NEW YORK STATE
DEPARTMENT OF HEALTH
OFFICE OF THE MEDICAID INSPECTOR GENERAL

REVIEW OF BEEKMANTOWN CENTRAL SCHOOL DISTRICT CLAIMS FOR SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM SERVICES PAID FROM JANUARY 1, 2009 – DECEMBER 31, 2009

FINAL AUDIT REPORT

James C. Cox
Medicaid Inspector General

August 2, 2012

STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, NY 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

August 2, 2012

[redacted]
Beekmantown Central School District
37 Eagle Way
West Chazy, New York 12992

Re: Final Audit Report
Audit #: 10-3427

Dear [redacted]:

Enclosed is the Office of the Medicaid Inspector General (OMIG) final audit report entitled "Review of Beekmantown Central School District" (Beekmantown Central School District) paid claims for School Supportive Health Services Program services covering the period January 1, 2009, through December 31, 2009.

In the attached final audit report, the OMIG has detailed our scope, procedures, laws, regulations, rules and policies, sampling technique, findings, provider rights, and statistical analysis.

After reviewing your response to the OMIG's April 25, 2012 Draft Audit Report, the findings remain unchanged to those cited in the Draft Audit Report. Your response indicated your acceptance of our audit findings.

The OMIG has attached the sample detail for the paid claims determined to be in error. This final audit report incorporates consideration of any additional documentation and information presented in response to the draft audit report dated April 25, 2012. The mean point estimate overpaid is $37,271.00. The lower confidence limit of the amount overpaid is $16,628.00. We are 95% certain that the actual amount of the overpayment is greater than the lower confidence limit. This audit may be settled through repayment of the lower confidence limit of $16,628.00.

If Beekmantown Central School District has any questions or comments concerning this final audit report, please contact at or through email at Please refer to report number 10-3427 in all correspondence.

Sincerely,

Assistant Director
Division of Medicaid Audit, Albany Office
Office of the Medicaid Inspector General

cc:

Enclosure

CERTIFIED MAIL #
RETURN RECEIPT REQUESTED

OFFICE OF THE MEDICAID INSPECTOR GENERAL

www.omig.ny.gov

The mission of the Office of the Medicaid Inspector General (OMIG), as mandated by New York Public Health Law § 31 is to preserve 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.

DIVISION OF MEDICAID AUDIT

The Division of Medicaid Audit professional staff conducts audits and reviews of Medicaid providers to assess compliance with program requirements and, where necessary, to recover overpayments. These activities are done to monitor the cost-effective delivery of Medicaid services for prudent stewardship of scarce dollars; to assess the required involvement of professionals in planning care to program beneficiaries; to safeguard the quality of care, medical necessity and appropriateness of Medicaid services provided; and, to reduce the potential for fraud, waste and abuse.

DIVISION OF MEDICAID INVESTIGATIONS

The Division of Medicaid Investigations (DMI) investigates potential instances of fraud, waste, and abuse in the Medicaid program. DMI deters improper behavior by inserting covert and overt investigators into all aspects of the program, scrutinizing provider billing and services, and cooperating with other agencies to enhance enforcement opportunities. Disreputable providers are removed from the program or prevented from enrolling. Recipients abusing the system are not removed from this safety net, but their access to services is examined and restricted, as appropriate. DMI maximizes cost savings, recoveries and penalties, and also improves the quality of care for the state's most vulnerable population.

DIVISION OF TECHNOLOGY AND BUSINESS AUTOMATION

The Division of Technology and Business Automation will continue to support the data needs for the OMIG in the form of audit and investigative support, data mining and analysis, system match and recovery, through the use of commercial data mining products and procurement of expert service consultants.

OFFICE OF COUNSEL TO THE MEDICAID INSPECTOR GENERAL

The Office of Counsel to the Medicaid Inspector General promotes the OMIG's overall statutory mission through timely, accurate and persuasive legal advocacy and counsel.

EXECUTIVE SUMMARY

BACKGROUND

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The federal and state governments jointly fund and administer the Medicaid program. In New York State, the Department of Health (DOH) administers the Medicaid program. As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are conducted to determine if the provider complied with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the Medicaid Provider Manuals.

Reimbursement under the Medicaid program is available under the School Supportive Health Services Program and Preschool Supportive Health Services Program (SSHSP and PSHSP) for certain diagnostic and health support services provided to students with, or suspected of having disabilities. SSHSP applies to the 5-21 year old population and PSHSP applies to the 3-4 year old population pursuant to §4410 of the Education Law. In 1988, Section 1903 of subdivision (c), of the Social Security Act (SSA) was added by §411(k)(13)(A) of the Medicare Catastrophic Act of 1988 (PL 100-360), to clarify Congressional intent by stating that nothing in Title XIX of the SSA shall preclude Medicaid coverage of services included in a disabled student's Individualized Education Program (IEP). New York State implemented the Federal law in 1989 by amending Section 368 (d) and (e) of Chapter 558 of the Social Services Laws to authorize payment of medical assistance funds for PSHSP and SSHSP services.

