



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

REVIEW OF SETON HEALTH SYSTEM
CLAIMS FOR INPATIENT CHEMICAL DEPENDENCE
REHABILITATION SERVICES
PAID FROM
APRIL 1, 2005 – DECEMBER 31, 2008

FINAL AUDIT REPORT
AUDIT #11-2058

James C. Cox
Medicaid Inspector General

August 2, 2013



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, 2013

[REDACTED]
Acute Care Troy
2212 Burdett Avenue
Troy, New York 12180

Re: Final Audit Report
Audit #: 11-2058

Dear [REDACTED]:

Enclosed is the Office of the Medicaid Inspector General (OMIG) final audit report entitled "Review of Seton Health System" (Provider) paid claims for inpatient chemical dependence rehabilitation services covering the period April 1, 2005, through December 31, 2008.

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.

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 September 6, 2011. The mean point estimate overpaid is \$1,149,912. The lower confidence limit of the amount overpaid is \$950,729. 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 \$950,729.

[REDACTED]
Page 2
August 2, 2013

If the Provider has any questions or comments concerning this final audit report, please contact [REDACTED] or through email at [REDACTED]. Please refer to report number 11-2058 in all correspondence.

Sincerely,

[REDACTED]

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

[REDACTED]
Enclosure

cc: [REDACTED]

CERTIFIED MAIL # [REDACTED]
RETURN RECEIPT REQUESTED

Ver-3.0

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 and 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; 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, penalties, and 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.

Chemical dependence inpatient rehabilitation services are provided in either hospital-based or free-standing settings. The purpose of chemical dependence inpatient rehabilitation programs for individuals with a diagnosis of chemical dependence is to provide medical evaluation, clinical care management, clinical services, and rehabilitation services. The specific standards and criteria for chemical dependence inpatient rehabilitation programs are outlined in Title 14 NYCRR Part 818 and Title 18 NYCRR Section 505.27. The MMS Provider Manual for Clinics also provides program guidance for claiming Medicaid reimbursement for chemical dependence inpatient rehabilitation services.

PURPOSE AND SCOPE

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for inpatient chemical dependence rehabilitation services complied with applicable federal and state laws, regulations, rules and policies governing the New York State Medicaid Program. With respect to inpatient chemical dependence rehabilitation services, this audit covered services paid by Medicaid from April 1, 2005, through December 31, 2008.

SUMMARY OF FINDINGS

We inspected a random sample of 100 cases with \$765,185.18 in Medicaid payments. Of the 100 cases in our random sample, 54 cases had at least one error and did not comply with state requirements. Of the 54 noncompliant cases, some contained more than one deficiency. The "Number of Errors" below includes the count of additional findings (see Attachment C – page 23). Specifics are as follows:

<u>Error Description</u>	<u>Number of Errors</u>
Missing Treatment Plan Review	401
Missing Physician Signature on Treatment Plan	165
Missing Progress Note	30
Missing/Late Preliminary Individual Treatment Plan	3

Based on the procedures performed, the OMIG has determined that the Provider was overpaid \$250,934.39 in sample overpayments with an extrapolated point estimate of \$1,149,912. The lower confidence limit of the amount overpaid is \$950,729.

TABLE OF CONTENTS

	<u>PAGE</u>
INTRODUCTION.....	
Background	
Medicaid Program	1
New York State's Medicaid Program	1
New York State's Inpatient Chemical Dependence Rehabilitation Program	1
Purpose, Scope, and Methodology	1-2
Purpose	2
Scope	2
Methodology	
LAWS, REGULATIONS, RULES AND POLICIES	3-4
DETAILED FINDINGS.....	5-6
PROVIDER RIGHTS.....	7-8
REMITTANCE ADVICE	
ATTACHMENTS:	
A – SAMPLE DESIGN AND METHODOLOGY	
B – SAMPLE RESULTS AND ESTIMATES	
C – DETAILED AUDIT FINDINGS	

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 inpatient chemical dependence rehabilitation 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 Inpatient Chemical Dependence Rehabilitation Program

Chemical dependence inpatient rehabilitation services are provided in either hospital-based or free-standing settings. The purpose of chemical dependence inpatient rehabilitation programs for individuals with a diagnosis of chemical dependence is to provide medical evaluation, clinical care management, clinical services, and rehabilitation services. The specific standards and criteria for chemical dependence inpatient rehabilitation programs are outlined in Title 14 NYCRR Part 818 and Title 18 NYCRR Section 505.27. The MMIS Provider Manual for Clinics also provides program guidance for claiming Medicaid reimbursement for chemical dependence inpatient rehabilitation services.

PURPOSE, SCOPE, AND METHODOLOGY

Purpose

The purpose of this audit was to determine whether the Provider's claims for Medicaid reimbursement for inpatient chemical dependence rehabilitation 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 the Provider for inpatient chemical dependence rehabilitation services paid by Medicaid from April 1, 2005, through December 31, 2008. Our audit universe consisted of 593 cases totaling \$4,828,655.18.

