



STATE OF NEW YORK  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
584 Delaware Avenue  
Buffalo, New York 14202

ANDREW M. CUOMO  
GOVERNOR

JAMES C. COX  
MEDICAID INSPECTOR GENERAL

August 12, 2013

[REDACTED]  
Stony Brook Pharmacy, Inc.  
2500 Nesconset Highway  
Stony Brook, NY 11790-2555

Final Audit Report  
County Demonstration Project-Suffolk County  
Audit #10-2701  
Provider ID [REDACTED]

Dear [REDACTED]:

This letter will serve as our final audit report of the recently completed review of payments made to Stony Brook Pharmacy, Inc. under the New York State Medicaid Program. Since you did not respond to our draft audit report dated May 10, 2013, the findings in the final audit report are identical to those in the Draft Audit Report.

The New York State Department of Health is responsible for the administration of the Medicaid program. As part of this responsibility, 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 by the Departments of Health and Education [Titles 8, 10, and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (8 NYCRR, 10 NYCRR, 18 NYCRR)] and the Medicaid Management Information System (MMIS) Provider Manuals.

Pharmacy is a professional practice, which includes a number of activities that are necessary for the provision of drugs for patients as ordered by persons authorized under State law to prescribe drugs. Pharmacies, which are licensed and currently registered by the New York State Board of Pharmacy, Department of Education, may dispense drugs and other medical/surgical supplies. The pharmacy must comply with all applicable provisions of State Law including Article 137 of the Education Law, Articles 1 and 33 of the Public Health Law, and the Pharmacy Guide to Practice (Pharmacy Handbook) issued by the Department of Education. The specific standards and criteria for pharmacies are outlined in Title 10 NYCRR Parts 80 and 85.20-22 and Title 18 NYCRR Section 505.3. The MMIS Provider Manual for Pharmacy also provides program guidance for claiming Medicaid reimbursement for pharmacy services.

A review of payments to Stony Brook Pharmacy, Inc. for pharmacy services paid by Medicaid for Suffolk County recipients from January 1, 2005, through December 31, 2008, was recently completed. During the audit period, \$2,293,002.43 was paid for 12,430 services rendered. This review consisted of a random sample of 200 services with Medicaid payments of \$26,091.96. The purpose of this audit was to verify that: prescriptions were properly ordered by a qualified practitioner; the pharmacy had sufficient documentation to substantiate billed services; appropriate formulary codes were billed; patient related records contained the documentation required by the regulations; and claims for payment were submitted in accordance with New York State laws, Department regulations and the Provider Manuals for Pharmacy.

Stony Brook Pharmacy, Inc.'s failure to comply with Titles 8, 10, and/or 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (NYCRR), the MMIS Provider Manual for Pharmacy, and the Pharmacy Guide to Practice resulted in a total sample overpayment of \$1,148.93.

The statistical sampling methodology employed allows for extrapolation of the sample findings to the universe of cases (18 NYCRR Section 519.18). The adjusted mean per unit point estimate of the amount overpaid is \$22,480. The adjusted lower confidence limit of the amount overpaid is \$1,147. We are 95% certain that the actual amount of the overpayment is greater than the adjusted lower confidence limit (Exhibit I). This audit may be settled through repayment of the adjusted lower confidence limit amount of \$1,147.

The following detailed findings reflect the results of our audit. This audit report incorporates consideration of any additional documentation and information presented in response to the draft audit report dated May 10, 2013. Since you did not respond to the draft audit report, the findings remain the same.

### **DETAILED FINDINGS**

In addition to any specific detailed findings, rules and/or regulations which may be listed below, the following regulations pertain to all audits:

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: "Fee-for-service providers. (1) All providers . . . must prepare and maintain contemporaneous records demonstrating their right to receive payment . . . All records necessary to disclose the nature and extent of services furnished and the medical necessity therefor . . . must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later. (2) All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department . . . for audit and review."  
*18 NYCRR Section 517.3(b)*

Regulations require that bills for medical care, services and supplies contain patient name, case number and date of service; itemization of the volume and specific types of care, services and supplies provided; the unit price and total cost of the care, services and supplies provided; and a dated certification by the provider that the care, services and supplies itemized have been in fact furnished; that the amounts listed are in fact 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)(1)-(3) and (8)*

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: "Vendor payments for medical care and other items of medical assistance shall not be made unless such care or other items of assistance have been furnished on the basis of the appropriate authorization prescribed by the rules of the board and regulations of the department."