PURPOSE AND SCOPE

The purpose of this audit was to determine whether Beekmantown Central School District's claims for Medicaid reimbursement for (Preschool) School Supportive Health Services complied with applicable federal and state laws, regulations, rules and policies governing the New York State Medicaid Program. With respect to (Preschool) School Supportive Health Services, this audit covered services paid by Medicaid from January 1, 2009, through December 31, 2009.

SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM COMPLIANCE AGREEMENT

In July 2009, the United States Department of Justice, on behalf of the Office of Inspector General (OIG) of the Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) entered into a Settlement Agreement (Settlement Agreement) with the State of New York, the City of New York, and the Board of Education of the City School District of the City of New York to end litigation related to the New York State School Health Services Program (Program). In addition to the Settlement Agreement, CMS entered into Program Compliance Agreement (Compliance Agreement) with New York State Department of Health (DOH), New York State Department of Education and the New York State Office of the Medicaid Inspector General (OMIG) with respect to the Program's compliance with all rules and regulations applicable to this program. Under the terms of the Program Compliance Agreement, the OMIG must conduct payment audits of the Program's compliance with all applicable federal laws and regulations regarding claims for federal Medicaid participation. The payment audits will focus on program physical therapy, occupational therapy, speech therapy, audiological evaluations, evaluations for all available services, nursing services, psychological services, transportation, medical evaluations, targeted case management services, initial individual education plan (IEP), triennial IEP, annual IEP, requested or amended IEP and ongoing service coordination.

The OMIG is required to perform separate payment Program claim audits for the New York City School District and for school districts and Counties in the rest of the State. The results of these audits must be provided to CMS.

SUMMARY OF FINDINGS

We inspected a random sample of 100 claims with $38,173.00 in Medicaid payments. Of the 100 claims in our random sample, 14 claims had at least one error and did not comply with state requirements. Of the 14 noncompliant claims, some contained more than one deficiency. Specifics are as follows:

Error Description	Number of Errors
No Provider Agreement/Statement of Reassignment	10
No Signed, Dated Evaluation Report	4
No Supervision/Direction by Review of Progress Notes	2
No Signed Service Report	1
No Supervision/Direction by Meeting with Therapist	1
No Written Order	1

Based on the procedures performed, the OMIG has determined Beekmantown Central School District was overpaid $3,191.00 in sample overpayments with an extrapolated point estimate of $37,271.00. The lower confidence limit of the amount overpaid is $16,628.00.

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INTRODUCTION

BACKGROUND

Medicaid Program

Pursuant to Title XIX of the Social Security Act, the Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State governments jointly fund and administer the Medicaid program.

New York State's Medicaid Program

In New York State, the Department of Health (DOH) is the State agency responsible for operating the Medicaid program. Within DOH, the Office of Health Insurance Programs administers the Medicaid program. DOH uses the electronic Medicaid New York Information system (eMedNY), a computerized payment and information reporting system, to process and pay Medicaid claims, including SSHSP and PSHSP claims.

As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are conducted to determine if the provider complied with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the Medicaid Provider Manuals.

New York State's School Supportive Health Services Program and Preschool Supportive Health Services Program

Reimbursement under the Medicaid program is available under the School Supportive Health Services Program and Preschool Supportive Health Services Program (SSHSP and PSHSP) for certain diagnostic and health support services provided by a school or county to students with, or suspected of having disabilities. Services (physical therapy, occupational therapy, speech pathology/therapy, psychological counseling, skilled nursing services), evaluations (basic and comprehensive psychological evaluations, medical evaluations, medical specialist evaluations, audiological evaluations) and special transportation must be provided by qualified professionals either under contract with, or employed by, school districts/§4201 schools/county agencies. In addition, school districts are able to claim Medicaid reimbursement for five additional services identified as Targeted Case Management (TCM). Furthermore, the school districts/§4201 schools/counties must be enrolled as Medicaid providers in order to bill Medicaid.

The specific standards and criteria for SSHSP and PSHSP services are primarily outlined in the provider manual "Medicaid Claiming/Billing Handbook – (UPDATE #6)" as updated by the New York State Department of Health with the New York State Education Department, and Part 200 of the Regulations of the Commissioner of the New York State Education Department.