During our audit, we did not review the overall internal control structure of the Provider. 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 the Provider's management personnel to gain an understanding of the inpatient chemical dependence rehabilitation program;
- ran computer programming application of claims in our data warehouse that identified 666 paid inpatient chemical dependence rehabilitation claims, totaling \$4,828,655.18;
- selected a random sample of 100 cases from the population of 593 cases; and,
- estimated the overpayment paid in the population of 593 cases.

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

- Medicaid electronic claim information
- Patient record, including, but not limited to:
 - Comprehensive Evaluation
 - Medical History/Physical
 - Preliminary Treatment Plan
 - Comprehensive Treatment Plan
 - Treatment Plan Reviews
 - Progress Notes
 - Discharge Plan/Summary
- Any additional documentation deemed by the Provider 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)].
- Medicaid Management Information System and eMedNY Provider Manual.
- Specifically, Title 18 NYCRR Section 540.6, Title 14 NYCRR Part 818 and Title 14 NYCRR Section 841.10(a)(3).
- 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: "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)

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 the Provider from April 1, 2005, through December 31, 2008, identified 54 cases with at least one error, for a total sample overpayment of \$250,934.39 (Attachment C). The "Number of Errors" below includes the count of additional findings (see Attachment C – page 23).

Sample Selection

1. Missing Treatment Plan Review

Regulations state, "The treatment plan, once established, shall be reviewed and revised at least every fourteen days thereafter by the responsible clinical staff member in consultation with the patient and multidisciplinary team."

14 NYCRR Section 818.4(l)

In 401 instances pertaining to 43 patients, the required treatment plan review was not completed

3, 6, 7, 10, 11, 12, 13, 15, 23, 25, 27, 32, 40, 47, 48, 52, 53, 56, 59, 60, 61, 66, 72, 73, 74, 76, 77, 78, 79, 80, 82, 83, 84, 85, 86, 88, 90, 92, 93, 97, 98, 99, 100

2. Missing Physician Signature on Treatment Plan

Regulations state, "The treatment plan shall: (9) be reviewed, signed and dated by the physician within seven days after admission."

14 NYCRR Section 818.4(i)(9)

In 165 instances pertaining to 23 patients, the treatment plan lacked the required physician signature.

5, 6, 10, 13, 15, 30, 38, 40, 46, 48, 51, 52, 53, 55, 56, 68, 73, 79, 80, 88, 92, 97, 98

3. Missing Progress Note

Regulations state, "Progress notes shall be written, signed and dated by the responsible clinical staff member no less often than once per week."

14 NYCRR Section 818.4(n)(1)

In 30 instances pertaining to 17 patients, there was no progress note that related to the services billed.

11, 15, 19, 20, 25, 30, 32, 45, 67, 72, 73, 74, 77, 78, 79, 82, 85

4. Missing/Late Preliminary Individual Treatment Plan 6, 38

Regulations state, "A preliminary written individual treatment plan addressing the patient's immediate needs shall be developed and implemented within three days after admission."

14 NYCRR Section 818.4(f)

In 3 instances pertaining to 2 patients, the required preliminary individual treatment plan was not completed.

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 \$950,729, 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 2739
File #11-2058
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 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 \$1,149,912. 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**

NAME AND ADDRESS OF AUDITEE

Acute Care Troy
2212 Burdett Avenue
Troy, New York 12180

AMOUNT DUE: \$950,729

PROVIDER ID [REDACTED]

AUDIT #11-2058

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 #11-2058
Albany, New York 12237

Thank you for your cooperation.

SAMPLE DESIGN AND METHODOLOGY

Our sample design and methodology are as follows:

- Universe - Medicaid claims for inpatient chemical dependence rehabilitation services paid during the period April 1, 2005, through December 31, 2008.
- Sampling Frame - The sampling frame for this objective is the Medicaid electronic database of paid Provider claims for inpatient chemical dependence rehabilitation services paid during the period April 1, 2005, through December 31, 2008.
- Sample Unit - The sample unit is a patient case of Medicaid claims paid during the period April 1, 2005, through December 31, 2008.
- Sample Design – Simple sampling was used for sample selection.
- Sample Size – The sample size is 100 cases.
- 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 the Provider could not produce sufficient supporting documentation was treated as an error.
- Estimation Methodology – Estimates are based on the sample data using per unit estimates.

SAMPLE RESULTS AND ESTIMATES

		<u>Non-Extrapolated*</u>
Universe Size	593	
Sample Size	100	
Sample Book Value	\$765,185.18	
Sample Overpayments	\$250,934.39	\$68,585.97
Net Financial Error Rate	32.8%	
Mean Dollars in Error	\$1,823.4842	
Standard Deviation	2,219.18	
Point Estimate of Total Dollars	\$1,149,912	\$68,586
Confidence Level	90%	
Lower Confidence Limit	\$950,729	\$68,586

*The *Point Estimate of Total Dollars* and the *Lower Confidence Limit* both contain \$68,586 in non-extrapolated overpayments.

