



Office of the
Medicaid Inspector
General

KATHY HOCHUL
Governor

FRANK T. WALSH, JR.
Acting Medicaid Inspector General

July 18, 2024

[Redacted]

Bestcare, Inc.
3000 Hempstead Turnpike, Suite 205
Levittown, New York 11756

RE: Audit Summation
Audit #: 22-4717
Provider #: [Redacted]

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 personal care claims paid by Medicaid to Bestcare, Inc. (Provider) from January 1, 2017 through December 31, 2019, was completed. The objective of the 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: Medicaid reimbursable services were rendered for the dates billed; appropriate rate codes were billed for services rendered; patient related records contained the documentation required by the regulations; and, claims for payment were submitted in accordance with applicable rules and requirements. 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, please contact [Redacted] at [Redacted] or through email at [Redacted] and refer to audit number 22-4717 in all correspondence.

[Redacted Signature Block]

Division of Medicaid Audit
Office of the Medicaid Inspector General

Certified Mail Number: [Redacted]

cc: [Redacted]