*18 NYCRR Section 540.1*

Regulations state: "The department may require repayment from the person submitting an incorrect or improper claim, or the person causing such claim to be submitted, or the person receiving payment for the claim."

*18 NYCRR Section 518.3(a)*

Regulations state: "The department may require repayment for inappropriate, improper, unnecessary or excessive care, services or supplies from the person furnishing them, or the person under whose supervision they were furnished, or the person causing them to be furnished...."

*18 NYCRR Section 518.3(b)*

Regulations state: "Medical care, services or supplies ordered or prescribed will be considered excessive or not medically necessary unless the medical basis and specific need for them are fully and properly documented in the client's medical record."

*18 NYCRR Section 518.3(b)*

## **1. Ordering Prescriber Conflicts with Claim Prescriber**

Regulations state: "By enrolling the provider agrees...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" and "that the information provided in relation to any claim for payment shall be true, accurate and complete."

*18 NYCRR Sections 504.3(f) and (h)*

Medicaid policy requires the billing provider to complete the ordering/prescribing provider section of the claim for prescriptions from private practitioners by entering the "MMIS ID Number of the prescriber. If the prescriber is not enrolled in MMIS, enter his/her State License number . . . For orders originating in a hospital, clinic or other health care facility, the facility's MMIS ID Number may be entered only when the prescriber's MMIS ID or State License number is unavailable. When a prescription is written by an unlicensed intern or resident, the supervising physician's MMIS ID Number should be entered. If the supervising physician is not enrolled in MMIS, his/her State License number may be entered. When these numbers are unavailable, enter the facility's MMIS ID Number . . . When prescriptions have been written by a physician's assistant, the supervising physician's MMIS ID Number should be entered. If the supervisor is not enrolled in MMIS, enter his/her State License number. If these numbers are unavailable and the prescription originated in a facility, enter the facility's MMIS ID Number . . . If

the MMIS ID or State License number is not on the prescription . . . it is the pharmacist's responsibility to obtain it." *MMIS Provider Manual for Pharmacy Version 2004-1, Section 3*

Medicaid policy requires the billing provider to enter the Medicaid ID Number of the ordering/prescribing provider or, if the ordering prescriber is not enrolled in the Medicaid Program, to enter his/her license number. The supervising MD's MMIS or license number should be entered for an unlicensed intern or resident for a prescription from a facility, and the facility's Medicaid ID number may be entered **only** when the prescriber's or supervising physician's Medicaid ID or License number is unavailable. When prescriptions have been written by a Physician's Assistant, the supervising physician's Medicaid ID number or license number should be entered. [There is no provision here for entering facility MMIS ID number in absence of the supervising MD number for a prescription written by a Physician's Assistant.] If the prescribing provider is a Nurse Practitioner certified to write prescriptions, enter his/her Medicaid ID number or license number in this field. **Note: If the Medicaid ID or State License number of an authorized prescriber is not on the prescription, it is the pharmacist's responsibility to obtain it.**

In addition, if a license number is indicated, the Profession Code that identifies the ordering/prescribing provider's profession must be entered. Directions are given to obtain profession codes.

*NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2005-1, Section II*  
*NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2007-1, Section II*  
*NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2008-1, Section II*

Medicaid policy requires the billing provider to enter the Medicaid ID Number **or** the NPI of the ordering/prescribing provider. If the NPI is not known and the orderer/prescriber is not enrolled in the Medicaid program, enter his/her License number. If a license number is indicated, the Profession Code that identifies the ordering/prescribing provider's profession must be entered. For orders originating in a hospital, clinic, or other health care facility, the following rules apply: When a prescription is written by an unlicensed intern or resident, the supervising physician's Medicaid ID number, NPI or license number should be entered in this field. When prescriptions have been written by a Physician's Assistant, the supervising physician's Medicaid ID number, NPI or license number should be entered in this field. Certified Nurse Practitioners with licenses that contain six digits not preceded by the letter F can only write fiscal orders. If the prescribing provider is a Nurse Practitioner certified to write prescriptions, enter his/her Medicaid ID number, NPI or license number in this field. **Note: If the Medicaid ID, NPI or State License number of an authorized prescriber is not on the prescription, it is the pharmacist's responsibility to obtain it.**

*NYS Medicaid Program Pharmacy Manual Billing Guidelines Version 2008-2, Section II*  
*NYS Medicaid program Pharmacy Manual Billing Guidelines Version 2008-3, Section II*

The Medicaid Updates provide direction on identifying the ordering prescriber on the Medicaid claim.

