NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

THOMAS R. MEYER
Acting Medicaid Inspector General

January 21, 2015

[redacted]
St. Peter's Health Partners
315 South Manning Boulevard, Suite 3521
Albany, New York 12208

RE: AUDIT SUMMATION
Provider # [redacted]
Audit #14-6317

Dear [redacted]:

The New York State Department of Health (Department) is the single state agency responsible for the administration of the medical assistance (Medicaid) program. The Office of the Medicaid Inspector General (OMIG) is an independent office within the Department responsible for a variety of Medicaid program integrity functions. As part of its responsibilities, the 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 the Department of Health and the Department of Mental Hygiene (Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York) and the Department's Medicaid Managed Care Model Contract, Medicaid Management Information System (MMIS) Provider Manuals and *Medicaid Update* publications.

A review of payments to Samaritan Hospital for physician administered drugs paid by Medicaid from April 1, 2011 through September 30, 2011, that were identified in OSC report 2011-S-9 was recently completed. This review consisted of 1 claim with Medicaid payment of $4,091.50. The purpose of the audit was to determine whether claims for payment were submitted in accordance with regulations and the appropriate Provider Manuals. 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 517.3(h) the OMIG hereby concludes its review related to the above-referenced audit objective and scope. The OMIG has determined that no further action is warranted. We thank you for your continued interest and participation in the Medicaid program.

The 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] or by email at [redacted]. Thank you for your cooperation.

Sincerely,

[redacted]
Division of Medicaid Audit, Albany Office
Office of the Medicaid Inspector General

[redacted]

CERTIFIED MAIL #[redacted]
RETURN RECEIPT REQUESTED