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SETON HEALTH SYSTEM
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 11-2058
REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
3	[REDACTED]	[REDACTED]	07/15/2008	2957	\$401.99
			07/16/2008	2957	401.99
			07/17/2008	2957	401.99
			07/18/2008	2957	401.99
			07/19/2008	2957	401.99
			07/20/2008	2957	401.99
			07/21/2008	2957	401.99
			07/22/2008	2957	401.99
6	[REDACTED]	[REDACTED]	04/05/2005	2957	420.57
			04/06/2005	2957	420.57
			04/07/2005	2957	420.57
			04/08/2005	2957	420.57
			04/09/2005	2957	420.57
			04/10/2005	2957	420.57
			04/11/2005	2957	420.57
7	[REDACTED]	[REDACTED]	05/03/2007	2957	471.77
			05/04/2007	2957	471.77
			05/05/2007	2957	471.77
			05/06/2007	2957	471.77
			05/07/2007	2957	471.77
			05/08/2007	2957	471.77
			05/09/2007	2957	471.77
			05/10/2007	2957	471.77
			05/11/2007	2957	471.77
			05/12/2007	2957	471.77
			05/13/2007	2957	471.77
10	[REDACTED]	[REDACTED]	07/28/2005	2957	420.59
			07/29/2005	2957	420.59
			07/30/2005	2957	420.59
			07/31/2005	2957	420.59
			08/01/2005	2957	420.59
			08/02/2005	2957	420.59

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
10	[REDACTED]	[REDACTED]	08/03/2005	2957	\$420.59
			08/04/2005	2957	420.59
			08/05/2005	2957	420.59
			08/06/2005	2957	420.59
			08/07/2005	2957	420.59
11	[REDACTED]	[REDACTED]	06/19/2007	2957	471.77
			06/20/2007	2957	471.77
			06/21/2007	2957	471.77
			06/22/2007	2957	471.77
			06/23/2007	2957	471.77
			06/24/2007	2957	471.77
			06/25/2007	2957	471.77
			06/26/2007	2957	471.77
12	[REDACTED]	[REDACTED]	06/27/2007	2957	471.77
			03/31/2008	2957	382.07
			04/01/2008	2957	382.07
			04/02/2008	2957	382.07
			04/03/2008	2957	382.07
			04/04/2008	2957	382.07
			04/05/2008	2957	382.07
			04/06/2008	2957	382.07
			04/07/2008	2957	382.07
			04/08/2008	2957	382.07
13	[REDACTED]	[REDACTED]	04/09/2008	2957	382.07
			04/10/2008	2957	382.07
			05/25/2005	2957	420.57
			05/26/2005	2957	420.57
			05/27/2005	2957	420.57
			05/28/2005	2957	420.57
			05/29/2005	2957	420.57
05/30/2005	2957	420.57			
			05/31/2005	2957	420.57

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 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
13	[REDACTED]	[REDACTED]	06/01/2005	2957	\$420.57
			06/02/2005	2957	420.57
15	[REDACTED]	[REDACTED]	07/27/2005	2957	420.59
			07/28/2005	2957	420.59
			07/29/2005	2957	420.59
			07/30/2005	2957	420.59
			07/31/2005	2957	420.59
			08/01/2005	2957	420.59
			08/02/2005	2957	420.59
			08/03/2005	2957	420.59
			08/04/2005	2957	420.59
			08/05/2005	2957	420.59
23	[REDACTED]	[REDACTED]	08/06/2005	2957	420.59
			08/07/2005	2957	420.59
			08/26/2008	2957	401.99
			08/27/2008	2957	401.99
			08/28/2008	2957	401.99
			08/29/2008	2957	401.99
			08/30/2008	2957	401.99
			08/31/2008	2957	401.99
			09/01/2008	2957	401.99
			09/02/2008	2957	401.99
25	[REDACTED]	[REDACTED]	09/03/2008	2957	401.99
			09/04/2008	2957	401.99
			09/04/2006	2957	501.74
			09/05/2006	2957	501.74
			09/06/2006	2957	501.74
			09/07/2006	2957	501.74
			09/08/2006	2957	501.74
			09/09/2006	2957	501.74
09/10/2006	2957	501.74			
			09/11/2006	2957	501.74