*DOH Medicaid Update March 2004*  
*DOH Medicaid Update October 2004*  
*DOH Medicaid Update September 2005*

The Medicaid Update identifies the State Education Department's (SED) website to obtain or verify prescriber license numbers.

*DOH Medicaid Update March 2000*

The Medicaid Update states that it is inappropriate to use a facility's Medicaid identification number as the ordering/referring/prescribing provider.

*DOH Medicaid Update January 2008*

In 15 instances pertaining to 15 patients, the ordering prescriber conflicts with the claim prescriber. This resulted in a sample overpayment of \$706.09 (Exhibit II). For this category of findings, OMIG will disallow only the actual amount of the sample overpayment and will not extrapolate the sample findings to the universe of services.

**2. Prescription/Fiscal Order Refilled More Than 180 Days After It Has Been Initiated By The Prescriber**

Regulations state: "No written order for drugs may be refilled more than six months after the date of issuance. . . ." *18 NYCRR Section 505.3(d)(2)*

Medicaid policy states: "No prescription or fiscal order for a drug or supply may be refilled 180 days from the original date ordered." *MMIS Provider Manual for Pharmacy Version 2004-1, Section 2.2.4*

In 1 instance, a prescription or fiscal order was refilled more than 180 days after the date initiated by the prescriber. This resulted in a sample overpayment of \$175.12 (Exhibit III).

**3. Prescriber's Signature Missing on Prescription/Fiscal Order**

State law requires: "Every prescription written in this state by a person authorized to issue such prescription shall be on prescription forms containing one line for the prescriber's signature. The prescriber's signature shall validate the prescription." *Education Law Article 137 Section 6810.6(a)*

State Law established: "...The imprinted or stamped name shall not be employed as a substitute for, or fulfill any legal requirement otherwise mandating that the prescription be signed by the prescriber." *Education Law Article 137 Section 6810.8*

State Law establishes: "It shall be a class A misdemeanor for...Any person to forge, counterfeit, simulate, or falsely represent, or without proper authority using any mark, stamp, tag, label, or other identification device authorized or required by rules and regulations promulgated under the provisions of this article..." *Education Law Article 137 Section 6811.15*

The Rules of the Board of Regents state that unprofessional conduct in the practice of pharmacy includes "dispensing a written prescription which does not bear . . . the name, address, telephone number, profession and signature of the prescriber; . . . ." *8 NYCRR Section 29.7(a)(1)*

Regulations state: "The terms written order or fiscal order are used interchangeably in this section and mean any original, signed written order of a practitioner which requests durable medical equipment, prosthetic or orthotic appliances and devices, medical/surgical supplies, or orthopedic footwear." *18 NYCRR Section 505.5 (a)(8)*

Regulations state: "Written order or fiscal order . . . refer[s] to any original, signed written order of a practitioner" including any faxed transmitted order "which requests a pharmacy to provide a drug to a medical assistance recipient." *18 NYCRR Section 505.3(a)(6)*

Medicaid policy states: "All prescriptions and fiscal orders must bear . . . [the] signature of the prescriber who has written or initiated the prescription or fiscal order." *NYS Medicaid Program Pharmacy Manual Policy Guidelines Version 2006-1, Section I*

In 1 instance, the prescriber's signature was missing on the prescription/fiscal order. This resulted in a sample overpayment of \$110.08 (Exhibit IV).

#### **4. Imprint/Stamp of Printed Name of Prescriber Missing on Prescription**

State law requires: "Every prescription . . . written in this state by a person authorized to issue such prescription and containing the prescriber's signature shall, in addition to such signature, be imprinted or stamped legibly and conspicuously with the printed name of the prescriber who has signed the prescription." *Education Law Article 137 Section 6810.8*

Regulations state: "When used in the context of an order for a prescription drug, the order must also meet the requirements for a prescription under section 6810 of the Education Law and 10 NYCRR Part 910..." *18 NYCRR Section 505.3(b)(3)*

Regulations state, for Schedule II and certain other substances, that: "...The printed name of the prescriber who has signed the prescription shall be imprinted or stamped legibly and conspicuously on the prescription, shall appear in an appropriate location on the prescription form and shall not be entered in or upon the space or line reserved for the prescriber's signature..." *10 NYCRR Section 80.67(b)(2)*

