



Office of the
Medicaid Inspector
General

ERIN E. IVES
Acting Medicaid Inspector General

**Audit of Claims for OASAS Opioid
Treatment Program Services Billed in
Excess of APG Category-Specific Medicaid
Billing Parameters Paid From
March 1, 2014 to December 31, 2017**

**Final Audit Report
Audit #: 20-2803**

**Interfaith Medical Center
Provider ID #: 00734336**



Office of the
Medicaid Inspector
General

ANDREW M. CUOMO
Governor

ERIN E. IVES
Acting Medicaid Inspector General

October 21, 2020

[REDACTED]
Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, New York 11213-1122

Final Audit Report
Audit #: 20-2803
Provider ID #: 00734336

Dear Provider:

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

The Provider did not respond to OMIG's February 12, 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 \$2,450.06, including interest to date.

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 20-2803 in all correspondence.

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

Enclosure
Certified Mail #: 7015-0640-0002-9036-4823
Return Receipt Requested

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

"Opioid treatment program" (OTP) means one or more NYS Office of Addiction Supports and Services (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.

OMIG performed an audit of NYS Office of Addiction Supports and Services (OASAS) opioid treatment program services billed in excess of APG category-specific Medicaid billing parameters.

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 portions of OASAS opioid treatment program claims in which the daily allowable procedure limit was exceeded

Audit Scope

An audit of OASAS opioid treatment program services with payment dates included in the period beginning March 1, 2014 and ending December 31, 2017 was completed.

Audit Findings

OMIG issued a Draft Audit Report to the Provider on February 12, 2020 that identified \$2,450.06 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.

OMIG identified the following findings:

OASAS Opioid Treatment Program Services Billed in Excess of APG Category-Specific Medicaid Billing Parameters

For Medicaid reimbursement, the APG reimbursement methodology has replaced the threshold visit reimbursement system for OASAS certified clinic and rehabilitation programs, opiate treatment, and outpatient chemical dependency for youth programs. The APG payment methodology pays differential amounts for ambulatory care services based on the resources required for each service provided during a patient visit. In addition, APGs: support discrete Medicaid reimbursement for some chemical dependence services that were not previously billable; and, allow for some services that are integral to the treatment of patients in chemical dependency treatment such as mental and physical health services. Under APGs, providers must use certain APG-specific CPT and HCPCS codes to bill Medicaid and, providers may, for the same patient on the same visit date, be able to bill Medicaid for multiple services. While a provider can provide multiple services in the same day, there are APG category-specific Medicaid billing parameters that providers must understand. These parameters set a limit of one service per day for certain types of APG service categories. The types of services that fall under the one-per-day limitation include the following: Group Counseling, Individual Counseling, Admission Assessments, Intensive Outpatient Services, Outpatient Rehabilitation Services, Brief Treatments, Brief Interventions, Medication Administration and Observations, Medication Managements, and Screenings.

Admission assessment services. Admission assessment services consist of three levels of billable services: brief assessment, normative assessment and extended assessment. No more than one admission assessment visit may be billed for any patient per day. No more than three admission assessment visits may be billed for any patient within an episode of care. No single program may bill for more than one extended assessment, under any circumstances, within an episode of care.

14 NYCRR 841.14(i)(1) (previously 14 NYCRR 822-3.1(h)(1))

Brief intervention. No more than one brief intervention may be billed for any patient per day. No single program may bill more than three pre-admission brief intervention services for any patient within an episode of care. The program must document 15 minutes of face-to-face contact with the patient.

14 NYCRR 841.14(i)(2) (previously 14 NYCRR 822-3.1(h)(2))

Brief treatment. No more than one brief treatment may be billed for any patient per day. The program must document at least 15 minutes of face-to-face contact with the patient.

14 NYCRR 841.14(i)(3) (previously 14 NYCRR 822-3.1(h)(3))

Group counseling. No more than one group counseling service may be billed for any patient per day. The program must document at least 60 minutes of face-to-face contact with the patient.

14 NYCRR 841.14(i)(6) (previously 14 NYCRR 822-3.1(h)(6))

Individual counseling. No more than one individual counseling service may be billed for any patient per day...

14 NYCRR 841.14(i)(7) (previously 14 NYCRR 822-3.1(h)(7))

Medication administration and observation. 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."

14 NYCRR 841.14(i)(9) (previously 14 NYCRR 822-3.1(h)(9))

Medication management... No more than one medication management service may be billed for any patient per day...

14 NYCRR 841.14(i)(10) (previously 14 NYCRR 822-3.1(h)(10))

Screening. No more than one screening may be billed for any patient within an episode of care. The program must document at least 15 minutes of face-to-face contact with the patient.

14 NYCRR 841.14(i)(13) (previously 14 NYCRR 822-3.1(h)(13))

Exhibit 1 is a list of claims that were improperly billed to Medicaid, as they exceeded the above one-per-day limitations. These resulted in overpayments in the amount of **\$2,153.79**.

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 **\$296.27** (Exhibit 1) is now owed.

Based on this determination, the total amount due to DOH, as defined in 18 NYCRR Section 518.1, is **\$2,450.06** (Exhibit 1), including interest to date.

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

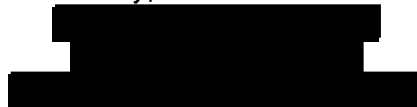
Repayment Options


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, 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



- If you elect to pay electronically through OMIG's Online Payment Portal, please visit  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

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.

Contact Information



Office Address:

New York State
Office of the Medicaid Inspector General
Division of Medicaid Audit
259 Monroe Avenue, Suite 312
Rochester, New York 14607

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

Interfaith Medical Center
1545 Atlantic Avenue
Brooklyn, New York 11213-1122

Provider ID #: 00734336

Audit #: 20-2803

Amount Due: \$2,450.06

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

[REDACTED]

[REDACTED]

[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.