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1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
25	[REDACTED]	[REDACTED]	09/12/2006	2957	\$501.74
			09/13/2006	2957	501.74
27	[REDACTED]	[REDACTED]	08/21/2007	2957	471.77
			08/22/2007	2957	471.77
			08/23/2007	2957	471.77
32	[REDACTED]	[REDACTED]	04/08/2008	2957	382.07
			04/09/2008	2957	382.07
			04/10/2008	2957	382.07
			04/11/2008	2957	382.07
			04/12/2008	2957	382.07
			04/13/2008	2957	382.07
			04/14/2008	2957	382.07
			04/15/2008	2957	382.07
			04/16/2008	2957	382.07
			04/17/2008	2957	382.07
40	[REDACTED]	[REDACTED]	02/03/2005	2957	420.57
			02/04/2005	2957	420.57
			02/05/2005	2957	420.57
			02/06/2005	2957	420.57
			02/07/2005	2957	420.57
			02/08/2005	2957	420.57
			02/09/2005	2957	420.57
			02/10/2005	2957	420.57
			02/11/2005	2957	420.57
			02/12/2005	2957	420.57
02/13/2005	2957	420.57			
47	[REDACTED]	[REDACTED]	12/20/2007	2957	471.77
			12/21/2007	2957	471.77
			12/22/2007	2957	471.77
			12/23/2007	2957	471.77
			12/24/2007	2957	471.77
			12/25/2007	2957	471.77

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
47	[REDACTED]	[REDACTED]	12/26/2007	2957	\$471.77
			12/27/2007	2957	471.77
			12/28/2007	2957	471.77
			12/29/2007	2957	471.77
			12/30/2007	2957	471.77
48	[REDACTED]	[REDACTED]	05/12/2005	2957	420.57
			05/13/2005	2957	420.57
			05/14/2005	2957	420.57
			05/15/2005	2957	420.57
			05/16/2005	2957	420.57
			05/17/2005	2957	420.57
			05/18/2005	2957	420.57
52	[REDACTED]	[REDACTED]	02/23/2005	2957	420.57
			02/24/2005	2957	420.57
			02/25/2005	2957	420.57
			02/26/2005	2957	420.57
			02/27/2005	2957	420.57
			02/28/2005	2957	420.57
			03/01/2005	2957	420.57
			03/02/2005	2957	420.57
			03/03/2005	2957	420.57
			03/04/2005	2957	420.57
			03/05/2005	2957	420.57
			03/06/2005	2957	420.57
			53	[REDACTED]	[REDACTED]
01/10/2005	2957	420.57			
01/11/2005	2957	420.57			
01/12/2005	2957	420.57			
01/13/2005	2957	420.57			
56	[REDACTED]	[REDACTED]	03/10/2005	2957	420.57
			03/11/2005	2957	420.57

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
56	[REDACTED]	[REDACTED]	03/12/2005	2957	\$420.57
			03/13/2005	2957	420.57
			03/14/2005	2957	420.57
			03/15/2005	2957	420.57
			03/16/2005	2957	420.57
59	[REDACTED]	[REDACTED]	12/05/2005	2957	420.59
			12/06/2005	2957	420.59
			12/07/2005	2957	420.59
			12/08/2005	2957	420.59
			12/09/2005	2957	420.59
			12/10/2005	2957	420.59
			12/11/2005	2957	420.59
60	[REDACTED]	[REDACTED]	07/06/2007	2957	471.77
			07/07/2007	2957	471.77
			07/08/2007	2957	471.77
			07/09/2007	2957	471.77
			07/10/2007	2957	471.77
			07/11/2007	2957	471.77
			07/12/2007	2957	471.77
			07/13/2007	2957	471.77
			07/14/2007	2957	471.77
			07/15/2007	2957	471.77
61	[REDACTED]	[REDACTED]	02/23/2006	2957	501.74
			02/24/2006	2957	501.74
			02/25/2006	2957	501.74
			02/26/2006	2957	501.74
			02/27/2006	2957	501.74
			02/28/2006	2957	501.74
			03/01/2006	2957	501.74
			03/02/2006	2957	501.74

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
61	[REDACTED]	[REDACTED]	03/03/2006	2957	\$501.74
			03/04/2006	2957	501.74
			03/05/2006	2957	501.74
66	[REDACTED]	[REDACTED]	02/19/2008	2957	382.07
			02/20/2008	2957	382.07
			02/21/2008	2957	382.07
			02/22/2008	2957	382.07
			02/23/2008	2957	382.07
			02/24/2008	2957	382.07
			02/25/2008	2957	382.07
			02/26/2008	2957	382.07
			02/27/2008	2957	382.07
72	[REDACTED]	[REDACTED]	07/01/2005	2957	420.59
			07/02/2005	2957	420.59
			07/03/2005	2957	420.59
			07/04/2005	2957	420.59
			07/05/2005	2957	420.59
			07/06/2005	2957	420.59
			07/07/2005	2957	420.59
			07/08/2005	2957	420.59
			07/09/2005	2957	420.59
			07/10/2005	2957	420.59
73	[REDACTED]	[REDACTED]	01/02/2007	2957	471.77
			01/03/2007	2957	471.77
			01/04/2007	2957	471.77
			01/05/2007	2957	471.77
			01/06/2007	2957	471.77
			01/07/2007	2957	471.77
			01/08/2007	2957	471.77
			01/09/2007	2957	471.77
			01/10/2007	2957	471.77