Regulations state, for Schedule III, IV and V substances, that the written prescription shall contain the following: "...The printed name of the prescriber who has signed the prescription shall be imprinted or stamped legibly and conspicuously on the prescription, shall appear in an appropriate location on the prescription form and shall not be entered in or upon the space or line reserved for the prescriber's signature..." *10 NYCRR Section 80.69(b)(2)*

In 1 instance, the imprint/stamp of the printed name of the prescriber was missing on the prescription. This resulted in a sample overpayment of \$94.01 (Exhibit V). For this category of findings, OMIG will disallow only the actual amount of the sample overpayment and will not extrapolate the sample findings to the universe of services.

#### **5. Invalid Prescription/Fiscal Order**

Regulations state: "...In addition to the requirements of section sixty-eight hundred ten of the education law or article thirty-three of this chapter, all prescriptions written in this state by a person authorized by this state to issue such prescriptions shall be on serialized official New York state prescription forms provided by the department..." *NYS Public Health Law Article 1 Title 2 Section 21*

Regulations state: "By enrolling the provider agrees...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" and "that the information provided in relation to any claim for payment shall be true, accurate and complete." *18 NYCRR Sections 504.3(f) and (h)*

Regulations state: "Drugs may be obtained only upon the written order of a practitioner, except for telephone and electronic orders for drugs filled in compliance with this section and 10 NYCRR Part 910..." *18 NYCRR Section 505.3(b)(1)*

Regulations state: "A telephone order must be recorded by the pharmacy in the format required by subdivision (4) of section 6810 of the Education Law, recording the time of the call and the initials of the person taking the call and the dispenser, prior to dispensing the drug..."

*18 NYCRR Section 505.3(b)(5)*

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: "Written order or fiscal order are terms which are used interchangeably in this section and refer to any original, signed written order of a practitioner including any faxed transmitted order which requests a pharmacy to provide a drug to a medical assistance recipient. All written orders and fiscal orders shall comply with the provisions of Section 21 of the Public Health Law and regulations promulgated thereunder or contained in this section including but not limited to requirements for prescribing brand necessary drugs."

*18 NYCRR Section 505.3(a)(6)*

In 2 instances pertaining to 1 patient, the prescription/fiscal order was invalid. In 2 instances, the prescription/fiscal order was postdated. This resulted in a sample overpayment of \$39.55 (Exhibit VI).

**6. Non-Controlled Prescription/Fiscal Order Filled More Than 60 Days After It Has Been Initiated by the Prescriber or Controlled Prescription Filled More Than 30 Days After the Date Such Prescription Was Signed by the Authorized Practitioner**

Regulations state that: "Except as provided in sections 80.67 and 80.73 of the Part, a licensed, registered pharmacist, or a pharmacy intern acting in conformity with the provisions of section 6808 of the Education Law and regulations thereunder, in a registered pharmacy may, in good faith and in the course of his professional practice, dispense to an ultimate user, controlled substances in schedule III, IV or V upon delivery of such pharmacist of a written prescription within 30 days of the date such prescription was signed by an authorized practitioner."

*10 NYCRR Section 80.74(a)*

Regulations state that: "A licensed, registered pharmacist, or a pharmacy intern acting in conformity with the provisions of section 6806 of the Education Law and regulations thereunder in a registered pharmacy, may, in good faith and in the course of his professional practice, sell and dispense to an ultimate user controlled substances, provided they are dispensed pursuant to an official New York State prescription, or a written prescription, presented within 30 days of the date such prescription was signed by the authorized practitioner or an oral prescription where permitted."

*10 NYCRR Section 80.73(a)*

Medicaid policy states: "A pharmacist may not fill an original prescription or fiscal order more than 14 days after it has been initiated by the prescriber." However, an October 21, 1998 Department of Health letter to pharmacy providers states that the MMIS Manual will be updated to read that a pharmacist may not fill an original prescription or fiscal order more than 60 days after it has been initiated by the provider.

*MMIS Provider Manual for Pharmacy Version 2004-1, Section 2.2.4*

In 1 instance, a non-controlled prescription or fiscal order was filled more than 60 days after it was initiated by the prescriber. This resulted in a sample overpayment of \$14.88 (Exhibit VII).

