



Office of the  
Medicaid Inspector  
General

DENNIS ROSEN  
Medicaid Inspector General

# **Audit of Claims for Home Health and/or Personal Care Services Billed During an Inpatient Hospital or Skilled Nursing Facility Stay Paid from January 1, 2014 to December 31, 2018**

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**Final Audit Report  
Audit #: 2019Z07-004V**

## **Extraordinary Home Care**

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**Provider ID #: 03335971**



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

DENNIS ROSEN  
Medicaid Inspector General

March 4, 2020

Extraordinary Home Care  
5 Dakota Drive Suite 200  
New Hyde Park, New York 11042-1109

Final Audit Report  
Audit #: 2019Z07-004V  
Provider ID #: 03335971

Dear Provider:

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Extraordinary Home Care (Provider).

In accordance with Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York Section 517.6, the attached Final Audit Report represents the final determination on the issues found during OMIG's audit.

After reviewing the Provider's response to OMIG's April 24, 2019 Draft Audit Report, OMIG has reduced the overpayments identified in the Draft Audit Report from \$18,554.56 to \$553.71 in this Final Audit Report. Based on this determination, the total amount due is \$553.71 inclusive of interest. A detailed explanation can be found in the Audit Findings section of this report.

To obtain the password for the enclosed disc, please email [REDACTED] If you have any questions or comments concerning this report, please contact [REDACTED] or through email at [REDACTED] Please refer to audit number 2019Z07-004V in all correspondence.

Sincerely,

[REDACTED]  
System Match and Recovery  
Division of Systems Utilization and Review  
Office of the Medicaid Inspector General

Enclosure  
Certified Mail #: 7018 0040 0001 1410 7028  
Return Receipt Requested

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## Background, Objective, and Audit Scope

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### 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), DOH's Medicaid Provider Manuals and *Medicaid Update* publications.

Medicaid skilled nursing facility patients and hospital inpatients are provided a full range of patient services during their stay. HHC/PCA services, with certain exceptions, are not necessary during these stays as they are duplicative. Medicaid reimbursement may not be made for services which duplicate/substitute for services that are required to be provided by another entity.

The OMIG performed an audit of Medicaid payments for home health and personal care services. The audit reviewed Medicaid fee-for-service claims of home health and personal care services for Medicaid recipients who resided in a skilled nursing facility or received inpatient hospital services on the same date of home health services and/or personal care services.

To accomplish this review, certain Medicaid claims for home health and/or personal care services with payment dates from January 1, 2014 to December 31, 2018 were reviewed.

### Objective

The objective of this audit was to assess the Provider's adherence to applicable laws, regulations, rules, and policies governing the New York State Medicaid program and to:

- Determine if the Provider improperly billed for home health and/or personal care services during a skilled nursing facility stay; and/or
- Determine if the Provider improperly billed home health and/or personal care services during an inpatient hospital stay.

### Audit Scope

An audit of Medicaid claims for home health and/or personal care services billed during an inpatient hospital or skilled nursing facility stay with payment dates included in the period beginning January 1, 2014 ending December 31, 2018 was completed.

*Please note that due to the implementation of the National Provider Identifier (NPI) on September 1, 2008, there may be multiple Provider Identification Numbers associated with the Primary Provider Identification Number. The NPI is linked to the Primary Provider Identification Number. The Primary Provider Identification Number is used for correspondence and recoupment.*

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## Audit Findings

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OMIG issued a Draft Audit Report to the Provider on April 24, 2019 that identified \$18,554.56, in Medicaid overpayments. After reviewing the Provider's response to the Draft Audit Report, OMIG reduced the overpayments identified in this Final Audit Report by \$18,000.85, from \$18,554.56, to \$553.71.

OMIG identified the following findings:

**1. Home Health Services and/or Personal Care Services Billed During a Skilled Nursing Facility Stay:**

Regulations state: "By enrolling the provider agrees... "to submit claims for payment only for services actually furnished and which were medically necessary..."