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SETON HEALTH SYSTEM
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 11-2058
REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
74	[REDACTED]	[REDACTED]	11/01/2007	2957	\$471.77
			11/02/2007	2957	471.77
			11/03/2007	2957	471.77
			11/04/2007	2957	471.77
			11/05/2007	2957	471.77
			11/06/2007	2957	471.77
			11/07/2007	2957	471.77
			11/08/2007	2957	471.77
			11/09/2007	2957	471.77
			11/10/2007	2957	471.77
			11/11/2007	2957	471.77
			11/12/2007	2957	471.77
76	[REDACTED]	[REDACTED]	05/18/2007	2957	471.77
			05/19/2007	2957	471.77
			05/20/2007	2957	471.77
			05/21/2007	2957	471.77
			05/22/2007	2957	471.77
			05/23/2007	2957	471.77
			05/24/2007	2957	471.77
			05/25/2007	2957	471.77
			05/26/2007	2957	471.77
			05/27/2007	2957	471.77
			05/28/2007	2957	471.77
77	[REDACTED]	[REDACTED]	05/02/2008	2957	382.07
			05/03/2008	2957	382.07
			05/04/2008	2957	382.07
			05/05/2008	2957	382.07
			05/06/2008	2957	382.07
			05/07/2008	2957	382.07
			05/08/2008	2957	382.07
			05/09/2008	2957	382.07
			05/10/2008	2957	382.07
			05/11/2008	2957	382.07

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
78	[REDACTED]	[REDACTED]	12/29/2007	2957	\$471.77
			12/30/2007	2957	471.77
			12/31/2007	2957	471.77
			01/01/2008	2957	382.07
			01/02/2008	2957	382.07
			01/03/2008	2957	382.07
			01/04/2008	2957	382.07
			01/05/2008	2957	382.07
			01/06/2008	2957	382.07
			01/07/2008	2957	382.07
01/08/2008	2957	382.07			
79	[REDACTED]	[REDACTED]	10/13/2008	2957	401.99
			10/14/2008	2957	401.99
			10/15/2008	2957	401.99
			10/16/2008	2957	401.99
			10/17/2008	2957	401.99
			10/18/2008	2957	401.99
			10/19/2008	2957	401.99
			10/20/2008	2957	401.99
80	[REDACTED]	[REDACTED]	07/07/2005	2957	420.59
82	[REDACTED]	[REDACTED]	04/15/2008	2957	382.07
			04/16/2008	2957	382.07
			04/17/2008	2957	382.07
			04/18/2008	2957	382.07
			04/19/2008	2957	382.07
			04/20/2008	2957	382.07
			04/21/2008	2957	382.07
			04/22/2008	2957	382.07
04/23/2008	2957	382.07			
83	[REDACTED]	[REDACTED]	01/27/2006	2957	501.74
			01/28/2006	2957	501.74

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
83	[REDACTED]	[REDACTED]	01/29/2006	2957	\$501.74
			01/30/2006	2957	501.74
			01/31/2006	2957	501.74
			02/01/2006	2957	501.74
			02/02/2006	2957	501.74
84	[REDACTED]	[REDACTED]	10/05/2006	2957	501.74
			10/06/2006	2957	501.74
			10/07/2006	2957	501.74
			10/08/2006	2957	501.74
			10/09/2006	2957	501.74
			10/10/2006	2957	501.74
			10/11/2006	2957	501.74
			10/12/2006	2957	501.74
			10/13/2006	2957	501.74
			10/14/2006	2957	501.74
			10/15/2006	2957	501.74
			10/16/2006	2957	501.74
			10/17/2006	2957	501.74
85	[REDACTED]	[REDACTED]	06/27/2008	2957	382.07
			06/28/2008	2957	382.07
			06/29/2008	2957	382.07
			06/30/2008	2957	382.07
			07/01/2008	2957	401.99
			07/02/2008	2957	401.99
			07/03/2008	2957	401.99
			07/04/2008	2957	401.99
			07/05/2008	2957	401.99
			07/06/2008	2957	401.99
07/07/2008	2957	401.99			
86	[REDACTED]	[REDACTED]	10/10/2006	2957	501.74
			10/11/2006	2957	501.74
			10/12/2006	2957	501.74

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SETON HEALTH SYSTEM
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 11-2058
REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
86	[REDACTED]	[REDACTED]	10/13/2006	2957	\$501.74
			10/14/2006	2957	501.74
			10/15/2006	2957	501.74
			10/16/2006	2957	501.74
			10/17/2006	2957	501.74
			10/18/2006	2957	501.74
			10/19/2006	2957	501.74
			10/20/2006	2957	501.74
88	[REDACTED]	[REDACTED]	08/09/2004	2957	335.94
			08/10/2004	2957	335.94
			08/11/2004	2957	335.94
			08/12/2004	2957	335.94
			08/13/2004	2957	335.94
			08/14/2004	2957	335.94
			08/15/2004	2957	335.94
			08/16/2004	2957	335.94
			08/17/2004	2957	335.94
08/18/2004	2957	335.94			
90	[REDACTED]	[REDACTED]	04/12/2007	2957	471.77
			04/13/2007	2957	471.77
			04/14/2007	2957	471.77
			04/15/2007	2957	471.77
			04/16/2007	2957	471.77
			04/17/2007	2957	471.77
			04/18/2007	2957	471.77
			04/19/2007	2957	471.77
92	[REDACTED]	[REDACTED]	09/09/2005	2957	420.59
			09/10/2005	2957	420.59
			09/11/2005	2957	420.59
			09/12/2005	2957	420.59
			09/13/2005	2957	420.59
93	[REDACTED]	[REDACTED]	07/26/2006	2957	501.74