**7. Pharmacy Billed in Excess of Prescribed Quantity**

State law establishes: "Any person, who . . . puts up a greater or lesser quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, except where required pursuant to paragraph (g) of subdivision two of section three hundred sixty-five-a of the social services law . . . is guilty of a misdemeanor."

*Education Law Article 137 Section 6816.1.a*

Regulations state: "By enrolling the provider agrees...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" and "that the information provided in relation to any claim for payment shall be true, accurate and complete."

*18 NYCRR Sections 504.3(f) and (h)*

Medicaid policy states that quantities for prescription drugs shall be dispensed in the amount prescribed, taking into consideration those drugs should be ordered in a quantity consistent with the health needs of the recipient and sound medical practice. For non-prescription drug and medical/surgical supply orders, if the ordering practitioner requests a quantity that does not correspond to the pre-packaged unit, the pharmacist may supply the drug in the pre-packaged quantity that most closely approximates the ordered amount.

*NYS Medicaid Program Pharmacy Manual Policy Guidelines Version 2006-1, Section I*

Medicaid policy states: "Prescribed quantities for legend drugs shall be dispensed in the amount prescribed." "For non-prescription drugs and medical supplies, if the ordering practitioner requests a quantity that does not correspond to the pre-packaged unit, the pharmacist should supply the drug or medical supply in the pre-packaged quantity that most closely approximates the ordered amount."

*MMIS Provider Manual for Pharmacy Version 2004-1, Section 2.2.4*

In 2 instances pertaining to 2 patients, the pharmacy billed for a quantity that exceeded the prescribed quantity. This resulted in a sample overpayment of \$9.20 (Exhibit VIII).

Total sample overpayments for this audit amounted to \$1,148.93.

**Additional reasons for disallowance exist regarding certain findings. These findings are identified in Exhibit IX.**

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 adjusted lower confidence limit amount of \$1,147, 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:

[REDACTED]  
 New York State Department of Health  
 Medicaid Financial Management, B.A.M.  
 GNARESP Corning Tower, Room 2739  
 Albany, New York 12237-0048

**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

[REDACTED]

**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 adjusted 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 adjusted meanpoint estimate of \$22,480. 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 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.

Should you have any questions, please contact [REDACTED]

Thank you for the cooperation and courtesy extended to our staff during this audit.

Sincerely,

[REDACTED]

Division of Medicaid Audit, Buffalo  
Office of the Medicaid Inspector General

[REDACTED]  
Enclosure  
Ver-1.1  
Fin-3/19/13

CC:

[REDACTED]

**NEW YORK STATE  
OFFICE OF THE MEDICAID INSPECTOR GENERAL  
REMITTANCE ADVICE**

[REDACTED]  
**STONY BROOK PHARMACY  
2500 NESCONSET HIGHWAY  
STONY BROOK, NY 11790-2555**

PROVIDER ID [REDACTED]

AUDIT #10-2701

AMOUNT DUE: \$1.147

AUDIT	<input checked="" type="checkbox"/>	PROVIDER
	<input type="checkbox"/>	RATE
	<input type="checkbox"/>	PART B
TYPE	<input type="checkbox"/>	OTHER:

**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 2739  
File #10-2701  
Albany, New York 12237-0048

Thank you for your cooperation.

EXHIBIT I

STONY BROOK PHARMACY, INC.  
 PHARMACY SERVICES AUDIT  
 AUDIT #10-2701  
 AUDIT PERIOD: 1/1/2005 – 12/31/2008

EXTRAPOLATION OF SAMPLE FINDINGS

Total Sample Overpayments	\$ 1,148.93
<b>Less Overpayments Not Projected*</b>	<u>(800.10)</u>
Sample Overpayments for Extrapolation Purposes	\$ 348.83
Services in Sample	200
Overpayments Per Sampled Service	\$ 1.7442
Services in Universe	12,430
Meanpoint Estimate	\$ 21,680
<b>Add Overpayments Not Projected*</b>	<u>800</u>
Adjusted Meanpoint Estimate	<u>\$ 22,480</u>
Lower Confidence Limit	\$ 347
<b>Add Overpayments Not Projected*</b>	<u>800</u>
Adjusted Lower Confidence Limit	<u>\$ 1,147</u>

\* The actual dollar disallowance for the "Ordering Prescriber Conflicts with Claim Prescriber" and "Imprint/Stamp of Printed Name of Prescriber Missing on Prescription" findings was subtracted from the total sample overpayment and added to the Meanpoint Estimate and the Lower Confidence Limit. The dollars associated with these findings were not used in the extrapolation.

