



Office of the  
Medicaid Inspector  
General

ERIN E. IVES  
Acting Medicaid Inspector General

# **Audit of Claims for Health Home Services**

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**Final Audit Report**  
**Audit #: 20-2998**

## **Niagara Falls Memorial Medical Center**

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**Provider ID #: 00354467**  
**NPI #: 1285717298**



Office of the  
Medicaid Inspector  
General

ANDREW M. CUOMO  
Governor

ERIN E. IVES  
Acting Medicaid Inspector General

September 15, 2020

[REDACTED]  
Niagara Falls Memorial Medical Center  
621 10th Street  
Niagara Falls, NY 14301-1813

Re: Final Audit Report  
Audit #: 20-2998  
Provider ID #: 00354467

Dear [REDACTED]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Niagara Falls Memorial Medical Center (Provider).

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

The Provider did not respond to OMIG's March 5, 2020 Draft Audit Report. As a result, the overpayments identified in this Final Audit Report remain unchanged from those cited in the Draft Audit Report. The total amount due is \$19,647.66, including interest to date.

If you have any questions or comments concerning this report, please contact [REDACTED] via email at [REDACTED]. Please refer to audit number 20-2998 in all correspondence.

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

Attachment  
Certified Mail Number #: 7020 0090 0001 5128 0173  
Return Receipt Requested

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A – Final Report Overpayments	

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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 Department 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.

Health Home is a federally approved New York State Department of Health (Department) program to provide care coordination and case management to Medicaid recipients through a care manager. Individuals receiving case management from another Medicaid program are ineligible for Health Home because it would be a duplication of Medicaid case management services.

A review of the Provider's claims identified 96 instances where Medicaid was inappropriately billed for Health Home services for recipients who were receiving case management services from the Office for People With Developmental Disabilities (OPWDD) Medicaid Service Coordination (MSC) program.

### 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:

- recover paid claims for duplicate payments of case management services from Health Home providers when the recipient was receiving OPWDD MSC.

### Audit Scope

The audit identified instances where Health Home services were billed for the same month as OPWDD MSC. This audit included Health Home claims paid to the Provider with dates of payment beginning July 14, 2014 and ending June 30, 2018.

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## Audit Findings

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OMIG issued a Draft Audit Report to the Provider on March 5, 2020 that identified \$17,076.66 in Medicaid Overpayments. The Provider did not respond to the Draft Audit Report. As a result, the overpayments identified in this Final Audit Report remain unchanged from those cited in the Draft Audit Report.

A description of the audit findings and applicable regulations appear below.

### Duplicate Services Billed

"By enrolling the provider agrees...(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 504.3*

"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)*

"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)*

"In determining member Medicaid eligibility, the provider is responsible to review the type of Medicaid coverage authorized, as well as any restrictions that may exist."  
*Health Home Provider Manual, Billing Policy and Guidance  
January 9, 2014*

"At this time OPWDD waiver participants cannot be in a Health Home and the waiver. If waiver participants wish to receive care management through a Health Home they must dis-enroll from the waiver. Health Home care managers and OPWDD Medicaid Service Coordinator (MSC) managers should work with individuals to determine whether the waiver or Health Homes can best meet their needs."

*Guide to Restriction Exception (RE) Codes and Health Home Services  
July 14, 2014*

"Care Managers must check with OPWDD to ensure an individual is not receiving Care Management from OPWDD before they can be outreached or enrolled in the Health Home Program. The following steps MUST be taken to ensure there is not duplication of services: Step 1 – Enter Member's Name, Date of Birth, and CIN number in an excel file. Step 2 – Encrypt with password the excel file. Step 3 – Send excel file with the subject line "RRE Code 95 Check" to OPWDD's BML at: fida-idd@opwdd.ny.gov. Step 4 – Send the password to the same BML with the same subject line."

*Guide to Restriction Exception (RE) Codes and Health Home Services  
Updated January 25, 2017*

In 96 instances, Health Home services were billed for the same month that OPWDD MSC services were billed. This results in an overpayment of \$17,076.66 (Attachment A).

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 on the overpayments identified in this Final Audit Report was calculated 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 \$2,571.00 (Attachment A) is now owed.

Based on this determination, the total amount due to DOH, as defined in 18 NYCRR Section 518.1, is \$19,647.66 (Attachment A), including interest to date.

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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, money order, or OMIG's Online Payment Portal 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, should include the audit number on the memo line, and be mailed with the attached remittance advice to:

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]

- If you elect to pay electronically through OMIG's Online Payment Portal, please visit [REDACTED] or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.

**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's acceptance of a 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, by telephone or email, as provided above.

Should you fail to select a payment option above within 20 days of the date of this Report, OMIG will initiate recoupment by withholding all or a part of your payments otherwise payable, in accordance with 18 NYCRR 518.6. Additionally, OMIG reserves the right to 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.

## 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, NY 12204

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

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.



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## Contact Information

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If there are any COVID-19 related issues, please contact the individual listed below.



Office Address:

New York State  
Office of the Medicaid Inspector General  
Division of Medicaid Audit  
584 Delaware Avenue  
Buffalo, New York 14202

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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

Niagara Falls Memorial Medical Center  
621 Tenth Street  
Niagara Falls, New York 14301-1813

Provider ID #: 00354467

Audit #: 20-2998

Amount Due: \$19,647.66

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 Office of the Medicaid Inspector General  
Bureau of Collections Management

800 North Pearl Street  
Albany, New York 12204

Phone #: [REDACTED]

Fax #: [REDACTED]

Email: [REDACTED]

If you elect to pay electronically through OMIG's Online Payment Portal, please visit [REDACTED] or contact OMIG's Bureau of Collections Management by telephone or email, at the above number or address.