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SETON HEALTH SYSTEM
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 11-2058
REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
93	[REDACTED]	[REDACTED]	07/27/2006	2957	\$501.74
			07/28/2006	2957	501.74
			07/29/2006	2957	501.74
			07/30/2006	2957	501.74
			07/31/2006	2957	501.74
			08/01/2006	2957	501.74
			08/02/2006	2957	501.74
			08/03/2006	2957	501.74
			08/04/2006	2957	501.74
08/05/2006	2957	501.74			
97	[REDACTED]	[REDACTED]	02/23/2005	2957	420.57
			02/24/2005	2957	420.57
			02/25/2005	2957	420.57
			02/26/2005	2957	420.57
			02/27/2005	2957	420.57
			02/28/2005	2957	420.57
			03/01/2005	2957	420.57
			03/02/2005	2957	420.57
			03/03/2005	2957	420.57
			03/04/2005	2957	420.57
03/05/2005	2957	420.57			
03/06/2005	2957	420.57			
98	[REDACTED]	[REDACTED]	03/20/2007	2957	471.77
			03/21/2007	2957	471.77
			03/22/2007	2957	471.77
			03/23/2007	2957	471.77
			03/24/2007	2957	471.77
			03/25/2007	2957	471.77
			03/26/2007	2957	471.77
			03/27/2007	2957	471.77
			03/28/2007	2957	471.77
			03/29/2007	2957	471.77
			03/30/2007	2957	471.77

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

1. Missing Treatment Plan Review

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
98	[REDACTED]	[REDACTED]	03/31/2007	2957	\$471.77
			04/01/2007	2957	471.77
99	[REDACTED]	[REDACTED]	06/29/2007	2957	471.77
			06/30/2007	2957	471.77
			07/01/2007	2957	471.77
			07/02/2007	2957	471.77
100	[REDACTED]	[REDACTED]	03/17/2006	2957	501.74
			03/18/2006	2957	501.74
			03/19/2006	2957	501.74
			03/20/2006	2957	501.74
			03/21/2006	2957	501.74
			03/22/2006	2957	501.74
			03/23/2006	2957	501.74
			03/24/2006	2957	501.74
			03/25/2006	2957	501.74
			03/26/2006	2957	501.74
Total			<u>401</u>		<u>\$176,104.48</u>

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

2. Missing Physician Signature on Treatment Plan

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
5	[REDACTED]	[REDACTED]	04/19/2005	2957	\$420.57
			04/20/2005	2957	420.57
			04/21/2005	2957	420.57
			04/22/2005	2957	420.57
			04/23/2005	2957	420.57
			04/24/2005	2957	420.57
			04/25/2005	2957	420.57
6	[REDACTED]	[REDACTED]	03/25/2005	2957	420.57
			03/26/2005	2957	420.57
			03/27/2005	2957	420.57
			03/28/2005	2957	420.57
			03/29/2005	2957	420.57
			03/30/2005	2957	420.57
			03/31/2005	2957	420.57
			04/01/2005	2957	420.57
			04/02/2005	2957	420.57
			04/03/2005	2957	420.57
04/04/2005	2957	420.57			
10	[REDACTED]	[REDACTED]	07/21/2005	2957	420.59
			07/22/2005	2957	420.59
			07/23/2005	2957	420.59
			07/24/2005	2957	420.59
			07/25/2005	2957	420.59
			07/26/2005	2957	420.59
			07/27/2005	2957	420.59
13	[REDACTED]	[REDACTED]	05/18/2005	2957	420.57
			05/19/2005	2957	420.57
			05/20/2005	2957	420.57
			05/21/2005	2957	420.57
			05/22/2005	2957	420.57
			05/23/2005	2957	420.57
			05/24/2005	2957	420.57