School Supportive Health Services Program Compliance Agreement

In July 2009, the United States Department of Justice, on behalf of the Office of Inspector General (OIG) of the Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) entered into a Settlement Agreement (Settlement Agreement) with the State of New York, the City of New York, and the Board of Education of the City School District of the City of New York to end litigation related to the New York State School Health Services Program (Program). In addition to the Settlement Agreement CMS entered into Program Compliance Agreement (Compliance Agreement) with New York State Department of Health (DOH), New York State Department of Education and the New York State Office of the Medicaid Inspector General (OMIG) with respect to the Program's compliance with all rules and regulations applicable to this program. Under the terms of the Program Compliance Agreement, the OMIG must conduct payment audits of the Program's compliance with all applicable federal laws and regulations regarding claims for federal Medicaid participation. The payment audits will focus on program physical therapy, occupational therapy, speech therapy, audiological evaluations, evaluations for all available services, nursing services, psychological services, transportation, medical evaluations, targeted case management services, initial individual education plan (IEP), triennial IEP, annual IEP, requested or amended IEP and ongoing service coordination.

The OMIG is required to perform separate payment Program claim audits for the New York City School District and for school districts and Counties in the rest of the State. The results of these audits must be provided to CMS.

PURPOSE, SCOPE, AND METHODOLOGY

Purpose

The purpose of this audit was to determine whether the Beekmantown Central School District's claims for Medicaid reimbursement for Preschool and School Supportive Health Services complied with applicable Federal and State 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 or procedure 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 DOH regulations and the appropriate Provider Manuals.

Scope

Our audit period covered payments to Beekmantown Central School District for (Preschool) School Supportive Health Services Program services paid by Medicaid from January 1, 2009, through December 31, 2009. Our audit universe consisted of 1,168 claims totaling $462,619.00.

During our audit, we did not review the overall internal control structure of Beekmantown Central School District. Rather, we limited our internal control review to the objective of our audit.

Methodology

To accomplish our objective, we:

- reviewed applicable federal and state laws, regulations, rules and policies;
- held discussions with Beekmantown Central School District management personnel to gain an understanding of the (Preschool) School Supportive Health Services Program;
- ran computer programming application of claims in our data warehouse that identified 1,168 paid (Preschool) School Supportive Health Services Program claims, totaling $462,619.00;
- selected a random sample of 100 claims from the population of 1,168 claims; and,
- estimated the overpayment paid in the population of 1,168 claims.

For each claim selection we inspected, as available, the following:

- Medicaid electronic claim information
- Patient record, including, but not limited to:
  - Individualized Education Program (IEP)
  - CSE Meeting Minutes
  - Invitation to parent/guardian to attend a CSE meeting and notification of the outcome
  - Service reports
  - Progress notes
- Any additional documentation deemed by the Beekmantown Central School District necessary to substantiate the Medicaid paid claim.

LAWS, REGULATIONS, RULES AND POLICIES

The following are applicable Laws, Regulations, Rules, and Policies of the Medicaid program referenced when conducting this audit:

- Departments of Health and Mental Hygiene [Titles 10, 14, and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (10 NYCRR, 14 NYCRR, 18 NYCRR)], and State Education Department [Title 8 of the Official Compilation of Codes, Rules and Regulations of the State of New York (8 NYCRR Part 200)].

- Medicaid Management Information System and eMedNY Provider Manual, including applicable updates by the New York State Department of Health with the New York State Education Department.

- Specifically, Title 18 NYCRR Section 540.6, and other applicable program regulations, for example, 14 NYCRR Part 822.

  Regulations state: "By enrolling the provider agrees: (a) to prepare and to maintain contemporaneous records demonstrating its right to receive payment . . . and to keep for a period of six years from the date the care, services or supplies were furnished, all records necessary to disclose the nature and extent of services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider . . . (e) to submit claims for payment only for services actually furnished and which were medically necessary or otherwise authorized under the Social Services Law when furnished and which were provided to eligible persons; (f) to submit claims on officially authorized claim forms in the manner specified by the department in conformance with the standards and procedures for claims submission; . . . (h) that the information provided in relation to any claim for payment shall be true, accurate and complete; and (i) to comply with the rules, regulations and official directives of the department." *18 NYCRR Section 504.3*

  Regulations state: "All bills for medical care, services and supplies shall contain: . . . (8) a dated certification by the provider that the care, services and supplies itemized have in fact been furnished; that the amounts listed are due and owing . . .; that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid program will be kept for a period of not less than six years from the date of payment . . .; and that the provider understands that payment and satisfaction of this claim will be from Federal, State and local public funds and that he or she may be prosecuted under applicable Federal and State laws for any false claims, statements or documents, or concealment of a material fact provided. . . ." *18 NYCRR Section 540.7(a)*

  Regulations state: "An overpayment includes any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake." *18 NYCRR Section 518.1(c)*

Regulations state: "An unacceptable practice is conduct by a person which is contrary to:...(2) the published fees, rates, claiming instructions or procedures of the department" and "(3) the official rules and regulations of the Departments of Health, Education and Mental Hygiene...."

