



KATHY HOCHUL  
Governor

FRANK T. WALSH, JR.  
Acting Medicaid Inspector General

September 9, 2021

[REDACTED]  
Strong Memorial Hospital  
601 Elmwood Avenue, Box 520  
Rochester, New York 14642

Re: Final Audit Report  
Audit #: 21-3061  
Provider #: 00279034

Dear [REDACTED]

This letter constitutes the Office of the Medicaid Inspector General's (OMIG) Final Audit Report of Strong Memorial Hospital (Provider).

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, *Medicaid Update* publications, and the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract (Contract).

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 verify that:

- the Provider did not bill fee-for-service Medicaid while the newborn was enrolled in Medicaid Managed Care; and
- newborn birth payments were submitted in accordance with applicable rules and requirements.

After reviewing the Provider's June 15, 2021 response to OMIG's June 3, 2021 Draft Audit Report, OMIG has determined that for the period and scope reviewed, the Provider generally adhered to applicable Medicaid billing rules and regulations. OMIG has concluded that no further action is required pertaining to this audit.

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]

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] through email at [REDACTED]. Thank you for your cooperation.

[REDACTED]  
Bureau of MC Audit & Program Reviews  
Division of Medicaid Audit  
Office of the Medicaid Inspector General

Certified Mail Number: 7021-0350-0000-6247-3327  
Return Receipt Requested