a of the New York State Social Services Law; withholding Medicaid payments otherwise payable to the provider or its affiliates pursuant to 18 NYCRR Section 518.6; and imposing a sanction, pursuant to 18 NYCRR Section 515.2, against a provider who fails to reimburse the department for overpayments discovered by this audit.

Hearing Rights

If you choose not to settle this audit through repayment of the lower confidence limit, you have the right to challenge these findings by requesting an administrative hearing where OMIG would seek and defend the point estimate of \$185,247. As allowed by state regulations, you must make your request for a hearing, in writing, within sixty (60) days of the date of this report to:

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

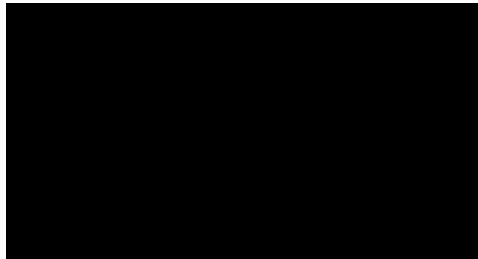
Questions regarding the request for a hearing should be directed to Office of Counsel, at [REDACTED]

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

For a full listing of hearing rights please see 18 NYCRR Part 519.

Contact Information



Office Address:

New York State
Office of the Medicaid Inspector General
Division of Medicaid Audit
90 Church Street, 14th Floor
New York, New York 10007

Mission

The mission of the Office of the Medicaid Inspector General is to enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high quality patient care.

Vision

To be the national leader in promoting and protecting the integrity of the Medicaid program.



Office of the
Medicaid Inspector
General

REMITTANCE ADVICE

Samaritan Village, Inc.
138-02 Queens Boulevard
Briarwood, New York 11435

Amount Due: \$42,886

Provider ID #: 00245309

Audit #: 18-9308

**Audit
Type**

- ☐ Managed Care
☒ Fee-for-Service
☐ Rate

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 the check to:

[Redacted]
New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2739
File #18-9308
Albany, New York 12237