18 NYCRR Section 515.2(a)

Furthermore, according to regulations, all providers must prepare and maintain contemporaneous records demonstrating their right to receive payment under the medical assistance program. In addition, the provider must keep, for a period of six years, all records necessary to disclose the nature and extent of services furnished and the medical necessity therefore, including any prescription or fiscal order for the service or supply. This information is subject to audit for a period of six years and must be furnished, upon request. *18 NYCRR Section 517.3(b)*

DETAILED FINDINGS

The OMIG's review of Medicaid claims paid to Beekmantown Central School District from January 1, 2009, through December 31, 2009, identified 14 claims with at least one error, for a total sample overpayment of $3,191.00 (Attachment C).

Sample Selection

1. No Provider Agreement and Statement of Reassignment — 44, 47, 49, 50, 64, 71, 81, 82, 85, 99

The Medicaid Claiming/Billing Handbook states, "In order for school districts, §4201 schools or counties to claim Medicaid reimbursement for services, they must have all private agencies or service providers with whom they contract , sign a Provider Agreement Form and a Statement of Reassignment. Specifically, if a School District, §4201 school or county contracts directly for a service such as transportation or speech therapy with an agency or person who is not an employee of the county or BOCES, that provider must have signed the Provider Agreement Form and the Statement of Reassignment."

Medicaid Claiming / Billing Handbook Update #6, page 10

In 10 instances, pertaining to 10 patients, the claim was billed with no documentation of a provider agreement and statement of reassignment.

This finding is being treated as a compliance issue in the current audit of the Beekmantown Central School District. A corrective action is assigned.

2. No Signed, Dated Evaluation Report — 17, 42, 71, 81

The Medicaid Claiming/Billing Handbook states, "If the school district CSE/CPSE or parent determines that a formal evaluation is required, IDEA requires parental consent for the evaluation. A formal evaluation is the administration of a standardized test to the student to determine the need for services. A medical referral from a SLP, Physician, Physician's Assistant or a Nurse Practitioner is required whenever a formal speech evaluation is conducted. Progress assessment reviews of the Speech Services provided take place during the scheduled Speech Therapy sessions. These progress assessments measure progress in meeting current IEP goals and are provided to the Committee on Special Education (CSE) during a review process. They may be done at any time and

are done usually at Annual Review. These assessments do not require a medical referral. In these instances, a formal evaluation may not be required."

Medicaid Claiming / Billing Handbook
Update #6, page 15

Regulations state, "Individualized education program (IEP). If the student has been determined to be eligible for special education services, the committee shall develop an IEP. In developing the recommendations for the IEP, the committee must consider the results of the initial or most recent evaluation;"

8 NYCRR Section 200.4 (d)(2)
New York Codes, Rules and Regulations

In 4 instances, pertaining to 4 patients, the claim was billed with no documentation of a signed, dated evaluation report.

3. No Documentation of Supervision and Direction by Review of Therapist's Progress Notes 50, 85

The Medicaid Claiming/Billing Handbook states, "When providing direction to a TSHH, the licensed SLP is responsible for documenting the following four major criteria: 4. Review periodic progress notes prepared by the TSHH, consult with the teacher and make recommendations, as appropriate."

Medicaid Claiming / Billing Handbook
Update #6, page 14

In 2 instances pertaining to 2 patients, the claim was billed while there was no documentation of supervision or direction by review of therapist's progress notes.

4. No Signed Service Report 4

The Medicaid Claiming/Billing Handbook states, "Monthly service reports to include date of service, service provided, service provider signature and the date signed."

Medicaid Claiming / Billing Handbook
Update #6, page 12

The Medicaid Claiming/Billing Handbook states, "Services provided and billed must be documented, signed and dated by the service provider."

Medicaid Claiming / Billing Handbook
Update #6, page 13

The Medicaid Claiming/Billing Handbook states, "The NYS licensed OT must sign all service provider sheets, whether delivering the service directly or providing supervision to an OTA."