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

2. Missing Physician Signature on Treatment Plan

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
15	[REDACTED]	[REDACTED]	07/20/2005	2957	\$420.59
			07/21/2005	2957	420.59
			07/22/2005	2957	420.59
			07/23/2005	2957	420.59
			07/24/2005	2957	420.59
			07/25/2005	2957	420.59
			07/26/2005	2957	420.59
30	[REDACTED]	[REDACTED]	11/08/2005	2957	420.59
			11/09/2005	2957	420.59
			11/10/2005	2957	420.59
			11/11/2005	2957	420.59
			11/12/2005	2957	420.59
			11/13/2005	2957	420.59
			11/14/2005	2957	420.59
38	[REDACTED]	[REDACTED]	10/06/2005	2957	420.59
			10/07/2005	2957	420.59
			10/08/2005	2957	420.59
			10/09/2005	2957	420.59
			10/10/2005	2957	420.59
			10/11/2005	2957	420.59
			10/12/2005	2957	420.59
40	[REDACTED]	[REDACTED]	10/13/2005	2957	420.59
			01/27/2005	2957	420.57
			01/28/2005	2957	420.57
			01/29/2005	2957	420.57
			01/30/2005	2957	420.57
			01/31/2005	2957	420.57
			02/01/2005	2957	420.57
46	[REDACTED]	[REDACTED]	02/02/2005	2957	420.57
			05/25/2005	2957	420.57
			05/26/2005	2957	420.57
			05/27/2005	2957	420.57

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

2. Missing Physician Signature on Treatment Plan

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
46	[REDACTED]	[REDACTED]	05/28/2005	2957	\$420.57
			05/29/2005	2957	420.57
			05/30/2005	2957	420.57
			05/31/2005	2957	420.57
48	[REDACTED]	[REDACTED]	05/05/2005	2957	420.57
			05/06/2005	2957	420.57
			05/07/2005	2957	420.57
			05/08/2005	2957	420.57
			05/09/2005	2957	420.57
			05/10/2005	2957	420.57
			05/11/2005	2957	420.57
			08/30/2005	2957	420.59
			08/31/2005	2957	420.59
			09/01/2005	2957	420.59
			09/02/2005	2957	420.59
			09/03/2005	2957	420.59
			09/04/2005	2957	420.59
09/05/2005	2957	420.59			
51	[REDACTED]	[REDACTED]	06/14/2005	2957	420.57
			06/15/2005	2957	420.57
52	[REDACTED]	[REDACTED]	02/16/2005	2957	420.57
			02/17/2005	2957	420.57
			02/18/2005	2957	420.57
			02/19/2005	2957	420.57
			02/20/2005	2957	420.57
			02/21/2005	2957	420.57
			02/22/2005	2957	420.57
53	[REDACTED]	[REDACTED]	01/02/2005	2957	420.57
			01/03/2005	2957	420.57
			01/04/2005	2957	420.57
			01/05/2005	2957	420.57
			01/06/2005	2957	420.57

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

2. Missing Physician Signature on Treatment Plan

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
53	[REDACTED]	[REDACTED]	01/07/2005	2957	\$420.57
			01/08/2005	2957	420.57
55	[REDACTED]	[REDACTED]	06/17/2005	2957	420.57
			06/18/2005	2957	420.57
			06/19/2005	2957	420.57
			06/20/2005	2957	420.57
56	[REDACTED]	[REDACTED]	03/03/2005	2957	420.57
			03/04/2005	2957	420.57
			03/05/2005	2957	420.57
			03/06/2005	2957	420.57
			03/07/2005	2957	420.57
			03/08/2005	2957	420.57
			03/09/2005	2957	420.57
68	[REDACTED]	[REDACTED]	09/02/2005	2957	420.59
			09/03/2005	2957	420.59
			09/04/2005	2957	420.59
			09/05/2005	2957	420.59
			09/06/2005	2957	420.59
			09/07/2005	2957	420.59
			09/08/2005	2957	420.59
73	[REDACTED]	[REDACTED]	01/05/2006	2957	501.74
			01/06/2006	2957	501.74
			01/07/2006	2957	501.74
			01/08/2006	2957	501.74
			01/09/2006	2957	501.74
			01/10/2006	2957	501.74
			01/11/2006	2957	501.74
79	[REDACTED]	[REDACTED]	10/04/2008	2957	401.99
			10/05/2008	2957	401.99
			10/06/2008	2957	401.99
			10/07/2008	2957	401.99
			10/08/2008	2957	401.99
			10/09/2008	2957	401.99
			10/11/2008	2957	401.99

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

2. Missing Physician Signature on Treatment Plan

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
79			10/12/2008	2957	\$401.99
80			06/30/2005	2957	420.57
			07/01/2005	2957	420.59
			07/02/2005	2957	420.59
			07/03/2005	2957	420.59
			07/04/2005	2957	420.59
			07/05/2005	2957	420.59
			07/06/2005	2957	420.59
88			08/02/2004	2957	335.94
			08/03/2004	2957	335.94
			08/04/2004	2957	335.94
			08/05/2004	2957	335.94
			08/06/2004	2957	335.94
			08/07/2004	2957	335.94
			08/08/2004	2957	335.94
92			09/02/2005	2957	420.59
			09/03/2005	2957	420.59
			09/04/2005	2957	420.59
			09/05/2005	2957	420.59
			09/06/2005	2957	420.59
			09/07/2005	2957	420.59
			09/08/2005	2957	420.59
97			02/16/2005	2957	420.57
			02/17/2005	2957	420.57
			02/18/2005	2957	420.57
			02/19/2005	2957	420.57
			02/20/2005	2957	420.57
			02/21/2005	2957	420.57
			02/22/2005	2957	420.57