## STONY BROOK PHARMACY INC

MMIS #: [REDACTED]

Audit #: 10-2701

## Ordering Prescriber Conflicts with Claim Prescriber

Sample #	Date of Service	Formulary Code	Amount Disallowed
11	9/16/2005	00228274115	\$145.68
15	1/26/2005	63304065705	\$16.95
29	12/22/2005	63481068706	\$164.67
35	8/8/2006	58177030204	\$53.13
49	10/20/2005	63304097003	\$8.59
83	10/28/2006	63304097001	\$9.29
109	10/11/2007	63304097004	\$17.28
117	9/19/2006	00008083622	\$107.54
128	6/10/2006	00517090125	\$20.42
131	9/21/2007	00069553093	\$90.68
133	10/12/2006	59762372101	\$12.47
142	4/17/2007	00781107801	\$6.43
143	12/27/2005	00172572860	\$13.50
154	5/3/2006	00430058014	\$29.26
171	9/24/2008	59762491001	\$10.20
<b>Total Services:</b>	<b>15</b>		<b>\$706.09</b>

**STONY BROOK PHARMACY INC**

MMIS #: [REDACTED]

Audit #: 10-2701

**Prescription/Fiscal Order Refilled More Than 180 Days After It Has Been Initiated by the Prescriber**

Sample #	Date of Service	Formulary Code	Amount Disallowed
105	2/2/2005	00088222033	\$175.12
<b>Total Services:</b>	<b>1</b>		<b>\$175.12</b>

## STONY BROOK PHARMACY INC

MMIS #: [REDACTED]

Audit #: 10-2701

**Prescriber's Signature Missing on Prescription/Fiscal Order**

Sample #	Date of Service	Formulary Code	Amount Disallowed
112	7/25/2007	00024552131	\$110.08
<b>Total Services:</b>	<b>1</b>		<b>\$110.08</b>

**STONY BROOK PHARMACY INC**

MMIS #: [REDACTED]

Audit #: 10-2701

**Imprint/Stamp of Printed Name of Prescriber Missing on Prescription**

<b>Sample #</b>	<b>Date of Service</b>	<b>Formulary Code</b>	<b>Amount Disallowed</b>
186	6/30/2005	53014025001	\$94.01
<b>Total Services:</b>	<u>1</u>		<u>\$94.01</u>

## STONY BROOK PHARMACY INC

MMIS #: [REDACTED]

Audit #: 10-2701

## Invalid Prescription/Fiscal Order

Sample #	Date of Service	Formulary Code	Amount Disallowed
10	10/21/2005	00054457025	\$21.28
17	11/21/2005	00054457125	\$18.27
<b>Total Services:</b>	<b>2</b>		<b>\$39.55</b>

## STONY BROOK PHARMACY INC

MMIS #: [REDACTED]

Audit #: 10-2701

**Non-Controlled Rx/FO Filled > 60 Days After Initiated and/or Controlled Rx Filled > 30 Days After Rx Signed by Auth. Practitioner**

Sample #	Date of Service	Formulary Code	Amount Disallowed
36	5/7/2005	49502069724	\$14.88
Total Services:	1		\$14.88

## STONY BROOK PHARMACY INC

MMIS #: [REDACTED]

Audit #: 10-2701

## Pharmacy Billed in Excess of Prescribed Quantity

Sample #	Date of Service	Formulary Code	Amount Disallowed
9	3/24/2006	63304083601	\$6.94
71	8/23/2007	00472038316	\$2.26
<b>Total Services:</b>	<u>2</u>		<u>\$9.20</u>

STONY BROOK PHARMACY INC.  
PHARMACY SERVICES AUDIT  
AUDIT # 10-2701  
AUDIT PERIOD: 1/1/05 – 12/31/08

ADDITIONAL FINDINGS PERTAINING TO SAMPLED ITEMS

<u>Sample #</u>	<u>Primary Finding</u>	<u>Other Findings Pertaining to Sampled Item</u>
10	Invalid Prescription/Fiscal Order	Ordering Prescriber Conflicts with Claim Prescriber
17	Invalid Prescription/Fiscal Order	Ordering Prescriber Conflicts with Claim Prescriber