NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

September 9, 2015

[redacted]
West Ledge Rehab & Nursing Center
2000 E. Main Street
Peekskill, NY 10566-6816

FINAL AUDIT REPORT
Audit #2015Z12-009K
Provider [redacted]

Dear [redacted]

The New York State Office of the Medicaid Inspector General (OMIG) completed an audit of Medicaid claims paid for services allegedly provided to Medicaid recipients after their date of death.

The New York State Department of Health (Department) is the single state agency responsible for the administration of the medical assistance (Medicaid) program. The 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 assess 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.

During the audit period, claims for services with payment dates from July 1, 2009 through December 31, 2012 were reviewed. A review of Medicaid payments was made to determine if you improperly billed for services allegedly provided to Medicaid recipients after their date of death. This review matched the recipient's Medicaid payment history against Medicaid death records, New York State Vital Statistics death records, and the Social Security Death Index (SSDI) records.

After reviewing your response to the OMIG's May 12, 2015 Draft Audit Report, as well as any other information/documentation submitted, OMIG has determined that for the period and scope reviewed, The Provider generally adhered to applicable Medicaid billing rules and regulations. The 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), if the Provider wishes to request a hearing, the request must be submitted in writing to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to Office of Counsel, at [redacted].

Issues you may raise shall be limited to those issues relating to determinations contained in the Final Audit Report. Further, issues must be limited to those you raised in any written response to the Draft Audit Report. The hearing request may not address issues regarding the methodology used to determine the rate, or any issue that was raised at a proceeding to appeal a rate determination.

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]

Office of the Medicaid Inspector General