



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

ANDREW M. CUOMO  
GOVERNOR

JAMES C. COX  
MEDICAID INSPECTOR GENERAL

August 15, 2014

[REDACTED]  
Phoenix Houses of Long Island, Inc.  
PO Box 3001  
West Brentwood, New York 11717

RE: Final Audit Report  
Audit #: 14-3542  
Provider #: [REDACTED]  
Level I COPS Recoveries  
July 1, 2008 – June 30, 2010

Dear [REDACTED]

This letter constitutes the Office of the Medicaid Inspector General's (OMIG) Final Audit Report of Level I Comprehensive Outpatient Programs (Level I COPS) supplemental payments for the period July 1, 2008 through June 30, 2010 for its New York City program(s).

The New York State Department of Health (Department) is the single state agency responsible for the administration of the medical assistance (Medicaid) program. The OMIG is an independent office within the Department responsible for a variety of Medicaid program integrity functions. As part of its responsibilities, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews assess provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of the Department of Health and the Department of Mental Hygiene (Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York) and the Department's Medicaid Managed Care Model Contract, Medicaid Management Information System (MMIS) Provider Manuals and *Medicaid Update* publications.

Pursuant to Section 517.3(g) of Title 18 of the Official Compilation of Codes, Rules and Regulations of the state of New York (NYCRR), the OMIG and the New York State Office of Mental Health (OMH) performed a joint review of Phoenix Houses of Long Island, Inc. (the "Provider") Level I Comprehensive Outpatient Programs (Level I COPS) supplemental payments for the period July 1, 2008 through June 30, 2010 for its New York City program(s). **Please note that as of July 1, 2008, due to implementation of Clinic Ambulatory Patient Groupings, Clinic COPS will no longer be subject to reconciliations.** The Level I COPS reconciliations have been calculated as required by Section 592.8 of Title 14 NYCRR.

After considering the Provider's response to the OMIG's June 24, 2014 Draft Audit Report, as well as any other information/documentation submitted, OMIG and OMH have determined that for the period and scope reviewed, the Provider generally adhered to applicable Medicaid billing rules and regulations. The OMIG has concluded that no further action is required pertaining to this audit.

The Provider has the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. In accordance with 18 NYCRR Section 519.18(a), if the Provider wishes to request a hearing, the request must be submitted in writing to:

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

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

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

The OMIG reserves the right to conduct further reviews of your participation in the Medicaid program, take action where appropriate, and recover any associated overpayments. If you have any questions regarding the above, please contact [REDACTED] or by email at [REDACTED]

[REDACTED] Thank you for your cooperation.

Sincerely,

[REDACTED]  
Division of Medicaid Audit  
Office of the Medicaid Inspector General

[REDACTED]  
CERTIFIED MAIL [REDACTED]  
RETURN RECEIPT REQUESTED