Medicaid Claiming / Billing Handbook
Update #6, page 18

Regulations state, "(2) All required fiscal and statistical reports are subject to audit for a period of six years from the date of their filing or from the date when such reports were required to be filed, whichever is later. This limitation does not apply to situations in which fraud may be involved or where the provider or an agent thereof prevents or obstructs the commissioner from performing an audit pursuant to this Part. Where reports and documentation have been submitted pursuant to a rate appeal of a provisional rate, such reports and documentation will likewise be subject to audit for a period of six years from the submission of material in support of such appeal or two years following certification of any revised rate resulting from such appeal, whichever is later."

18 NYCRR Section 517.3(2)
New York Codes, Rules and Regulations

In 1 instance, the claim was billed while there was no documentation of a signed service report

5. No Documentation of Supervision and Direction by Meeting with Therapist 71

The Medicaid Claiming/Billing Handbook states, "When providing direction to a TSHH, the licensed SLP is responsible for documenting the following four major criteria: 3. a. The SLP should be available, as needed, to the TSHH for assistance and consultation but need not be on the premises; and b. The SLP must have regular scheduled meetings with the TSHH [Effective July 1, 2005]."

Medicaid Claiming / Billing Handbook
Update #6, page 13

The Medicaid Claiming/Billing Handbook states, "Must meet with the TSHH on a regular basis and be readily available, as needed, to the TSHH for assistance and consultation but need not be on the premises. When contact is: by phone, record the date and time of the call. Indicate to whom the SLP spoke and a brief description of the call. When contact is: an individual or group meeting, provide the date, time, and who attended the meeting. Also provide the minutes of the meeting, signed and dated by the SLP.

When contact during regularly scheduled meetings with the TSHH is documented: Record the date and time of the regularly scheduled meeting. Indicate who attended and the minutes of the meeting. Any recommendations discussed, that the SLP considers substantive, should be referred to the Supervisor or Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE)."

Medicaid Claiming / Billing Handbook
Update #6, page 14

In 1 instance, the claim was billed while there was no documentation of supervision and direction by meeting with a therapist

6. No Written Order 77

The Medicaid Claiming/Billing Handbook states, "Skilled nursing services must be supported by a written order signed and dated by a NYS licensed and registered physician, a physician assistant, or a licensed nurse practitioner within the scope of their practice. Orders are required when the student enters school for the first time during the school year and new orders are required when there are any significant changes in the student's condition."

Medicaid Claiming / Billing Handbook
Update #6, page 21

Regulations state, "e) Physician's written order required. (1) Rehabilitation services must be supported by a written order of a qualified physician and must be carried out under his or her medical direction. The written order constitutes medical direction of the physician.

(2) Such written order must include a diagnostic statement and purpose of treatment.

(3) Such written order is required prior to treatment."

18 NYCRR Section 505.11 (c)(2)(e)
New York Codes, Rules and Regulations

In 1 instance, the claim was billed while there was no documentation of a written order.

PROVIDER RIGHTS

In accordance with 18 NYCRR Part 518 which regulates the collection of overpayments, your repayment options are described below. If you decide to repay the lower confidence limit amount of $16,628.00, one of the following repayment options must be selected within 20 days from the date of this letter:

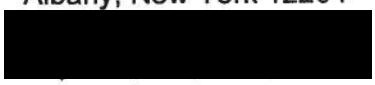
OPTION #1: Make full payment by check or money order within 20 days of the date of the final audit report. The check should be made payable to the New York State Department of Health and be sent with the attached Remittance Advice to:

New York State Department of Health
Medicaid Financial Management
GNARESP Corning Tower, Room 2266
Albany, New York 12237

OPTION #2: Enter into a repayment agreement with the Office of the Medicaid Inspector General. 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%. If the process of establishing the repayment agreement exceeds 20 days from the date of the final audit report, the OMIG will impose a 15% withhold after 20 days until the agreement is established.

Furthermore, the OMIG may require financial information from you to establish the terms of the repayment agreement. If additional information is requested, the OMIG must receive the information within 30 days of the request or a 50% withhold will be imposed. OMIG acceptance of the repayment agreement is based on your repaying the Medicaid overpayment as agreed. The OMIG will adjust the rate of recovery, or require payment in full, if your unpaid balance is not being repaid as agreed. The OMIG will notify you no later than 5 days after initiating such action. If you wish to enter into a repayment agreement, you must forward your written request within 20 days to the following:

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



If within 20 days, you fail to make full payment or contact the OMIG to make repayment arrangements, the OMIG will establish a withhold equal to 50% of your Medicaid billings to recover payment and liquidate the lower confidence limit amount, interest and/or penalty, not barring any other remedy allowed by law. The OMIG will provide notice to you no later than 5 days after the withholding of any funds. In addition, if you receive an adjustment in your favor while you owe funds to the State, such adjustment will be applied against the amount owed.

