



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

July 9, 2020

[REDACTED]
Center for Disability Services
22 Corporate Woods, 5th Floor
Albany, New York 12211

Re: Audit Summation
Audit #: 17-7322
Provider #: 00473583

Dear [REDACTED]

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.

An audit of Dental claims paid by Medicaid to Center for Disability Services (Provider) from January 1, 2012 through December 31, 2016, was completed. The objective of the audit was to determine if dental services billed utilizing the Ambulatory Patient Groups (APG) payment methodology and paid under the Medicaid program were provided and were medically necessary, the requisite documentation or forms exists to validate services were provided, identify services provided without documentation of medical necessity, identify duplicate billing, dental frequency exceeded and/or conflicting services and overpayments for maximum services that were exceeded. To ensure compliance with all applicable State and Federal Medicaid laws, regulations and program guidelines. And to identify Provider billing and/or payment irregularities within the Medicaid program. Our audit revealed that, for the period and scope reviewed, the Provider generally adhered to applicable Medicaid billing rules and regulations.

Please be advised that pursuant to 18 NYCRR Section 517.3(h) OMIG hereby concludes its review related to the above-referenced audit objective and scope. OMIG has determined that no further action is warranted. 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 through email at [REDACTED]

[REDACTED]
Public Health Dentist
Division of Medicaid Audit
Office of the Medicaid Inspector General

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