18 NYCRR 504.3(e)

Regulations state: "By enrolling the provider agrees... that the information provided in relation to any claim for payment shall be true, accurate, and complete;"

18 NYCRR 504.3(h)

Regulations state: "By enrolling, the provider agrees... to comply with the rules, regulations and official directives of the department."

18 NYCRR 504.3(i)

Regulation 18 NYCRR 518.1(c) defines "overpayment" as "any amount not authorized to be paid under the medical assistance program, whether paid as a result of ...improper claiming... or mistake" and provides for the recovery of these overpayments by OMIG.

18 NYCRR 518.1(c)

Regulation 18 NYCRR 505.23(a)(1) states: It is the policy of the department to pay for home health services under the medical assistance (MA) program only when: (i) the services are medically necessary; and (ii) the services can maintain the recipient's health and safety in his or her own home, as determined by the certified home health agency in accordance with the regulations of the Department of Health.

18 NYCRR 505.23(a)(1)(i)(ii)

As a result of this finding, OMIG has determined that **\$0.00** (Attachment A) was inappropriately billed to Medicaid, resulting in Medicaid overpayments.

**2. Home Health Services and/or Personal Care Services Billed During an Inpatient Hospital Stay**

Regulations state: "By enrolling the provider agrees... "to submit claims for payment only for services actually furnished and which were medically necessary..."

18 NYCRR 504.3(e)

Regulations state: "By enrolling the provider agrees... that the information provided in relation to any claim for payment shall be true, accurate, and complete;"

18 NYCRR 504.3(h)

Regulations state: "By enrolling, the provider agrees... to comply with the rules, regulations and official directives of the department."

18 NYCRR 504.3(i)

Regulation 18 NYCRR 518.1(c) defines "overpayment" as "any amount not authorized to be paid under the medical assistance program, whether paid as a result of ...improper claiming... or mistake" and provides for the recovery of these overpayments by OMIG.

18 NYCRR 518.1(c)

Regulation 18 NYCRR 505.23(a)(1) states: It is the policy of the department to pay for home health services under the medical assistance (MA) program only when: (i) the services are medically necessary; and (ii) the services can maintain the recipient's health and safety in his or her own home, as determined by the certified home health agency in accordance with the regulations of the Department of Health.

18 NYCRR 505.23(a)(1)(i)(ii)

As a result of this finding, OMIG has determined that **\$500.66** (Attachment B) was inappropriately billed to Medicaid, resulting in Medicaid overpayments.

Pursuant to 18 NYCRR Parts 517 and 518, OMIG, on behalf of DOH, may recover such overpayments. In accordance with 18 NYCRR Section 518.4, interest may be collected on any overpayments identified in this audit and will accrue at the current rate from the date of the overpayment. Interest was calculated on the overpayments identified in this Draft Audit Report from the date of each overpayment through the date of the Draft Audit Report, using the Federal Reserve Prime Rate. For the overpayments identified in this audit, OMIG has determined that accrued interest of **\$53.05** (Attachments A & B) is now owed.

Based on this determination, the total amount due to DOH, as defined in 18 NYCRR Section 518.1, is **\$553.71** (Attachments A & B), inclusive of interest

**Do not submit claim voids or adjustments in response to this Final Audit Report. Repayment instructions are outlined on the next page.**

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## Repayment Options

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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  
Audit #: 2019Z07-004V  
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.

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## Hearing Rights

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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 within sixty (60) days of the date of this notice to:

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

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

If a hearing is held, the Provider may have a person represent it 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 its 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 its behalf.

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

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## Contact Information

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Office Address:

New York State  
Office of the Medicaid Inspector General  
Division of Systems Utilization and Review  
800 North Pearl Street  
Albany, New York 12204

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## 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

Extraordinary Home Care  
5 Dakota Drive Suite 200  
New Hyde Park, New York 11042-1109

Provider ID #: 03335971

Audit #: 2019Z07-004V


Amount Due: \$553.71

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:

  
New York State Department of Health  
Medicaid Financial Management  
GNARESP Corning Tower, Room 2739  
Audit #: 2019Z07-004V  
Albany, New York 12237