If you choose not to settle this audit through repayment of the adjusted lower confidence limit, you have the right to challenge these findings by requesting an administrative hearing where the OMIG would seek and defend the point estimate of $37,271.00. As allowed by state regulations, you must make your request for a hearing, in writing, within sixty (60) days of the date of this report 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 [redacted], Office of Counsel, at [redacted]

Issues you may raise shall be limited to those issues relating to determinations contained in the final audit report. Your 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.

At the hearing you have the right to:

a) be represented by an attorney or other representative, or to represent yourself;
b) present witnesses and written and/or oral evidence to explain why the action taken is wrong; and
c) cross examine witnesses of the Department of Health and/or the OMIG.

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid Program, take action where appropriate, and recover monies owed through the initiation of a civil lawsuit or other legal mechanisms including but not limited to the recovery of state tax refunds pursuant to Section 206 of the Public Health Law and Section 171-f of the State Tax Law.

NEW YORK STATE
OFFICE OF THE MEDICAID INSPECTOR GENERAL
REMITTANCE ADVICE

BEEKMANTOWN CENTRAL
SCHOOL DISTRICT
37 EAGLE WAY
WEST CHAZY, NEW YORK 12992

PROVIDER ID [redacted]

AUDIT #10-3427

SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM

[X] PROVIDER
[ ] RATE
[ ] PART B
[ ] OTHER:

AMOUNT DUE: $16,628.00

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 check to:

[redacted]
New York State Department of Health
Medicaid Financial Management, B.A.M.
GNARESP Corning Tower, Room 2266
File #10-3427
Albany, New York 12237

Thank you for your cooperation.

Attachment "A"

SAMPLE DESIGN AND METHODOLOGY

Our sample design and methodology are as follows:

- Universe - Medicaid claims for (Preschool) School Supportive Health Services Program services paid during the period January 1, 2009, through December 31, 2009.

- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of paid Beekmantown Central School District claims for (Preschool) School Supportive Health Services Program services paid during the period January 1, 2009, through December 31, 2009.
-
- Sample Unit - The sample unit is a Medicaid claim paid during the period January 1, 2009, through December 31, 2009.
-
- Sample Design – Simple sampling was used for sample selection.

- Sample Size – The sample size is 100 claims.

- Source of Random Numbers – The source of the random numbers was the OMIG statistical software. We used a random number generator for selecting our random sampling items.

- Characteristics to be measured - Adequacy of documentation received supporting the sample claims.

- Treatment of Missing Sample Services - For purposes of appraising items, any sample service for which Beekmantown Central School District could not produce sufficient supporting documentation was treated as an error.

- Estimation Methodology – Estimates are based on the sample data using per unit estimates.

Attachment "B"

SAMPLE RESULTS AND ESTIMATES

Universe Size	1,168
Sample Size	100
Sample Book Value	$38,173.00
Sample Overpayments	$3.191.00
Net Financial Error Rate	8%
Mean Dollars in Error	$31.91
Standard Deviation	111.34
Point Estimate of Total Dollars	$37,271.00
Confidence Level	90%
Lower Confidence Limit	$ 16,628.00

OFFICE OF THE MEDICAID INSPECTOR GENERAL
BEEKMANTOWN CENTRAL SCHOOL DISTRICT
REVIEW OF SAMPLE SELECTION
PROJECT NO. 10-3427
REVIEW PERIOD 01/01/09 - 12/31/09

