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

ANDREW M. CUOMO
GOVERNOR

JAMES G. SHEEHAN
MEDICAID INSPECTOR GENERAL

December 19, 2011

Nam G Yoo, MD
9 Weaver LN
Dix Hills, NY 11368-1136

Re: Revised Final Audit Report
Medicare Part B Coinsurance/Deductible
Audit #: 11-2477
NPI #: [redacted]
Provider #: [redacted]

Dear Dr. Yoo:

This letter will serve as our revised final audit report of the recently completed review of Medicaid claims for Medicare Part B coinsurance and/or deductible amounts for Medicaid reimbursable services to dual eligibles covering the period January 1, 2005 to December 31, 2008 made to you under the New York State Medicaid Program.

Please note that the OMIG has determined that pre-collection interest will not be charged on identified overpayments.

BACKGROUND, PURPOSE AND SCOPE

The New York State Department of Health ("the Department") is responsible for the administration of the Medicaid program. As part of this responsibility, the Office of the Medicaid Inspector General ("OMIG"), an independent office within the Department, conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at ensuring provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health, Mental Hygiene, and Social Services [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)], the Medicaid Management Information System (MMIS) Provider Manuals and Department Medicaid Updates.

The OMIG recently completed a review of Medicare Part B claims submitted to Medicaid with incorrect claim amounts. Specifically, the amounts Medicare approved and paid were matched

to the Medicaid claims, as were the coinsurance and deductible amounts. The review has found instances where you appear to have received Medicaid overpayments, because you incorrectly reported amounts Medicare approved and paid or you failed to bill Medicare.

DETERMINATION

You failed to comply with the following regulations and policies cited below.

> When payment under part B of title XVIII of the federal social security act for items and services provided to eligible persons who are also beneficiaries under part B of title XVIII of the federal social security act... would exceed the amount that otherwise would be made under this title...the amount payable under this title shall be twenty percent of the amount of any co-insurance liability of such eligible persons pursuant to federal law were they not eligible for medical assistance...
>
> Social Services Law 367-a (d) (iii)

> Regulations state, "MA program as payment source of last resort. Where a third party, such as a health insurer or responsible person, has a legal liability to pay for MA-covered services on behalf of a recipient, the department or social services district will pay only the amount by which the MA reimbursement rate for the services exceeds the amount of the third party liability".
>
> 18 NYCRR Section 360-7.2

> Per DOH Medicaid Update (DOH Medicaid Update December 2005 Vol.20, No.13): Medicaid law and regulations require that, when a recipient is eligible for both Medicare and Medicaid or has other insurance benefits: The provider must bill Medicare or the other insurance first for covered services prior to submitting a claim to Medicaid. The Medicaid program is designed to provide payment for medical care and services only after all other resources available for payments have been exhausted; Medicaid is always payor of last resort. Providers must maximize all applicable insurance sources before submitting claims to Medicaid. When coverage is available, payment from other insurance sources must be received before submitting a Medicaid claim.

> Per DOH Medicaid Update (DOH Medicaid Update August 2003 Vol.18, No.8): Due to recent legislative change, Medicaid payment for Medicare coinsurance for most Part B services provided to recipients eligible under both the Medicare and Medicaid Programs - dual-eligibles and Qualified Medicare Beneficiaries - will be reduced ... effective July 1, 2003, the Medicaid program will no longer pay the full Medicare Part B coinsurance amount for dual-eligibles, but will instead pay 20% of the Medicare Part B coinsurance for most Part B services (except for ambulance, psychologist, and hospital-based/freestanding clinics).

> 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)

DETAILED FINDINGS

1. Revised Final Audit Report Exhibit 1 – Medicare Part B Coinsurance/Deductible

This revised final audit report does not include an Exhibit 1 as the claim information has not changed from the initial final audit report sent on June 2, 2011. The overpayment remains $75,066.15.

Because the OMIG has determined that pre-collection interest will not be charged on identified overpayments, and interest charges related to this audit were included in your payment posted August 30, 2011, a refund of these interest charges will be issued to you.

PROVIDER RIGHTS

If you have any additional questions regarding your refund, please contact:

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

If you have any questions, regarding the above, please contact [redacted] at [redacted] or by email at [redacted]

Sincerely,

[redacted]

Management Specialist 4
Data Warehouse and Analysis Unit
Division of Medicaid Audit
Office of the Medicaid Inspector General

CERTIFIED MAIL #[redacted]
RETURN RECEIPT REQUESTED