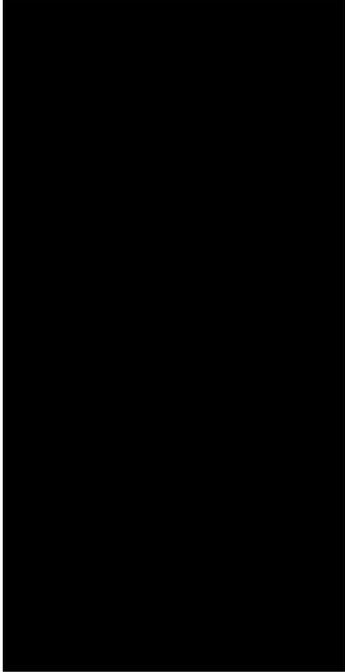
OFFICE OF THE MEDICAID INSPECTOR GENERAL
SETON HEALTH SYSTEM
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 11-2058
REVIEW PERIOD: 04/01/05 – 12/31/08

2. Missing Physician Signature on Treatment Plan

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
98			05/17/2007	2957	\$471.77
			05/18/2007	2957	471.77
			05/19/2007	2957	471.77
			05/20/2007	2957	471.77
		Total	<u>163</u>		<u>\$68,585.97</u>

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SETON HEALTH SYSTEM
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 11-2058
REVIEW PERIOD: 04/01/05 – 12/31/08

3. Missing Progress Note

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
19			12/18/2007	2957	\$471.77
20			11/02/2008	2957	401.99
30			11/24/2005	2957	420.59
32			04/01/2008	2957	382.07
45			05/10/2008	2957	382.07
67			02/28/2008	2957	382.07
73			12/26/2006	2957	501.74
74			10/25/2007	2957	471.77
77			04/25/2008	2957	382.07
79			10/03/2008	2957	401.99
			10/10/2008	2957	401.99
85			06/20/2008	2957	382.07
		Total	<u>12</u>		<u>\$4,982.19</u>

OFFICE OF THE MEDICAID INSPECTOR GENERAL
SETON HEALTH SYSTEM
REVIEW OF SAMPLE SELECTION
PROJECT NUMBER: 11-2058
REVIEW PERIOD: 04/01/05 – 12/31/08

4. Missing/Late Preliminary Individual Treatment Plan

Sample #	CIN #	Patient Initials	Date of Service	Proc/Rate Code	Amount Disallowed
6			03/21/2005	2957	\$420.57
38			10/02/2005	2957	420.59
			10/03/2005	2957	420.59
		Total	<u>3</u>		<u>\$1,261.75</u>

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

Additional Findings Pertaining to Sampled items

Sample #	Date of Service	Primary Finding	Additional Finding
11	06/19/2007	Missing Treatment Plan Review	Missing Progress Note
15	08/07/2005	Missing Treatment Plan Review	Missing Progress Note
25	09/04/2006	Missing Treatment Plan Review	Missing Progress Note
72	07/08/2005	Missing Treatment Plan Review	Missing Progress Note
73	01/09/2007	Missing Treatment Plan Review	Missing Progress Note
74	11/01/2007	Missing Treatment Plan Review	Missing Progress Note
77	05/02/2008	Missing Treatment Plan Review	Missing Progress Note
	05/09/2008	Missing Treatment Plan Review	Missing Progress Note
	05/11/2008	Missing Treatment Plan Review	Missing Progress Note
78	12/29/2007	Missing Treatment Plan Review	Missing Progress Note
	01/05/2008	Missing Treatment Plan Review	Missing Progress Note
	01/08/2008	Missing Treatment Plan Review	Missing Progress Note
79	10/03/2008	Missing Progress Note	Missing Physician Signature on Treatment Plan
	10/10/2008	Missing Progress Note	Missing Physician Signature on Treatment Plan
	10/17/2008	Missing Treatment Plan Review	Missing Progress Note
	10/20/2008	Missing Treatment Plan Review	Missing Progress Note
82	04/15/2008	Missing Treatment Plan Review	Missing Progress Note
	04/22/2008	Missing Treatment Plan Review	Missing Progress Note

OFFICE OF THE MEDICAID INSPECTOR GENERAL
 SETON HEALTH SYSTEM
 REVIEW OF SAMPLE SELECTION
 PROJECT NUMBER: 11-2058
 REVIEW PERIOD: 04/01/05 – 12/31/08

Additional Findings Pertaining to Sampled items

Sample #	Date of Service	Primary Finding	Additional Finding
85	07/04/2008	Missing Treatment Plan Review	Missing Progress note
	07/07/2008	Missing Treatment Plan Review	Missing Progress Note

Total Additional Findings:	<u>Cases</u>	<u>Dates of Service</u>
Missing Progress Note:	<u>11</u>	<u>18</u>
Missing Physician Signature on Treatment Plan:	<u>1</u>	<u>2</u>