Sample Number	Date of Service	Date of Payment	Rate Code Billed	Rate Code Derived	Amount Paid	Amount Derived	Amount Disallowed	1. No Provider Agreement/Statement of Reassignment	2. No Signed, Dated Evaluation Report	3. No Supv/Direction by Review of Progress Notes	4. No Signed Service Report	5. No Supv/Direction by Meeting with Therapist	6. No Written Order
1	04/01/08	04/20/09	5492	5492	$ 265.00	$ 265.00	$ -						
2	03/01/09	05/18/09	5326	5326	432.00	432.00	-						
3	03/01/09	07/20/09	5330	5330	422.00	422.00	-						
4	05/01/09	08/17/09	5330	-	422.00	-	422.00				x		
5	11/01/08	11/16/09	5326	5326	432.00	432.00	-						
6	11/01/08	02/16/09	5330	5330	422.00	422.00	-						
7	01/01/09	03/16/09	5326	5326	432.00	432.00	-						
8	01/01/09	04/20/09	5304	5304	177.00	177.00	-						
9	12/01/08	02/16/09	5330	-	422.00	422.00	-						
10	03/01/09	07/20/09	5326	5326	432.00	432.00	-						
11	06/01/08	04/20/09	5493	5493	492.00	492.00	-						
12	05/01/08	04/20/09	5492	5492	265.00	265.00	-						
13	01/01/09	03/16/09	5330	5330	422.00	422.00	-						
14	06/01/08	04/20/09	5493	5493	492.00	492.00	-						
15	04/01/09	11/16/09	5326	5326	432.00	432.00	-						
16	05/01/08	04/20/09	5492	5492	265.00	265.00	-						
17	01/01/09	05/18/09	5326	-	432.00	-	432.00		x				
18	04/01/09	07/20/09	5326	5326	432.00	432.00	-						
19	03/01/09	05/18/09	5492	5492	265.00	265.00	-						
20	06/01/09	08/17/09	5328	5328	430.00	430.00	-						
21	06/01/09	08/17/09	5326	5326	432.00	432.00	-						
22	01/01/09	04/20/09	5304	5304	177.00	177.00	-						
23	09/01/08	04/20/09	5494	5494	520.00	520.00	-						
24	04/01/09	07/20/09	5326	5326	432.00	432.00	-						
25	06/01/09	07/20/09	5494	5494	520.00	520.00	-						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
BEEKMANTOWN CENTRAL SCHOOL DISTRICT
REVIEW OF SAMPLE SELECTION
PROJECT NO. 10-3427
REVIEW PERIOD 01/01/09 - 12/31/09

Sample Number	Date of Service	Date of Payment	Rate Code Billed	Rate Code Derived	Amount Paid	Amount Derived	Amount Disallowed	1. No Provider Agreement/Statement of Reassignment	2. No Signed, Dated Evaluation Report	3. No Supv/Direction by Review of Progress Notes	4. No Signed Service Report	5. No Supv/Direction by Meeting with Therapist	6. No Written Order
26	01/01/09	04/20/09	5494	5494	$ 520.00	$ 520.00	$ -						
27	04/01/08	04/20/09	5492	5492	265.00	265.00	-						
28	05/01/09	07/20/09	5326	5326	432.00	432.00	-						
29	05/01/09	07/20/09	5304	5304	177.00	177.00	-						
30	03/01/09	05/18/09	5326	5326	432.00	432.00	-						
31	05/01/09	07/20/09	5328	5326	430.00	430.00	-						
32	02/01/09	04/20/09	5326	5326	432.00	432.00	-						
33	06/01/08	04/20/09	5492	5492	265.00	265.00	-						
34	05/01/09	07/20/09	5326	5326	432.00	432.00	-						
35	04/01/09	11/16/09	5494	5494	520.00	520.00	-						
36	02/01/09	04/20/09	5330	5330	422.00	422.00	-						
37	11/01/08	01/19/09	5326	5326	432.00	432.00	-						
38	11/01/08	01/19/09	5304	5304	177.00	177.00	-						
39	07/01/08	11/16/09	5326	5326	432.00	432.00	-						
40	05/01/08	04/20/09	5492	5492	265.00	265.00	-						
41	05/01/08	04/20/09	5492	5492	265.00	265.00	-						
42	05/01/09	11/16/09	5326	-	432.00	-	432.00		x				
43	03/01/09	05/18/09	5330	5330	422.00	422.00	-						
44	06/01/09	08/17/09	5326	5326	432.00	432.00	-	x					
45	03/01/09	05/18/09	5326	5326	432.00	432.00	-						
46	04/01/07	01/19/09	5326	5326	432.00	432.00	-						
47	06/01/09	08/17/09	5326	5326	432.00	432.00	-	x					
48	02/01/09	04/20/09	5330	5330	422.00	422.00	-						
49	01/01/09	03/16/09	5326	5326	432.00	432.00	-	x					
50	03/01/09	05/18/09	5326	-	432.00	-	432.00	x		x			

OFFICE OF THE MEDICAID INSPECTOR GENERAL
BEEKMANTOWN CENTRAL SCHOOL DISTRICT
REVIEW OF SAMPLE SELECTION
PROJECT NO. 10-3427
REVIEW PERIOD 01/01/09 - 12/31/09

