NEW YORK STATE | Office of the Medicaid Inspector General

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

Audit of Claims for Family Planning Services Billed by Network Providers

Final Audit Report
Audit #: 22-2277

Morrisania Diagnostic and Treatment Center

Provider ID #: 00246144

NEW YORK STATE | Office of the Medicaid Inspector General

KATHY HOCHUL
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

September 8, 2022

[redacted]
Morrisania D & T Center
c/o NYC Health + Hospitals
50 Water Street, Suite 528
New York, New York 10004

Re: Final Audit Report
Audit #: 22-2277
Provider ID #: 00246144

Dear [redacted]

This is the Office of the Medicaid Inspector General's (OMIG) Final Audit Report for Morrisania Diagnostic and Treatment Center (Provider).

In accordance with Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR) Section 517.6, OMIG performed an audit of Medicaid fee-for-service payments for family planning and reproductive health services paid to the Provider, on behalf of Medicaid beneficiaries while they were enrolled in Healthfirst PHSP, Inc. or MetroPlus Health Plan, Inc. (Plans). After reviewing the Provider's July 26, 2022 response to OMIG's May 26, 2022 Draft Audit Report, the overpayments in this Final Audit Report remain unchanged from those overpayments identified in the Draft Audit Report. Based on this determination, the final overpayment amount is $26,370.64, inclusive of interest. A detailed explanation can be found in the Audit Findings section.

The attachments referred to in this Final Audit Report will be sent via the Health Commerce System (HCS) or via SendVault, a secure file transfer application. Please provide a contact person to receive the attachments electronically. If you have any questions, or to obtain your copy of the attachments, please contact [redacted] Please refer to audit number 22-2277 in all correspondence.

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

Attachments
Certified Mail Number: 7021 0950 0000 1272 6224
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 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).

Federal Medicaid law prohibits any restrictions to access by Medicaid recipients for family planning services. Accordingly, DOH requires that all participating managed care organizations (MCO) ensure that individuals of childbearing age have access to the full range of family planning and reproductive health services from any qualified provider that undertakes to provide such services.

Pursuant to Appendix C – Requirements for the Provision of Family Planning and Reproductive Health Services of the Contract, if the MCO chooses to receive a monthly capitation payment for covered services which includes family planning and reproductive health services, the MCO is subsequently responsible to reimburse their network providers for these services provided to the MCO's Medicaid enrollees. Once a network provider provides services to a Medicaid enrollee, the network provider is required to bill liable third parties (i.e., the MCO it is under contract with) under 18 NYCRR Section 540.6(e) before directly billing Medicaid fee-for-service, which is the payer of last resort.

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 verify that:

- the Provider is not in receipt of Medicaid fee-for-service payments for an individual who was enrolled in a Plan where a participating provider contractual agreement existed between the Plan and the Provider; and
- fee-for-service Medicaid payments were billed in accordance with applicable rules and requirements such that the Provider sought payment from all other available entities prior to billing Medicaid fee-for-service.

Audit Scope

This audit identified instances where Medicaid payments associated with family planning and reproductive health services were billed fee-for-service by the Provider but should have been reimbursed to the Provider by the Plan. This audit included Medicaid fee-for-service payments made to the Provider for dates of service beginning May 1, 2016 and ending December 31, 2017.

Audit Findings

OMIG issued a Draft Audit Report to the Provider on May 26, 2022 that identified $22,207.82 in Medicaid overpayments where Medicaid fee-for-service payments were made to the Provider for enrollees who were enrolled in Plans that had participating provider agreements with the Provider. The Provider's July 26, 2022 response (Attachment C) to the Draft Audit Report disputed a portion of the claims identified. After reviewing the Provider's response to the Draft Audit Report, the overpayments identified in this Final Audit Report remain unchanged from those cited in the Draft Audit Report (Attachment D). Pursuant to Appendix C of the Contract, and Title 18 of the Official Compilation of the Codes, Rules and Regulations of the State of New York (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, May 26, 2022, using the Federal Reserve Prime Rate. For the overpayments identified in this audit, OMIG has determined that accrued interest of $4,162.82 is now owed (Attachment D).

Based on this determination, the total amount due to DOH, as defined in 18 NYCRR Section 518.1, is $26,370.64, inclusive of interest. Therefore, the total amount due to DOH is $26,370.64 (Attachment D).

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
[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

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]

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
800 North Pearl Street
Albany, New York 12204

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.

NEW YORK STATE | Office of the Medicaid Inspector General

REMITTANCE ADVICE

Morrisania D & T Center
c/o NYC Health + Hospitals
50 Water Street, Suite 528
New York, New York 10004

Provider ID #: 00246144

Audit #: 22-2277

Amount Due: $26,370.64

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]

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.