Sample Number	Date of Service	Date of Payment	Rate Code Billed	Rate Code Derived	Amount Paid	Amount Derived	Amount Disallowed	1. No Provider Agreement/Statement of Reassignment	2. No Signed, Dated Evaluation Report	3. No Supv/Direction by Review of Progress Notes	4. No Signed Service Report	5. No Supv/Direction by Meeting with Therapist	6. No Written Order
51	12/01/08	02/16/09	5330	5330	$ 422.00	$ 422.00	$ -						
52	05/01/08	04/20/09	5492	5492	265.00	265.00	-						
53	04/01/09	07/20/09	5328	5328	430.00	430.00	-						
54	02/01/09	04/20/09	5326	5326	432.00	432.00	-						
55	05/01/09	07/20/09	5492	5492	265.00	265.00	-						
56	01/01/09	03/16/09	5326	5326	432.00	432.00	-						
57	03/01/09	05/18/09	5326	5326	432.00	432.00	-						
58	04/01/09	08/17/09	5330	5330	422.00	422.00	-						
59	05/01/08	04/20/09	5492	5492	265.00	265.00	-						
60	02/01/09	04/20/09	5492	5492	265.00	265.00	-						
61	01/01/09	11/16/09	5326	5326	432.00	432.00	-						
62	01/01/09	05/18/09	5326	5326	432.00	432.00	-						
63	12/01/08	03/16/09	5304	5304	177.00	177.00	-						
64	01/01/09	03/16/09	5326	5326	432.00	432.00	-	x					
65	11/01/08	01/19/09	5330	5330	422.00	422.00	-						
66	02/01/09	04/20/09	5326	5326	432.00	432.00	-						
67	12/01/08	02/16/09	5326	5326	432.00	432.00	-						
68	06/01/09	08/17/09	5304	5304	177.00	177.00	-						
69	04/01/09	07/20/09	5330	5330	422.00	422.00	-						
70	12/01/08	02/16/09	5330	5330	422.00	422.00	-						
71	01/01/09	05/18/09	5326	-	432.00	-	432.00	x	x			x	
72	04/01/09	07/20/09	5328	5328	430.00	430.00	-						
73	11/01/08	01/19/09	5330	5330	422.00	422.00	-						
74	05/01/09	07/20/09	5326	5326	432.00	432.00	-						
75	05/01/07	01/19/09	5326	5326	432.00	432.00	-						

OFFICE OF THE MEDICAID INSPECTOR GENERAL
BEEKMANTOWN CENTRAL SCHOOL DISTRICT
REVIEW OF SAMPLE SELECTION
PROJECT NO. 10-3427
REVIEW PERIOD 01/01/09 - 12/31/09

Sample Number	Date of Service	Date of Payment	Rate Code Billed	Rate Code Derived	Amount Paid	Amount Derived	Amount Disallowed	1. No Provider Agreement/Statement of Reassignment	2. No Signed, Dated Evaluation Report	3. No Supv/Direction by Review of Progress Notes	4. No Signed Service Report	5. No Supv/Direction by Meeting with Therapist	6. No Written Order
76	12/01/08	02/16/09	5304	5304	$ 177.00	$ 177.00	$ -						
77	01/01/09	04/20/09	5304	-	177.00	-	177.00						x
78	02/01/09	04/20/09	5326	5326	432.00	432.00	-						
79	02/01/09	04/20/09	5492	5492	265.00	265.00	-						
80	06/01/09	07/20/09	5492	5492	265.00	265.00	-						
81	05/01/09	12/21/09	5326	-	432.00	-	432.00	x	x				
82	12/01/08	05/18/09	5326	5326	432.00	432.00	-	x					
83	03/01/08	04/20/09	5492	5492	265.00	265.00	-						
84	01/01/09	03/16/09	5304	5304	177.00	177.00	-						
85	02/01/09	04/20/09	5326	-	432.00	-	432.00	x		x			
86	03/01/09	05/18/09	5492	5492	265.00	265.00	-						
87	10/01/08	02/16/09	5326	5326	432.00	432.00	-						
88	01/01/09	03/16/09	5330	5330	422.00	422.00	-						
89	11/01/08	01/19/09	5326	5326	432.00	432.00	-						
90	12/01/08	02/16/09	5326	5326	432.00	432.00	-						
91	12/01/08	02/16/09	5326	5326	432.00	432.00	-						
92	06/01/08	04/20/09	5492	5492	265.00	265.00	-						
93	05/01/08	04/20/09	5492	5492	265.00	265.00	-						
94	11/01/08	01/19/09	5330	5330	422.00	422.00	-						
95	10/01/08	02/16/09	5326	5326	432.00	432.00	-						
96	02/01/09	04/20/09	5330	5330	422.00	422.00	-						
97	10/01/08	01/19/09	5330	5330	422.00	422.00	-						
98	01/01/09	03/16/09	5326	5326	432.00	432.00	-						
99	03/01/09	05/18/09	5326	5326	432.00	432.00	-	x					
100	03/01/09	05/18/09	5330	5330	422.00	422.00	-						
Totals					**$38,173.00**	**$34,982.00**	**$3,191.00**	**10**	**4**	**2**	**1**	**1**	**1**